

# Unannounced Finance Inspection Report 29 November 2016



## Rathowen

**Type of service: Nursing Home**

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**Tel no: 02838840226**

**Inspector: Brieg Ferris**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Rathowen took place on 29 November 2016 from 10.10 to 15.15 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 the administrator was familiar with current practices and confidently answered the inspector's questions, she had received training in the protection of vulnerable adults. One area for improvement was identified during the inspection; this related to ensuring that the current arrangements for accessing the safe place are reviewed to ensure that service users have appropriate access to their money and that money can be suitably safeguarded when it is lodged by family representatives.

### Is care effective?

Controls in place to record income and expenditure and ensure service users' money was protected were found to be in place; however four areas for improvement were identified during the inspection. These related to ensuring that treatment records are maintained in line with the requirements of DHSSPS Minimum Standards; that each service user had a record of the furniture and personal possessions which they have brought into their room; and ensuring that the home review each service user's record of furniture and personal possessions and where available, to bring this up to date. The records of furniture and personal possessions should be signed and dated by two people and kept up to date. The records should also be reconciled at least every quarter by a member of staff and the record countersigned by a senior member of staff.

### Is care compassionate?

Staff were observed speaking to service users in a kind, attentive manner. No areas for improvement were identified.

### Is the service well led?

While governance arrangements were evidenced, three areas for improvement were identified during the inspection. These related to: ensuring that written accounting and financial controls procedures are introduced that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud; ensuring that written personal monies authorisations for service users are retained and are updated as necessary; and for the home to review the home's standard written agreement to ensure that it sets out as a minimum, the content of standard 2.2. Once reviewed, each service user should be provided with an updated written agreement which sets out the individual terms and conditions of their residency.

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 Rathowen 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>	1	7

Details of the quality improvement plan (QIP) within this report were discussed with Allison Wylie, 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 March 2007 on behalf of RQIA. The findings from this inspection were not brought forward to the inspection on 29 November 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Desmond Joseph Watt	<b>Registered manager:</b> Allison Wylie
<b>Person in charge of the home at the time of inspection:</b> Allison Wylie	<b>Date manager registered:</b> 25 April 2016
<b>Categories of care:</b> RC-I, NH-I	<b>Number of registered places:</b> 19

## 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 issue. 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 Allison Wylie, the registered manager, and 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 following records were examined during the inspection:

- The Resident Guide and Resident Information Booklet
- A sample of records detailing hairdressing and podiatry services facilitated in the home
- A sample of income and expenditure records and cash balances held for service users
- Draft policy in respect of “Financial procedures in relation to resident transactions”
- Draft policy in respect of “Resident comfort fund”
- The written safe record “Property found and handed in and property kept for safekeeping”
- The record of property/furniture and personal possessions for two service users
- One signed service user agreement

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 8 November 2016**

The most recent inspection of the home was an announced care inspection. The QIP from this inspection will be validated by the care inspector at the next care inspection.

##### **4.2 Review of requirements and recommendations from the last finance inspection**

A finance inspection of the home was carried out in March 2007 on behalf of RQIA; the findings were not brought forward to the inspection on 29 November 2016.

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

The administrator stated that she had worked in the home for approximately five years and was confident in her ability to carry out the role. Discussion established that she was familiar with the home’s current controls to safeguard money and valuables deposited for safekeeping. Evidence was available to confirm that she had received training on the Protection of Vulnerable Adults (POVA). The administrator confirmed that she was aware of how to receive and deal with a complaint or escalate any concerns.

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. The home administrator reported that she was the only person with a key to the safe place. She described how if she was planning to go on holiday, she would leave the key with the manager and this particular situation had arisen recently. The administrator noted that otherwise, she was the only key holder. She noted in her discussion with the inspector that she worked two mornings each week in the home.

The inspector discussed these arrangements with the registered manager; it was noted that they were insufficient to allow reasonable access to the safe place to ensure that service users had appropriate access to their monies. The inspector also noted the importance of ensuring that service users had access to their money should they request it.

A recommendation was made to review the current arrangements for accessing the safe place to ensure that service users have appropriate access to their money and that money can be suitably safeguarded when it is lodged by family representatives.

On the day of inspection, both cash and valuables belonging to service users were deposited for safekeeping. It was noted that the home had a safe book entitled "property found and handed in and property kept for safekeeping" to record any valuables held in the safe place.

Entries in the safe book had been written by the home administrator and she alone had signed the records. There was no second signature on the entries and no evidence that the records had been reconciled. There is further detail on these findings in the subsequent section of the report.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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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; however the home did receive money from service users or their representatives to be spent on goods or services attracting an additional charge. The home was also in receipt of the personal allowance monies for one identified service user. The home administrator explained that a cheque was requested from the HSC trust finance department as and when required in order to replenish the float of monies held for the identified service user.

A sample of the income and expenditure records for service users was reviewed and these were noted to be made in small, but legible handwriting. Advice was provided to the home administrator on how to improve the layout of the information recorded. Entries had been routinely signed by one person, but it was noted that more recent entries were double signed, as is required. There was no evidence that the income and expenditure records had been reconciled; and as noted above, also no evidence in the safe record book to identify that those records had been reconciled.

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.

It was noted that a number of the service users had a negative cash balance shown in their income and expenditure records. This was primarily as a result of receiving hairdressing services which had yet to be paid for. The home administrator described how she had contacted service users' representatives in order to request that monies for additional services be topped-up. She also noted that in some cases, this was a challenge. Advice was provided to the registered manager and home administrator in respect of contacting HSC trust care management, if they felt that a service user was not benefiting from their personal allowance monies being managed by a family member or other representative.

As noted above, the home facilitated additional services which attracted an additional charge (hairdressing, and podiatry). The inspector discussed the arrangements for recording treatments provided to service users and was provided with a file entitled "Residents hairdressing and podiatry".

A review of a sample of treatment records for hairdressing and podiatry identified that they did not contain all of the necessary information. Hairdressing records were not signed by either the hairdresser or a representative of the home; podiatry treatment records were also unsigned by both parties, these records did not detail the cost involved for service users.

A recommendation was made to ensure that treatment records are maintained in line with the requirements of DHSSPS Minimum Standards.

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 randomly sampled service users. The registered manager noted that she had developed a new template to capture this information, but at the time of the inspection, this had not yet been fully implemented.

A property book was provided for review and this was noted to contain entries from September 2012 onwards; the most recent entry had been made on 19 November 2016. The inspector reviewed the book but was unable to locate the property records for two of the four service users sampled. For the remaining two service users, there were a number of separate entries in the book, some of which related to discharges and re-admissions from hospital; however no composite record for these service users could be located.

A requirement was made to ensure that each service user had a record of the furniture and personal possessions which they have brought into their room.

A recommendation was also made for the home to review each service user's record of furniture and personal possessions and to bring this up to date. Records should be signed and dated by two people and kept up to date. Records should also be reconciled at least every quarter by a member of staff and the record countersigned by a senior member of staff.

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

A review of a sample of service user finance files indicated that the home had contacted service users' representative to advise of increases in the fees. There is further detail on fees (as detailed in service user agreements) in section 4.6 of this report.

### **Areas for improvement**

Four areas for improvement were identified during the inspection. These related to ensuring that treatment records are maintained in line with the requirements of DHSSPS Minimum Standards; that each service user had a record of the furniture and personal possessions which they had brought into their room; and ensuring that the home review each service user's record of furniture and personal possessions and to bring this up to date. Records should be signed and dated by two people and kept up to date. Records should also be reconciled at least every quarter by a member of staff and the record countersigned by a senior member of staff.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>3</b>
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#### 4.5 Is care compassionate?

Both the registered manager and the home administrator spoke compassionately about how the controls in place to safeguard service users' money were there for the right reasons.

Discussion established that the home had a number of methods to obtain feedback from service users or their representatives.

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 under these circumstances.

#### Areas for improvement

No areas for improvement were identified during the inspection.

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

There was a clear organisational structure within the home; following discussion with the administrator, it was evident that she was familiar with her role and responsibilities in relation to safeguarding service users' money and valuables.

Discussions were held regarding the home's financial policies and procedures. The registered manager noted that she was currently undertaking a review of all of the home policies and procedures. She provided the inspector with a copy of the draft policy and procedure in relation to "Resident Transactions" and the "Resident Comfort Fund"; it was noted that neither policy had been ratified at the time of the inspection.

A recommendation was made to ensure that written accounting and financial control procedures are introduced that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud. Policies and procedures should be reviewed and implemented without delay and all relevant members of staff should be familiar with the content of the policies and procedures.

A review of the records evidenced that the home did not have personal monies authorisations in place with service users or their representatives to provide the home with written authority to make purchases of specific goods and services on behalf of each service user.

A recommendation was made to ensure that written personal monies authorisations are retained and are updated as necessary.

Individual service user agreements were discussed. The home administrator stated each service user received a "new resident pack" which comprised four pages. Page three of the document comprised a brief statement regarding how a small amount of money was kept in the home to purchase items or services which attracted an additional fee. The statement requested that person signing the page review and sign if they agreed. The page also detailed the standard regional residential and nursing fee rates and the list of current charges for hairdressing and chiropody services facilitated in the home.

The fourth page of the document was entitled “Safekeeping of resident’s valuables” and briefly outlined the home’s arrangements to safeguard items in the safe place and advised service users again keeping excess monies or valuables in the home.

The home administrator confirmed that this document constituted the home’s individual agreement with a service user. The inspector reviewed the content of the four pages and discussed this with the registered manager. It was noted that the document did not reflect the requirements of an individual service user agreement and that a significant number of the required elements, as outlined in standard 2.2, were absent.

The inspector noted that the registered person should review the content of the document and compare this with the elements of standard 2.2. The standard agreement should be updated accordingly. Having updated the agreement, each service user should be provided with a personalised written agreement which reflects the individual terms of the residency in the home.

The inspector also noted that it was not sufficient to detail the standard fee rates; rather, each service user’s agreement should detail the amount of their individual weekly fee, the person(s) by whom the fees were payable and the method(s) of payment. These details were not reflected in the current document and should be reflected in service users’ updated agreements.

A recommendation was made for the registered person to review the home’s standard written agreement to ensure that it sets out, as a minimum, the content of standard 2.2. Once reviewed, each service user should be provided with an updated written agreement which sets out the individual terms and conditions of their residency.

Four service users’ records were reviewed at random to ascertain whether they had signed written agreements with the home. Three of four service users did not have the signed “Resident pack” on their file; however there was correspondence on file requesting that the documents were returned to the home.

It was noted that for one service user, the home requested the service user’s personal monies from the commissioning trust as and when required. However the service user’s “New Resident Pack” was not personalised to reflect this. A letter was on file requesting that the service user’s representative ensure that “money was also available in their family member’s funds”. This was clearly not applicable in the service user’s case and highlighted the importance of ensuring that service user’s agreements are personalised for their individual circumstances.

It was also noted that where a financial arrangement was in place with any service user (as was the case for the service user discussed above) that this was clearly detailed in the service user’s individual’s agreement with the home.

### **Areas for improvement**

Three areas for improvement were identified during the inspection. These related to: ensuring that written accounting and financial controls procedures are introduced that meet professional standards of good practice and legislative requirements and provide safeguards against errors



or fraud; ensuring that written personal monies authorisations for service users are retained and are updated as necessary and for the home to review the home's standard written agreement to ensure that it sets out, as a minimum, the content of standard 2.2. Once reviewed, each service user should be provided with an updated written agreement which sets out the individual terms and conditions of their residency.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
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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 Allison Wylie, 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 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 (2)  
Schedule 4 (10)

**Stated:** First time

**To be completed by:**  
29 December 2016

The registered person 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. Records must be kept up to date on an ongoing basis, with any additions or disposals from the records signed off by two people. Property records should be reconciled at least quarterly.

**Response by registered provider detailing the actions taken:**  
Register of furniture and possessions has been implemented

### Recommendations

#### Recommendation 1

**Ref:** Standard 14

**Stated:** First time

**To be completed by:**  
15 December 2016

The registered provider should ensure that the arrangements for service users to access money are reviewed. Appropriate contingency arrangements should be in place to ensure that there is sufficient access to the safe place containing service users' monies, beyond the hours worked by the home administrator at the time of the inspection.

**Response by registered provider detailing the actions taken:**  
Keys are always available

#### Recommendation 2

**Ref:** Standard 14.25

**Stated:** First time

**To be completed by:**  
15 December 2016 and  
at least quarterly  
thereafter

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.

**Response by registered provider detailing the actions taken:**  
Quarterly reconciliation has been implemented

#### Recommendation 3

**Ref:** Standard 14.13

**Stated:** First time

**To be completed by:**  
30 November 2016

The registered person 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.

**Response by registered provider detailing the actions taken:**  
Treatment records implemented

<b>Recommendation 4</b>  <b>Ref:</b> Standard 14.26  <b>Stated:</b> First time  <b>To be completed by:</b> 29 December 2016	<p>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.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Inventory of service users property implemented</p>
<b>Recommendation 5</b>  <b>Ref:</b> Standard 35.21  <b>Stated:</b> First time  <b>To be completed by:</b> 29 January 2017	<p>The registered provider should ensure that written accounting and financial controls procedures are introduced that meet professional standards of good practice and legislative requirements and provide safeguards against errors or fraud. Policies and procedures should be reviewed and implemented without delay and all relevant members of staff should be familiar with the content of the policies and procedures.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Financial control and procedures have been updated</p>
<b>Recommendation 6</b>  <b>Ref:</b> Standard 14.6, 14.7  <b>Stated:</b> First time  <b>To be completed by:</b> 29 January 2017	<p>The registered person 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.</p> <p>The written authorisation must be retained on the service user's records and updated as required.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Written authorisation has been obtained form all servie users</p>
<b>Recommendation 7</b>  <b>Ref:</b> Standard 2.2  <b>Stated:</b> First time  <b>To be completed by:</b> 29 January 2017	<p>The registered provider should review the home's standard written agreement to ensure that is sets out, as a minimum, the content of standard 2.2.</p> <p>Once reviewed, each service user should be provided with an updated written agreement which sets out the individual terms and conditions of their residency.</p> <p><b>Response by registered provider detailing the actions taken:</b>  Written agreement updated</p>



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