

# Unannounced Finance Inspection Report 10 October 2017



## Rockfield Care Centre

Type of Service: Nursing Home

Address: Windmill Road, Newry, BT34 2QW

Tel no: 028 3026 9546

Inspector: Briega Ferris

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

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a nursing home with 34 beds that provides care for older service users; or those with dementia, a mental disorder excluding learning disability or physical disability other than sensory impairment.

### 3.0 Service details

<b>Registered organisation/registered person:</b> Burnview Healthcare Ltd Mrs Briega Agnes Kelly	<b>Registered manager:</b> Ciara Power
<b>Person in charge of the home at the time of inspection:</b> Ciara Power	<b>Date manager registered:</b> 31 March 2014
<b>Categories of care:</b> NH-I, RC-I, NH-MP, NH-PH	<b>Number of registered places:</b> 34

### 4.0 Inspection summary

An unannounced inspection took place on 10 October 2017 from 10.00 to 16.10 hours.

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

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found for example, a safe place in the home was available, staff could clearly describe the controls in place to safeguard service users' money and valuables and there were methods in place to encourage feedback from service users or their representatives.

Areas requiring improvement were identified for example, in relation to each patient's record of furniture and personal possessions (in their rooms); records of income and expenditure; patient agreements and personal monies contracts.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	7

Details of the Quality Improvement Plan (QIP) were discussed with Ciara Power, 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.

## 4.2 Action/enforcement taken following the most recent finance inspection dated 26 May 2010

A finance inspection was carried out on 26 May 2010 on behalf of RQIA; the findings from the inspection were not brought forward to the inspection on 10 October 2017.

## 5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that one incident related to service users' money or valuables. This matter was discussed with the registered manager who advised of the steps which had been taken in response to this matter.

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 the registered manager and the home administrator. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector met with two service users separately, they both described the separate arrangements in place with the home to help them manage their money. Both service users noted their satisfaction with the current arrangements and highlighted the support they received from the home administrator, in particular, in helping them to manage their money.

The following records were examined during the inspection:

- The Statement of Purpose and Patients' Guide
- Four service users' finance files
- Four service users' individual written agreements with the home
- A sample of income and expenditure records maintained on behalf of service users
- A sample of records in respect of hairdressing and podiatry treatments facilitated in the home
- A sample of service users' comfort fund records
- A sample of records of service users' furniture and personal possessions
- Written policies and procedures including:
  - "Gifts and Legacies Policy" April 2016
  - "Missing items Policy" April 2016
  - "Personal Allowance Policy" April 2016
  - "Resident's Property Policy" April 2016
  - "Resident's Personal Information Policy" April 2016

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The term "service user" has been used throughout the report, to describe those people living in Rockfield Care Centre which provides both nursing and residential care.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 September 2017

The most recent inspection of the home was an unannounced medicines management type inspection.

### 6.2 Review of areas for improvement from the last finance inspection dated 26 May 2010

As noted above, a finance inspection was carried out on 26 May 2010 on behalf of RQIA; the findings from the inspection were not brought forward to the inspection on 10 October 2017.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users and clients from the care, treatment and support that is intended to help them.**

The inspector met with the home administrator who was able to clearly describe the home's controls in place to safeguard service users' money and valuables. She advised that she had completed adult safeguarding training in May 2017.

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, money belonging to a number of service users was deposited for safekeeping, no valuables were being held. Discussions established that in the past, a written safe record had been used to record the contents of the safe place. However, the registered manager confirmed that the book was not in use at the time of the inspection.

The inspector highlighted that the safe record should be brought back into use and that a reconciliation of the safe place should be carried out and recorded by two people at least every quarter.

This was identified as an area for improvement.

**Areas of good practice**

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons. Staff members spoken to were familiar with controls in place to safeguard service users’ money and valuables.

**Areas for improvement**

One area for improvement was identified in relation to the use of a written safe record.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Discussions with the registered manager and the home administrator established that no representative of the home was acting as nominated appointee for any service user (ie: managing and receiving social security benefits on a service user’s behalf). However, discussions established that the home was in direct receipt of the personal monies for two service users. In both cases, personal monies were received by cheque from the HSC trust to be safeguarded by the home and used for the benefit of the respective service users on agreed goods and services. Records were available to identify the timing of receipt of the monies for the identified service users.

Staff described how for the majority of service users, family representatives deposited monies with the home in order to meet the cost of any additional goods or services not covered by the weekly fee. Receipts detailing the lodgement of cash with the home for safekeeping were maintained; a sample of receipts reviewed included the signatures of at least two people.

Records of income and expenditure were maintained on a “Personal allowance record sheet” for each service user for whom the home engaged in purchases of goods or services. These detailed (for each transaction) the date, whether the transaction related to a deposit or a withdrawal, the running balance and space for signatures to be recorded. A review of a sample of these records established that transactions had been recorded meticulously; however transactions were routinely signed only by the administrator and were not countersigned.

This was identified as an area for improvement.

A sample of transactions was traced in order to establish whether the appropriate supporting evidence was in place (for instance a receipt for a deposit of monies or a purchase receipt for expenditure). This identified that the supporting documents were in place for the sample chosen.

A sample of the income and expenditure records identified that reconciliations of monies which had been signed by two people had also been carried out routinely, on a monthly basis.



Discussions established that the home operated a bank account for service users. The account was in place to hold excess cash for safekeeping on behalf of service users or to cash cheques for service users' personal monies received by cheque from the HSC trust. Records were available to identify how much of the total balance in the bank account belonged to individual service users.

A review of a sample of the records identified that a bank reconciliation was recorded and signed by two people on a monthly basis.

Hairdressing and podiatry treatments were being facilitated within the home and a sample of recent records was reviewed. Treatment records relating to the above services included all of the relevant details as required by the Care Standards for Nursing Homes (2015).

Service users' property (within their rooms) was discussed and a sample of four service users was selected to review the records in place. The care files for each of the four selected service users were provided and a review of these identified that each service user had a "Burnview Healthcare 3 Monthly Resident Inventory" record on file. In each case, the record had been signed by one person and they had not been clearly dated. In three cases, only the month the record had been made was recorded, in the fourth case, the full date could not be clearly read. There was limited evidence to conclude that the records had been appropriately updated over time.

The template being used comprised a pre-printed list of items which did not allow for any additional items to be recorded. Only one non-clothing item was listed on the template – "stuffed toys".

These findings were discussed with the registered manager and it was highlighted that the template document should be reviewed as to its layout and fitness for purpose. Having reviewed the template, each service user's record should be updated to ensure that there is a clear and accurate record of the furniture and personal possessions which each service user has brought into their room. These records should be reconciled at least quarterly and should be signed by the member of staff undertaking the reconciliation and be countersigned by a senior member of staff.

This was identified as an area for improvement.

The home operated a service users' comfort fund and records of income and expenditure were maintained. A bank account was in place to manage the fund; the bank account was appropriately named in favour of the service users. Discussion and a review of the records identified that the home did not have a written policy and procedure to guide the administration of the fund.

This was identified as an area for improvement.

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

### **Areas of good practice**

There were examples of good practice found for example, reconciliations of money held on behalf of service users and maintaining appropriate supporting documents for lodgements received and expenses incurred for service users.

**Areas for improvement**

Three areas for improvement were identified during the inspection. These related to countersigning entries in the service users’ income and expenditure records, records of service users’ furniture and personal possessions and the introduction of a written policy and procedure to guide the administration of the service users’ comfort fund.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The arrangements to support service users with their money on a day to day basis were discussed with the registered manager and the home administrator. Discussions identified how the home met the specific needs of individual service users regarding how they were supported to manage their money.

The home administrator reported that arrangements to store money safely in the home or pay fees etc. would be discussed with the service user or their representative at the time of a service user’s admission to the home.

The home had a number of methods in place to encourage feedback from service users or their representatives in respect of any issue, including relative meetings. The registered manager added that she operated an “open-door” policy.

Arrangements for service users to access money outside of normal office hours were discussed. Staff could clearly describe the arrangements which would be in place to meet the individual needs of service users living in the home.

The inspector met with two service users separately, they both described the separate arrangements in place with the home to help them manage their money. Both service users noted their satisfaction with the current arrangements and highlighted the support they received from the home administrator, in particular, in helping them to manage their money.

**Areas of good practice**

There were examples of good practice identified in relation to listening to and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The home's statement of purpose and service user guide included a range of information for a new service user including general arrangements in the home regarding fees and additional charges payable for services not included in the weekly fee.

Written policies and procedures including those addressing the management of service users' money and valuables were available and were easily accessible by staff. The sample of policies and procedures reviewed were dated April 2016.

Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

A copy of the home's current written agreement with service users was reviewed. Fee payment arrangements detailed in the agreement included a "catch-all" sentence. It read - "*Fees are payable by the resident themselves and possibly a Healthcare Trust and/or a third party (usually a family member) depending on a Financial Assessment carried out by the appropriate Healthcare Trust.*" The inspector noted each individual service user's agreement should detail how the home receives the fees for that patient specifically. The agreement should detail the person(s) who will pay the fee (or each component of the fee) and what method(s) of payment will be used. A review of the remainder of the document identified that it was not wholly consistent with standard 2.2 of the Care Standards for Nursing Homes (2015) which details the minimum content of a service user's agreement with the home.

This was identified as an area for improvement.

A sample of four service user files was chosen to review the individual written agreements in place with service users. A review of a sample of four service user files identified that each service user had a signed agreement on their file setting out the terms and conditions of their residency in the home. However, the agreements had been signed between September 2016 and April 2017 and reflected the fees payable at the time the agreements were signed. Therefore, all four agreements did not reflect the up to date fee arrangements for the service users. This amendment to each service user's agreement is required to be agreed in writing with the patient or their representative.

This was identified as an area for improvement.

Discussion established that the home provided a personal monies "contract" document to service users or their representatives for signature. This document provides the home with authority, in particular, to spend the services user's money on identified goods and services. A sample of four files identified that each service user had a signed personal monies contract on their file. It was noted however, that two of the service users had a financial arrangement in place with the home ie: additional measures were in place to enable the home to appropriately them to manage their monies. Despite this, all four personal allowance contracts were identical and the financial arrangements in place to support the two identified service users were not detailed on their personal allowance contract documents.

This was identified as an area for improvement.

## Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide practice and the existence of individual service user agreements and personal allowance contracts.

## Areas for improvement

Three areas for improvement were identified during the inspection; these related to reviewing and updating individual service user agreements and ensuring that personal monies contracts are updated for service users to clearly detail any particular financial arrangement in place.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Ciara Power, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 October 2017 and at least quarterly thereafter</p>	<p>The registered person shall ensure that the use of the safe contents book is recommenced. A reconciliation of the safe contents to the written record should be carried out and be signed and dated by two people at least quarterly.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The safe content book was recommenced the next day after inspection. Reconcillilation are being carried out, signed and dated by 2 staff.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 October 2017</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the patient's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> This is now in place and being adhered.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 November 2017</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient 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>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> All staff are reminded of the importance of the inventory list for each resident's personal belongings and effects. Resident's inventory list are in place and being checked 3 monthly.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 14.30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 November 2017</p>	<p>The registered person shall ensure that a policy and procedure is in place addressing the aims and objectives of the service users' comfort fund and providing guidance for staff on the ethos and operation of the fund. The policy and procedure should include reference to and inclusion of the service user and/or relative forum in the decision making process for expenditure from the comfort fund.</p> <p>Ref: 6.5</p>

	<p><b>Response by registered person detailing the actions taken:</b> Policy and procedure for comfort funds are now in place.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 2.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2017</p>	<p>The registered person shall ensure that the content of the home's standard service user agreement is reviewed to ensure consistency with the stated standard. Each individual service user's agreement should detail how the home receives the fees for the specific service user ie: the person(s) who will pay the fee (or each component of the fee) and what method(s) of payment will be used. Each service user's agreement should be updated accordingly.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The content of the Home's Resident's agreement has been reviewed detailing the financial information requested. Existing agreements have been updated and communicated accordingly.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 November 2017</p>	<p>The registered person shall ensure that any changes to a service user's individual agreement are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> All necessary correspondence in regards of any changes in the agreement will be issued to Service Users or their representative.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 14.6, 14.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 November 2017</p>	<p>The registered person shall ensure that personal monies contracts for service users are reviewed and updated, as appropriate. Specific arrangements in place to support identified service users should be clearly detailed in writing and agreed with the service user or their representative. Where individual service users have no family representatives, the personal allowance contracts detailing financial arrangements in place should be shared with the service user's HSC trust care manager.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Service user's personal monies contract are reviewed and updated.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\*.*



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