The Regulation and Quality Improvement Authority

# Unannounced Finance Inspection Report
# 18 April 2018

# St Josephs

**Type of Service: Nursing Home**
**Address: 16 Princes Street, Warrenpoint, BT34 3NH**
**Tel No: 028 4175 3572**
**Inspector: Briege Ferris**

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 50 beds which provides care for older patients and/or those with a physical disability other than sensory impairment or a learning disability.

## 3.0 Service details

| Organisation/Registered Provider:<br>Kilmorey Care Ltd<br><br>Responsible Individual:<br>Cathal O'Neill | Registered Manager:<br>Jacqueline Rooney |
|---|---|
| **Person in charge at the time of inspection:**<br>Jacqueline Rooney | **Date manager registered:**<br>06 January 2018 |
| **Categories of care:**<br>Nursing Homes<br>I – Old age not falling within any other category<br>PH – Physical disability other than sensory impairment<br>PH(E) - Physical disability other than sensory impairment – over 65 years<br>LD – Learning disability<br>LD(E) – Learning disability – over 65 years | **Number of registered places:**<br>50 |

## 4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 10.30 to 13.30 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS 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.

There were examples of good practice found in relation to: the availability of a safe place to enable patients to deposit money or valuables and the availability of a written safe contents record; the existence of expenditure, banking and reconciliation records and supporting documents such and expenditure receipts and treatment records; the availability of up to date patient comfort fund records and related reconciliations; the availability of personal property records maintained for patients' furniture and personal possessions; correct charges for care and accommodation; mechanisms were in place to obtain feedback and views from patients and their representatives; a range of useful information was contained in the patient guide; each patient had a signed individual written agreement in place with the home; there was evidence that agreement to updating each patient's agreement had been sought by the home and evidence was available to establish that patients or their representatives had, in a timely manner, been notified of forthcoming regional increases in fees payable.

No areas for improvement were identified.

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jacqueline Rooney, registered manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent finance inspection dated 21 January 2009

A finance inspection of the home was carried out on behalf of RQIA on 21 January 2009; however the findings from this inspection were not brought forward to the inspection on 19 April 2018.

## 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 none of these incidents related to patients' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues; the care inspector for the home was also contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection, the inspector met with the registered manager and accounts administrator (who is based at the organisation's head office).

The following records were examined during the inspection:

- Patients Guide
- The safe contents record
- A sample of patients' expenditure and bank reconciliation records
- Written policies and procedures including:
    - "Residents comfort account policy" dated 2018
    - "Policy on record keeping" dated 2018
    - "Whistleblowing policy" dated 2018
    - "Chaperone/Transport policy" dated 2018
    - "Policy on patient property inc deceased patients property (amalgamated)" dated 2018
    - "Complaint Procedure"
- Four records of patients' personal property (in their rooms)
- Four patients' individual written agreements with the home
- A sample of treatment records for hairdressing services facilitated within the home
- A sample of charges made to patients for care and accommodation

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 17 October 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified following this inspection.

### 6.2 Review of areas for improvement from the last finance inspection dated 21 January 2009

As noted above, a finance inspection of the home was carried out on behalf of RQIA on 21 January 2009; however the findings from this inspection were not brought forward to the inspection on 19 April 2018.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The registered manager confirmed that adult safeguarding training was mandatory for all staff in the home. Discussions established 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; however as is further described in section 6.5 of this report, it was not the home's policy to hold or manage cash on behalf of any patient.

The inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, no cash or valuables were being held on behalf of patients.

A written safe record was in place which had previously been used to record any items deposited for safe keeping with the home, however; the last item deposited had been returned to a patient's family member and the entry had been signed and dated by two people.

**Areas of good practice**

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables and the availability of a written safe contents record.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

**6.5 Is care effective?**

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

The registered manager confirmed that no representative of the home was acting as nominated appointee for any patient (ie: managing a patient's social security benefits on their behalf). The registered manager explained that no personal monies belonging to any patient were received directly by the home. She reported that it was the home's policy to not hold any monies belonging to patients. Rather, the home's practice was to settle the cost of any additional goods or services required by patients, with the cost subsequently billed to patients or their representatives from head office.

During the inspection, the organisation's accounts administrator provided a number of records which related to the expenditure incurred by patients in the home. These were used as the basis on which to raise invoices to patients or their representatives for those amounts.

Records were maintained to detail any additional goods or services used by patients which attracted an additional charge e.g.: newspapers, private transport and hairdressing treatments and which had been settled by the home on behalf of each patients. Periodically, an invoice reflecting the goods or services received by each patient was processed at head office and sent to the patient or their representative for settlement. Clear, detailed records were maintained by the home/head office in respect of the amount and timing of the various elements of this process.

The home had a patients' bank account which the accounts administrator reported was used to facilitate the receipt of payment for any goods or services purchased on behalf of patients (subsequently billed to each patient or their representative). The bank account was named appropriately to reflect its use. Records were provided which evidenced that a monthly reconciliation of this bank account was carried out and signed and dated by two people.

Hairdressing treatments were being facilitated within the home. A sample of hairdressing treatment receipts were reviewed, which were found to detail the date, the name of the patient, the treatment received (and the cost) the signature of the hairdresser and the signature of a representative of the home to verify that the treatment had been received.

The inspector discussed how patients' property (within their rooms) was recorded and requested to see the property records for four patients. Each record sampled had a detailed record of the patient's personal property on file which was kept up to date via the home's computerised care records system. The accounts administrator confirmed that it was the home's practice to reconcile these records on a quarterly basis, the records reviewed had been signed and dated by two people in February 2018.

The home had a "Patient comfort fund". It was noted that income and expenditure records were maintained, which were reconciled, signed and dated by two people on a regular basis. A written policy and procedure was in place to guide the administration of the comfort fund and an appropriately named bank account was in place to administer the funds. Records were in place to confirm that the bank account was also reconciled and signed and dated by two people on a monthly basis.

Discussion established that the home raised an invoice for care fees on a monthly basis. A review of a sample of these charges confirmed that the correct amounts had been raised.

Discussion with the registered manager established that the home operated a transport scheme for patients, however she noted that there was no charge to the patients for the use of this service. A written policy and procedure was in place addressing the use of transport by patient and described under what circumstances a chaperone charge would be levied.

**Areas of good practice**

There were examples of good practice found in relation to: the existence of expenditure, banking, reconciliation records and supporting documents such and expenditure receipts and treatment records; the availability of up to date patient comfort fund records and related reconciliations; the availability of personal property records maintained for patients' furniture and personal possessions and correct charges for care and accommodation costs had been raised.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

**6.6 Is care compassionate?**

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

Day to day arrangements in place to support patients were discussed with the registered manager. Discussion established that arrangements to safeguard a patient's money would be discussed with the patient or their representative prior to, or at the time of the patient's admission to the home.

Discussion established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. This included ongoing verbal feedback, patients' meetings and questionnaires.

**Areas of good practice**

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patient and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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 patients in order to deliver safe, effective and compassionate care.**

The patient guide detailed a range of useful information for a prospective patient including general information on fees, arrangements to safeguard patients' property, and reference to a number of home's policy and procedures.

A range of written policies and procedure were in place addressing areas such as the patients' comfort fund, patient property, general record keeping; whistleblowing, and the chaperone/transport scheme and complaints management.  Policies were easily accessible by staff.

Individual patient agreements were requested and a sample of four patients was chosen in order to review those in place between the home and each patient or their representative.

Each patient had a signed individual written agreement in place, which had been signed and dated by a representative of the home and the patient or their representative.  In addition, there was evidence that agreement to updating each patient's individual agreement had been sought by the home.  These had most recently been sent to patients' representatives in April 2018 to reflect the regional uplift in fees payable.  As of the date of the inspection on 19 April 2018, the documents shared with representatives to detail those changes had not yet been returned signed to the home.

Evidence was also available that separate written correspondence had been sent to patients or their representatives advising of forthcoming regional increases in fees payable, applicable from April 2018 onwards.

### Areas of good practice

There were examples of good practice found in respect of: the range of information contained in the patient guide, each patient had a signed individual written agreement in place with the home; there was evidence that agreement to updating each patient's agreement had been sought by the home and evidence was available to establish that patients or their representatives had in a timely manner, been notified of forthcoming regional increases in fees payable.

### Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 0 | 0 |

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

The **Regulation** and **Quality Improvement Authority**


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