

Unannounced Follow Up Finance Inspection Report 07 December 2017



Apple Blossom Lodge

Type of Service: Nursing Home

Address: Apple Blossom Lodge, 62 Drumilly Road, Armagh, BT61 8RH

Tel no: 02838891202

Inspector: Brieghe 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 provider 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 37 beds that provides care for patients living with dementia or those with a mental disorder (excluding learning disability or dementia).

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered manager: Heather Maxwell
Person in charge at the time of inspection: Heather Maxwell	Date manager registered: 29 January 2015
Categories of care: Nursing Home (NH) DE – Dementia. MP – Mental disorder excluding learning disability or dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of registered places: 37

4.0 Inspection summary

An unannounced inspection took place on 07 December 2017 from 09.15 to 14.30 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 sought to assess progress with issues raised during the unannounced finance inspection of the home carried out on 31 August 2017.

The following areas were examined during the inspection:

- Arrangements for physically safeguarding patients' monies and valuables and maintaining a record of safe contents
- Recording income and expenditure appropriately and maintaining supporting evidence
- Patient agreements and documentation detailing authorisation to hold and/or spend patients' monies
- Governance arrangements in respect of patients' money and valuables

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Heather Maxwell, registered manager and Christopher Walsh, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent finance inspection dated 31 August 2017

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 31 August 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, 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 nurse in charge and subsequently, the registered manager, the responsible individual and one patient. The home administrator, who had come into post since the unannounced finance inspection on 31 August 2017, was on leave on the day of the inspection. A poster detailing that the inspection was taking place was displayed in a prominent position in the home.

Feedback from one patient was relayed to the registered manager, the responsible individual and subsequently to the care inspector for the home.

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 August 2017

The most recent inspection of the home was an unannounced finance inspection.

The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last finance inspection dated 31 August 2017

Areas for improvement from the last finance inspection		
Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (4) Stated: First time To be completed by: 01 September 2017	The registered person shall ensure that any monies or valuables held by the home on behalf of patients are appropriately secured in the safe place. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector confirmed that monies and valuables were held securely in the safe place in the home.	
Area for improvement 2 Ref: Regulation 19 (3) (b) Stated: First time To be completed by: 01 September 2017	The registered person shall ensure that the records referred to in paragraph 19 (1) and (2) [of the Nursing Homes Regulations (Northern Ireland) 2005] are available for inspection at all times by a person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home. Ref: 6.5	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all of the records requested were available for inspection.	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 05 October 2017</p>	<p>The registered person shall ensure that a record of the furniture and personal possessions brought by each patient into their rooms is maintained.</p> <p>Ref: 6.5</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records identified that each patient had a "Register of residents personal property" form.</p> <p>A separate area for improvement was identified in the QIP under the Care Standards for Nursing Homes (2015) in respect of maintaining records of patients' furniture and personal possessions. This is further discussed in section 6.3 of this report.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 05 October 2017</p>	<p>The registered person shall ensure that each individual patient has a written agreement in place with the home which sets out the individual, up to date terms and conditions in respect of their residency in the home. Individual agreements should be kept up to date.</p> <p>Ref: 6.7</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of eight patient files and noted the following:</p> <ul style="list-style-type: none"> -four patients' had an up to date written agreement in place with the home which had been signed by the patient or their representative -four patients' did not have an up to date written agreement in place with the home which had been signed by the patient or their representative. For these patients, their files failed to exhibit any evidence as to why the agreements remained unsigned by the patients or their representatives. <p>The registered manager could not provide a reasonable explanation as to why the files did not evidence why having a signed written agreement in place with those patients or their</p>	<p>Partially met</p>

	<p>representatives had not been appropriately progressed. In addition, a sample of agreements remained unsigned by patients or their representatives some two months after the registered manager had signed the agreements on behalf of the home in October 2017.</p> <p>This was therefore identified as an area for improvement for the second time.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 29 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: From September 2017 until further notice</p>	<p>The registered person shall ensure that RQIA is provided with copies of the registered provider regulation 29 reports until further notice; which should encompass a review of the home's practice in relation to safeguarding patients' money and valuables.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: Since the previous unannounced finance inspection on 31 August 2017, the responsible individual has shared copies of the registered provider regulation 29 reports with RQIA.</p> <p>As detailed above, the responsible individual is required to continue to share copies of the reports until further notice.</p>	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2017</p>	<p>The registered person shall ensure that a safe record is in place to record money or valuables coming into or out of the custody of the home on an ongoing basis. Records of monies or valuables held on behalf of patients should be reconciled at least quarterly.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a written record entitled "Valuables for Safekeeping – safe contents" file was in place. A review of the contents of the file identified that it detailed individual items deposited for safekeeping in the safe place; these records were signed and dated by two members of staff. In addition, a monthly check of the safe contents was</p>	Met

	maintained on the file, these records had also been signed and dated by two members of staff.	
Area for improvement 2 Ref: Standard 14 (9) Stated: First time To be completed by: 21 September 2017	The registered person shall ensure that the amount of money which is held by the home on behalf of each patient is brought up to date. Ref: 6.5 Action taken as confirmed during the inspection: The inspector reviewed a sample of income and expenditure records maintained by the home on behalf of patients and these were found to be up to date.	Met
Area for improvement 3 Ref: Standard 14 (10) Stated: First time To be completed by: 21 September 2017	The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. 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 resident's cash total held; and the signatures of two persons able to verify the entry on the ledger. Ref: 6.5 Action taken as confirmed during the inspection: The inspector reviewed a sample of income and expenditure records maintained by the home on behalf of patients and these were found to follow a standard financial ledger format.	Met
Area for improvement 4 Ref: Standard 14.9 Stated: First time To be completed by: 21 September 2017	The registered person shall ensure that a correction of error is made in respect of the withdrawal of monies from the patients' personal monies bank account which should have come out of the comfort fund bank account. Ref: 6.5 Action taken as confirmed during the inspection: The inspector reviewed the records relating to this transaction; these detailed that the	Met

	comfort fund balance had been adjusted to reflect the error which had been made.	
Area for improvement 5 Ref: Standard 14.29 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that records of income and expenditure in respect of the comfort fund are maintained in a manner which is consistent with how patients' individual monies are maintained ie: using a standard financial ledger format which is reconciled at least quarterly. Receipts for expenditure from the fund should be available to evidence the specific expenditure identified during the inspection and in future, should be retained with the comfort fund records.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The inspector reviewed the comfort fund records and noted that (with the exception of the adjustment detailed in area for improvement 4) there had been no activity in the comfort fund records since the previous unannounced finance inspection on 31 August 2017.</p>	Met
Area for improvement 6 Ref: Standard 14.13 Stated: First time To be completed by: 01 September 2017	<p>The registered person shall 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 resident 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 resident.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of records relating to private podiatry and barbering services facilitated in the home, for which there was an additional charge to patients. This identified that podiatry records were signed by the podiatrist and by a representative of the home to verify that the treatments had been delivered to the patients identified. For barbering treatments, the registered manager reported that the only records of treatments made on the day were in</p>	Met

	<p>each patient's daily progress notes. Invoices for barbering services were on file; these had been signed by the home administrator to detail that payment had been made, however they were not signed by the barber.</p> <p>Following the inspection, the responsible individual shared information which evidenced that a treatment record for barbering services was in use in the home; this record was not provided for review during the inspection. The record detailed a recent visit and included the details as required by Care Standards for Nursing Homes (2015), including the signature of the person providing the treatment and of a person from the home to verify that the treatment had been provided.</p>	
<p>Area for improvement 7</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</p>	<p>The registered person shall ensure that policies and procedures are subject to a three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of written policies and procedures in place to guide financial practices in the home. This identified that the policies had been reviewed and updated in September 2017.</p>	Met
<p>Area for improvement 8</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 05 October 2017</p>	<p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each patient are updated.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: A review of a sample of seven patient files identified that five patients had a signed personal monies authorisation document on their file to document authority for the home to either hold the patient's money in the home's safe place until the patient would request it; or</p>	Partially met

	<p>for the home to spend the patient's money held for safekeeping on identified goods and services.</p> <p>Two of seven patients sampled did not have signed personal monies authorisation document on their file to provide the home with authority to hold or spend the patient's money.</p> <p>This was therefore identified as an area for improvement for the second time.</p>	
<p>Area for improvement 9</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 05 October 2017</p>	<p>The registered person shall ensure that there are structures and processes to support, review and action the organisation's governance arrangements for nursing homes services. This includes, but is not limited to, corporate; financial; health and safety; premises; social and clinical care; information management; and research governance arrangements.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection:</p> <p>As noted above, since the previous finance inspection of the home on 31 August 2017, copies of the registered provider regulation 29 reports have been shared with RQIA. These reports have encompassed a review of governance arrangements in respect of patient finances.</p> <p>A review of a sample of patient files on 07 December 2017 evidenced that several patient agreements had been signed by the registered manager in early October 2017. However, patient files failed to evidence why agreements had not been shared for signature by the individual patients or their representatives.</p> <p>Ensuring that governance arrangements encompass a mechanism for oversight of this process was identified as an area for improvement.</p>	<p>Partially met</p>

6.3 Inspection findings

Arrangements for physically safeguarding patients' monies and valuables and maintaining a record of safe contents

The inspector confirmed that monies and valuables were held securely in the safe place in the home. A written record entitled "Valuables for Safekeeping – safe contents" file was in place. A review of the contents of the record identified that it detailed individual items deposited for safekeeping in the safe place; these records were signed and dated by two members of staff. In addition, a monthly check of the safe contents was maintained on the file, these records had also been signed and dated by two members of staff.

Areas of good practice

Monies and valuables were secured within the safe place and a written, up to date safe record was available to detail the contents of the safe place, including items deposited for safekeeping by or on behalf of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Recording income and expenditure appropriately and maintaining supporting evidence

Discussion with the registered manager and a review of a sample of the records identified that income and expenditure records maintained by the home on behalf of patients were up to date. Records reviewed were found to follow a standard financial ledger format and patients' monies had been reconciled to the records on a monthly basis. Reconciliations were signed and dated by two people.

The inspector reviewed a sample of records relating to private podiatry and barbering services facilitated in the home, for which there was an additional charge to patients. This identified that podiatry records were signed by the podiatrist and by a representative of the home to verify that the treatments had been delivered to the patients identified. For barbering treatments, the registered manager reported that the only records of treatments made on the day were in each patient's daily progress notes. Invoices for barbering services were on file; these had been signed by the home administrator to detail that payment had been made, however they were not signed by the barber.

Following the inspection, the responsible individual shared information which evidenced that a treatment record for barbering services was in use in the home; this record was not provided for review during the inspection. The record detailed a recent visit and included the details as required by Care Standards for Nursing Homes (2015) including the signature of the person providing the treatment and of a person from the home to verify that the treatment had been provided.

Areas of good practice

Records of income and expenditure maintained on behalf of patients followed a standard financial ledger format and were up to date. Monthly reconciliations had taken place to agree monies held to the records maintained; these were signed and dated by two members of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Patient agreements and documentation detailing authorisation to hold and/or spend patients' monies

On the day of inspection, four patients were chosen at random from a list of names and on review of these files it was noted that one patient had a signed agreement in place, three of the patients did not have an agreement signed by them personally or by their representative. Two of the three agreements which had not been signed by the patients or their representatives had been signed by the registered manager in early October 2017; on the third patient's agreement, the registered manager's name had been typed in the relevant space.

Therefore out of a sample of four patients' files chosen at random, three failed to exhibit any evidence as to why the agreements remained unsigned by the patients or their representatives. The registered manager could not provide a reasonable explanation as to why the chosen files did not evidence why pursuing a signed agreement with those patients or their representatives had not been appropriately progressed and why they remained unsigned some two months after she had signed the agreements on behalf of the home in October 2017.

As discussed during feedback, evidence should be in place which identifies how and when the home has shared patient agreements for signature. Where a patient is unable to sign their agreement with the home, this should be recorded. Where a patient is unable to sign and does not have a family representative to review and sign the agreement, a patient's agreement should be shared with their HSC trust care manager.

The registered manager reported that the files which had been sampled were in the minority and she provided four additional files for review. A review of those files evidenced that three of the four patients had an up to date written agreement on their individual file which had been signed by the patient or their representative. A review of the fourth file identified that it contained reference to 2016/2017 fee rates and had not been signed by the patient or their representative; the agreement had been signed by a representative of the home in March 2017, prior to the regional uplift in fees.

These findings were identified as an area for improvement.

A review of a sample of seven patient files identified that five patients had a signed personal monies authorisation document on their file to document authority for the home to either hold a patient's money in the home's safe place until the patient would request it; or for the home to spend the patient's money held for safekeeping on identified goods and services.

However, two of seven patients sampled did not have signed personal monies authorisation document on their file to provide the home with authority to hold or spend the patient's money.

This was identified as an area for improvement.

Areas of good practice

The home had written patient agreement and personal monies authorisation/safekeeping templates for use in the home and these were evidenced in use on several patient files reviewed.

Areas for improvement

Two areas for improvement were identified. These related to ensuring that there is evidence that patients or their representatives have been provided with a written agreement setting out the terms and conditions of their residency in the home and to ensuring that there is appropriate documentation of the authority provided to the home to hold and/or spend each patient's money on identified goods and services.

	Regulations	Standards
Total number of areas for improvement	1	1

Governance arrangements

Since the finance inspection of the home on 31 August 2017, the responsible individual has shared copies of the registered provider regulation 29 reports which have encompassed a review of the home's practices in relation to safeguarding patients' money and valuables. The responsible individual also noted that following the finance inspection, the findings were disseminated to other homes within the group in order to share learning. In addition, he noted that there had been a review of documents such as policies and procedures and safe contents records and personal possessions/expenditure documents.

As noted above, on the day of inspection, four patient files identified that updated agreements had been signed by the registered manager in early October 2017. However, the files failed to exhibit any evidence as to what had been done with the agreements thereafter, in particular why they remained unsigned by the patients or their representatives. The registered manager was unable to provide an explanation as to why the agreements had not been shared for signature some two months after she had signed the agreements.

This finding was discussed with the responsible individual and it was noted that the financial governance arrangements for the home should encompass consideration of a mechanism to review how patient agreements are updated and shared with patients or their representatives on a timely basis. The responsible individual and registered manager reported that there was a matrix in place to track progress with this matter; however they noted that the version which they accessed on the day of inspection was not the most up to date version. Following the inspection, the responsible person shared a copy of the "Residency tracker" which it was noted that the home administrator had been maintaining. This document detailed that of the 37 patients listed, nine had a signed agreement on file. However, for three of the patients detailed, their agreements had been signed in March 2017 ie: before the regional annual uplift in fees, these patients' agreements were therefore out of date. For several patients, the document failed to detail either that an agreement had been provided or that there had been any follow up to pursue agreements which had been provided for signature.

The importance of ensuring that there is robust oversight and governance arrangements in respect of mechanisms to detail, share and agree financial arrangements in place between

patients and the home (in particular those set out in their individual written agreement with the home) was highlighted.

This finding was identified as an area for improvement.

Areas of good practice

Since the last inspection, the responsible individual has shared copies of the registered provider regulation 29 reports which have encompassed a review of the home's practices in relation to safeguarding patients' money and valuables.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that there is appropriate oversight and governance in respect of appropriate documentation of financial arrangements for patients.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Heather Maxwell, registered manager, and Christopher Walsh, responsible individual, 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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 5 (1) Stated: Second time To be completed by: 30 January 2018	The registered person shall ensure that each individual patient has a written agreement in place with the home which sets out the individual, up to date terms and conditions in respect of their residency in the home. Individual agreements should be kept up to date. Ref: 6.7
	Response by registered person detailing the actions taken: As discussed in the report the home has a residency agreement tracker and will retain evidence of attempts to have the agreements and contracts signed by capacitous residents or their representatives.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14.6, 14.7 Stated: Second time To be completed by: 30 January 2018	The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each patient are updated. Ref: 6.7
	Response by registered person detailing the actions taken: In keeping with AFI1 under the Regulations the Home has issued letters to all relevant residents and their representatives to ensure that all agreements are in place.
Area for improvement 2 Ref: Standard 35.4 Stated: Second time To be completed by: 30 January 2018	The registered person shall ensure that there are structures and processes to support, review and action the organisation's governance arrangements for nursing homes services. This includes, but is not limited to, corporate; financial; health and safety; premises; social and clinical care; information management; and research governance arrangements. Ref: 6.7
	Response by registered person detailing the actions taken: Management and governance arrangements in the Home remain in place to ensure that the progress made to date continues. These include the manager's oversight and provider visits.

Area for improvement 3 Ref: Standard 14.26 Stated: First time To be completed by: 30 January 2018	The registered person shall ensure that an inventory of property belonging to each resident 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. Ref: 6.5
	Response by registered person detailing the actions taken: A new policy and document is in place for the recording of personal possessions on a quarterly basis.

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



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