

Unannounced Finance Inspection Report

31 August 2017



Apple Blossom Lodge

Type of Service: Nursing Home

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

Tel no: 02838891202

Inspector: Briega Ferris

www.rgia.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 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 31 August 2017 from 09.05 to 16.15 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 during and since the last finance inspection (if any) 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, there were methods in place to encourage feedback from patients or their representatives and there were mechanisms to facilitate the reconciliation of money held on behalf of patients.

Areas requiring improvement were identified for example, in relation to up to date records of patients' income and expenditure and supporting documentation being in place, records of patients' money and valuables coming into the custody of the home and written individual patient agreements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	9

Details of the Quality Improvement Plan (QIP) were shared with Heather Maxwell, 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. However concerns regarding appropriate audit and governance arrangements to ensure that patients' money or valuables were being appropriately safeguarded were identified. These concerns were discussed with the registered manager on the day.

On 1 September 2017, a comprehensive written action plan to address these concerns was received by RQIA from the Responsible Individual, Christopher Walsh.

A further unannounced finance inspection of the home will take place within a short timeframe.

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. A poster detailing that the inspection was taking place was displayed in a prominent position in the home, however no patients or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- Four patients' finance files
- One patients' individual written agreement
- A sample of patients' income and expenditure records
- A sample of comfort fund records
- A sample of treatment records for podiatry services facilitated within the home
- Written financial policies including:
 - "Handling Resident's personal Property" dated June 2014
 - "Residents Rights – Handling their monies & valuables" dated June 2014
 - "Comfort Fund Administration" dated June 2014
- Two records of patients' personal property

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 18 July 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last finance inspection dated 03 February 2010

A finance inspection was carried out on 03 February 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 31 August 2017.

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 with 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 resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents; the inspector was satisfied with the location of the safe place and the persons with access. However, on arrival to the administrator's office, the inspector noted that several envelopes of change from recent transactions made on behalf of patients had been left on the administrator's desk. The registered manager reported that a number of people in the home had access to the administrator's office which had a pin-coded door entry system.

Records existed to evidence the money signed out for the above transactions (as recorded in receipt books) but the corresponding change returned had not been signed into the receipt books. One purchase receipt was missing and the registered manager advised that £1.00 change due to a patient which was not in the corresponding envelope would have been given to the patient directly, in her opinion.

These findings reflected basic failings to appropriately physically secure patients' money in the available safe place in the home and to appropriately record transactions.

This was identified as an area for improvement.

As noted above, a safe place was available in the home to appropriately secure patients' monies or valuables on their behalf. The inspector requested to see the content of the safe place and in particular, any monies or valuables held for patients.

On opening the safe, a sum of money, bank cards and several receipts were identified which belonged to a patient who had recently been admitted to the home.

There was no written safe record in place and no record had been made of the patient's money and possessions coming into the custody of the home. A safe record should be 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.

This was identified as an area for improvement.

The total (communal) cash float held was counted, however as further discussed in section 6.5 of this report, on the day of inspection, this could not be agreed to the income and expenditure records held for patients.

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that patients' money is at all times appropriately secured in the home's safe place and to ensuring that a written safe record is introduced to appropriately record the deposit or withdrawal of monies or valuables from the safe place on behalf of patients.

	Regulations	Standards
Total number of areas for improvement	1	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 established that that no representative of the home was acting as nominated appointee for any patient (ie: managing and receiving social security benefits on a patient's behalf). Discussions established however, that the home was in direct receipt of the personal monies for a number of patients.

The manner in how income and expenditure records were maintained on behalf of patients was discussed with the registered manager. She advised that the current home administrator was on leave for a period of time and that her position had not been temporarily filled despite the home's efforts to do so. She noted that two persons had accepted the position but these arrangements had not been successful in both cases. Therefore it was noted that from June 2017, no arrangements had been made to record income and expenditure transactions on behalf of the patients, except for entries in communal receipt books signing money in or out for patients.

Patients' records of monies held by the home on their behalf were therefore three months behind (on the computerised system); these records had also not been reconciled since June 2017. It was noted that while money was being signed out of the communal float of patients'

monies held in the safe place, there was no up to date information to confirm that individual patients could afford to spend the money being signed out on their behalf.

This was identified as an area for improvement.

The manner in which income and expenditure records which had been maintained prior to June 2017 (ie: in computerised format and not written financial ledger format) was not consistent with the home's own written policy (there is further commentary on written policies in section 6.7 below). Records of income received and expenditure incurred on behalf of patients should be made using a standard financial ledger format with each transaction signed and dated by two people.

This was identified as an area for improvement.

As noted above, receipt books were in use in the home to record evidence of money deposited or withdrawn for transactions on behalf of patients. A review of a sample of recent entries in the books identified that these entries had been signed by two persons. Evidence that written reconciliations of monies held for patients had been carried out prior to June 2017 was identified.

A number of records including remittances from the commissioning trusts (attaching cheques for personal monies of patients received on their behalf) could not be located by the registered manager during the inspection. Evidence was available to identify recent lodgements had been made to the communal patients' personal monies bank account, however, as the related remittances could not be located, the breakdown of the amounts in respect of individual patients could not be established.

The accessibility of records which should be available for inspection was identified as an area for improvement.

A review of the online banking record for the patients' personal monies bank account evidenced a withdrawal which the registered manager advised related to a recent purchase from the patients' comfort fund. This transaction had therefore been made in error from the wrong bank account.

This was identified as an area for improvement.

The comfort fund records were provided for review and it was noted that records of income and expenditure were not made using a standard financial ledger format with each transaction signed by two people. In order to be consistent with the home's own policies and procedures, any income and expenditure received and spent on behalf of patients should be recorded using a standard financial ledger format with each transaction signed and dated by two people.

Bank statements were available which evidenced that an amount had been paid from the bank account in December 2016, however the registered manager could not recall what this related to, nor were any purchase receipts available.

This was identified as an area for improvement.

The registered manager advised that podiatry treatments were facilitated within the home and a sample of recent records was reviewed. The record was typed except for a written note signed by the administrator to record the cheque number and date relating to the total payment made

to the podiatrist. The record had not been signed by the podiatrist or by a representative of the home to verify that the treatments had been provided.

This was identified as an area for improvement.

The inspector discussed how patients' property (within their rooms) was recorded and was advised that the records should be in each patient's individual care records. The names of four patients were selected at random from a list and the relevant files were provided for review. A review of the files identified that two of the patients had a written property record, one of these was signed by two people but not dated, and the other record was dated but not signed. The remaining two patients did not have a written personal property record on their files.

The inspector noted that each patient is required to have a record of the furniture and personal possessions which they have brought with them to the home. These records should be reconciled on at least a quarterly basis, with the records signed by two people.

This was identified as an area for improvement.

The registered manager confirmed that the home provided transport to patients; however there were no charges to patients for this service.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of receipt books to record money deposited or withdrawn for transactions on behalf of patients and in respect of carrying out written reconciliations of monies held for patients prior to June 2017.

Areas for improvement

Seven areas for improvement were identified during the inspection. These related to: patients' records of income and expenditure; the accessibility of records which should be available for inspection; two transactions in respect of expenditure related to the patients' comfort fund (of which one was paid in error from patients' personal monies); ensuring that treatment records are signed by the person providing the treatment and by a representative of the home and maintaining for each patient, a record of their furniture and personal possessions which should be reconciled at least quarterly.

	Regulations	Standards
Total number of areas for improvement	2	5

6.6 Is care compassionate?

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

The arrangements to support patients with their money on day to day basis were discussed with the registered manager. Discussion established that the home had a number of methods in place to encourage feedback from patients, families or other representatives in respect of any issue.

Arrangements for patients to access money outside of normal office hours were discussed with the registered manager. She described the arrangements which were in place to facilitate the individual needs of patients living in the home.

Areas of good practice

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

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.

A range of written policies and procedures were provided for review, including those addressing records management; confidentiality, the administration of the comfort fund and handling patients' money and valuables. Several of these policies were dated June 2014 and therefore should have been reviewed and updated by June 2017 at the latest.

This was identified as an area for improvement.

Four patients were sampled in order to review the individual written agreements in place with the home. A review of the four files identified that only one of the patients had a signed agreement on their file, however this agreement was signed in 2016 and reflected the terms and conditions (including the fees payable) which would have been in place at that time. The remaining three patients did not have signed agreement on their files; two patients had a template agreement which had not been personalised to them, the fourth patient did not have any agreement on their file.

Each individual patient should have 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.

This was identified as an area for improvement.

Discussion with the registered manager established that the home provided a personal monies authorisation document to patients for signature. This document provides the home with authority, in particular, to spend the individual patient's money on identified goods and services or to set out any particular financial arrangement in place between the home and the patient.

The sample of four patient files referred to above evidenced that two patients had a signed personal monies authorisation in place, however two of the patients did not have the authorisation document in place.

It was noted that any personal monies authorisations which have not been completed or require updating are shared with patients or their representatives to be completed appropriately.

This was identified as an area for improvement.

The findings from the inspection indicated that oversight and governance arrangements in respect of the management of and recording of patients' monies and valuables required improvement. The registered manager must ensure that appropriate audit, and governance arrangements are in place and are operating effectively day to day.

This was identified as an area for improvement.

The responsible individual must ensure that there are appropriate oversight and governance mechanisms in place to oversee that audit and control measures in place at the home are sufficient and are being tested to ensure they are working.

The regulation 29 monthly monitoring reports must be provided to RQIA until further notice and these should expressly review how the home's arrangements to safeguard patients' monies and valuables are operating.

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 a written agreement and personal monies authorisation template documents.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that financial policies are reviewed and updated; ensuring that each patient is provided with an individual written agreement which should be kept up to date and ensuring that personal monies authorisations are developed or reviewed and updated for patients as appropriate, (alongside a detailed note of any particular financial arrangement in place for individual patients, where necessary).

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Heather Maxwell, 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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2017</p>	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All Monies and valuables are maintained in the safe within the admin office, which is locked by keypad. Access to this office is restricted and the safe key is held by the administrator 9-5 and by the Nurse in Charge out of hours as residents require 24 hour access to monies.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19 (3) (b)</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2017</p>	<p>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 an person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Records referred to in Paragraph 19 (1) and (2) of the NH Regulations Northern Ireland 2005 are available and up to date.</p>
<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> <p>Response by registered person detailing the actions taken: A system has been established within the Home to ensure that furniture and personal possessions (with the exception of clothing) is maintained on a Quarterly basis</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> <p>Response by registered person detailing the actions taken: The Home has audited the residency contracts for all residents and ensured that as far as practicable all are signed and dated or evidence of attempts to have these agreements signed and dated are maintained.</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>Response by registered person detailing the actions taken: The Registered Provider will submit Provider visits encompassing the safeguarding of residents monies and valuables to RQIA until further notice starting with the September 2017 visit</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<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>Response by registered person detailing the actions taken: As per AFI1 under the Nursing Home's Regulations monies and valuables are maintained securely. A record of the safe contents is maintained.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14 (9)</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>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.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: In addition to the CareBlox system the Home has reconciled and brought up to date the individual monies held by the Home in respect</p>

21 September 2017	to each residents on an excel spreadsheet. This is maintained and signed off monthly to ensure that all monies are reconciled.
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
	Response by registered person detailing the actions taken: Following further discussion with the Home Finance Inspector agreement has been reached that the use of the CareBlox system in conjunction with the receipts log will provide assurances that the transactions on behalf of residents are maintained in a format that promotes best practice, maintenance of the regulations and an audit trail.
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
	Response by registered person detailing the actions taken: The Home will say that the Bank Account for the Comfort fund was closed in August 2017 and the monies transferred to the resident's account. 1 transaction was then made from this transferred monies to purchase a pool table. The remaining monies relating to the comfort fund has now been removed from resident's account and will be held securely in the Home and reconciled monthly
Area for improvement 5 Ref: Standard 14.29 Stated: First time To be completed by: 30 September 2017	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. Ref: 6.5

	<p>Response by registered person detailing the actions taken:</p> <p>As per Area for improvement above the monies relating to the Comfort Fund has now been removed from the resident's account and will be held securely in the Home. All necessary process for the maintaining of this balance have been applied including a running balance and reconciliations.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 01 September 2017</p>	<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>Response by registered person detailing the actions taken:</p> <p>This process is now in place and promotes two signatures including the provider of the service signing the invoices for the provision of treatment or services.</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>Response by registered person detailing the actions taken:</p> <p>Policies relating to the management of monies in the Home have been reviewed and ratified.</p>
<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>Response by registered person detailing the actions taken:</p> <p>The Home is reviewing, auditing and actioning the PA agreements between residents and the Home. Many of these are now in place and an audit spreadsheet is maintained to record the process of updating these files. There is also a new policy process in place for the safe custody of resident's monies which are not administered by staff.</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>Response by registered person detailing the actions taken: Following the successful appointment of a new Home Administrator the Home has re-established governance arrangements and processes for the management of finances. The remainder of governance arrangements in relation to Health and Safety, premises, social and clinical care, information management and research and governance arrangements have been maintained to the previous high standard, including: (not exhaustively) internal and external audits, provider visits, Health and Safety assessment, maintenance checks and RQIA inspections.</p>
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