Unannounced Finance Inspection Report
01 February 2018

Valley Nursing Home

Type of Service: Nursing Home
Address: 8 Tullybroom Road, Clogher, BT76 0UW
Tel No: 0288554 8048
Inspector: Briege Ferris

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 96 beds that provides care for older patients and/or those with dementia, a mental disorder excluding learning disability or dementia, physical disability other than sensory impairment or those who are terminally ill.

3.0 Service details

Organisation/Registered Provider: Valley Nursing Home (MPS) Ltd/Paul Warren-Gray	**Registered Manager:** Lorraine Margaret Cozma
Person in charge at the time of inspection: Lorraine Margaret Cozma	**Date manager registered:** 05 January 2015
Categories of care: Nursing Care (NH) DE - Dementia I -Old age not falling within any other category PH- Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years MP- Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years TI -Terminally ill	**Number of registered places:** 96

4.0 Inspection summary

An unannounced inspection took place on 01 February 2018 from 09.35 to 15.45 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: 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 basic controls in place to safeguard patients' money and valuables; a separate bank account was in place to manage patients' personal monies and comfort fund monies; cash reconciliation records were in place; hairdressing and podiatry treatment records detailed all of the required information and evidence was in place that appropriate supporting documents for lodgements received and expenses incurred for patients were being maintained and the member of staff with key day to day responsibility for the administration of patients' monies was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Areas requiring improvement were identified in relation to: the introduction of a written safe record which should be reconciled by two people at least quarterly; the use of pencil and correction fluid on records; ensuring that staff members do not benefit from points earned when making purchases on behalf of patients; carrying out reconciliations of money, valuables and bank accounts at least quarterly; ensuring that treatment records include all of the required

information and ensuring that records of patients' furniture and personal possessions are up to date and are reconciled by two people at least quarterly; updating written policies and procedures; ensuring that any change to a patient's agreement is agreed in writing by the patient or their representative and ensuring that personal allowance contracts are in place for all relevant patients.

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	0	9

Details of the Quality Improvement Plan (QIP) were discussed with Lorraine Cozma, 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 20 January 2016

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 20 January 2016.

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 no incidents related to patients' money or valuables. 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 office manager. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- The Patient Guide
- Four patients' finance files
- Four patients' individual written agreements with the home
- A sample of income and expenditure records maintained on behalf of patients
- A sample of records in respect of treatments facilitated in the home
- A sample of patients' comfort fund records
- A sample of records of patients' furniture and personal possessions
- Written policies and procedures including:
    - "Management of Residents' Social Fund Policy" January 2018
    - "Planning and providing transport and staff escorts for residents" June 2017

- "Whistleblowing policy" undated
- "Safeguarding service users money and possessions" undated
- "Policy on record keeping" January 2010
- "Complaints policy" January 2010

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 December 2017

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

6.2 Review of areas for improvement from the last finance inspection dated 20 January 2016

<table>
<tr><th colspan="3">Areas for improvement from the last finance inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with Care Standards for Nursing Homes (April 2015)</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Recommendation 1

Ref: Standard 2.8

Stated: First time</td><td>The registered person should ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable or chooses not to sign the revised agreement, this is recorded.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:

The inspector reviewed a sample of patient agreements and identified that changes to the fees payable by or in respect of the patients for the years 2016/2017 and 2017/18 had not been agreed in writing by the patients or their representatives.

This area for improvement is therefore listed in the QIP for the second time.</td></tr>
</table>

Recommendation 2 Standard 14.26 **Stated:** First time	The registered person should 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 and dated by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	**Not met**
	Action taken as confirmed during the inspection: The inspector reviewed a sample of patient property records and identified that there was limited evidence of updating over time. There was no evidence that the property records had been reconciled and signed and dated by two people at least quarterly. This area for improvement is therefore listed in the QIP for the second time.	

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 inspector met with the office manager who was able to clearly describe the basic controls in place to safeguard patients' money and valuables. She advised that she had completed adult safeguarding training in September 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; 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 patients was deposited for safekeeping; valuables were also being held, including a number of bank cards belonging to patients. It was good to note that a "Residents bank cards - safe sheet" record was in place detailing the removal and return of patients' bank cards from the safe place and entries were routinely signed by three people. The valuables which were deposited for safe keeping had been listed on the "Residents bank cards - safe sheet". It was highlighted that only the movement of bank cards should be recorded on this sheet, as per the document's title.

The home had no written safe (contents) record in place which should be reconciled and recorded by two people at least quarterly.

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 patients' money and valuables.

Areas for improvement

One area for improvement was identified in relation to the introduction of a written safe record which should be reconciled by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	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 office manager established 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). However, discussions established that the home was in direct receipt of the personal monies for a number of patients; monies were received directly into the patients' bank account, while cheques for the personal monies of a number of patients were received by cheque into the patients' bank account. Records were available to identify the timing of receipt of the monies for the identified patients.

Staff described how for the majority of patients, 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 identified that receipts were signed by either one or two people. Advice was provided to the registered manager in respect of capturing the signature of two people on receipts consistently, as this is a protection for both the patient concerned and members of staff receiving cash.

Records of income and expenditure were maintained for each patient for whom the home engaged in purchases of goods or services. 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. The most recent cash reconciliation recorded and signed and dated by two people was dated October 2017; a further reconciliation was therefore due on or before 31 January 2018 and this was highlighted to the registered manager (there is further discussion below in respect of the reconciliation of records).

Within the sample of cash reconciliation records reviewed, it was noted that pencil and correction fluid had been used, which is not consistent with good, basic record keeping practice or the Care Standards for Nursing Homes (2015).

This was identified as an area for improvement.

Discussions established that the home operated a bank account for patients. The account was in place to hold excess cash for safekeeping on behalf of patients or to cash cheques for patients' personal monies received by cheque. A review of the recent records identified that the most up to date reconciliation was dated June 2017. This was discussed with the registered manager and it was highlighted that a reconciliation of any bank account managed on behalf of patients should be carried out at least quarterly.

This was identified as an area for improvement.

During feedback from the inspection, the registered manager noted that the responsible individual or his representatives were due to visit the home in the days following the inspection and that she would discuss the potential for additional support to be provided to office staff to enable records to be brought up to date accordingly.

A number of treatments were being facilitated within the home for which there was an additional charge to patients and a sample of recent records was reviewed. Hairdressing, podiatry and barbering treatment records relating to the above services included all of the relevant details as required by the Care Standards for Nursing Homes (2015).

However treatment records for reflexology services were not signed by the reflexologist or a member of staff from the home to verify that the treatment had taken place.

This was identified as an area for improvement.

Patients' property (within their rooms) was discussed and a sample of four patients was selected to review the records in place. The care files for each of the four selected patients were provided and a review of these identified that two of the four patients had a record of their property on file. One patient had a "Resident property list" which had been signed by one person was dated August 2016; there was no evidence that it had been updated and no evidence of the required quarterly reconciliations. The second patient had two pieces of paper onto which items of property had been recorded, these were dated November 2016 and July 2017, neither of these records had been signed.

The other two patient's records of property were not on their care files and the registered manager advised that these may have been archived. RQIA were contacted by email the day following the inspection and copies of the property records held for the sampled patients were provided. The email confirmed that the records had been archived; these patients' records were therefore not readily available to be kept up to date on an ongoing basis.

This matter was identified as an area for improvement in the most recent finance inspection of 20 January 2016 and is therefore listed as an area for improvement for the second time.

The home operated a patients' comfort fund and records of income and expenditure were maintained; the records had been most recently reconciled in December 2017. A bank account was in place to manage the fund; the bank account was appropriately named in favour of the patients.

Within the sample of comfort fund expenditure records reviewed it was identified that a person associated with the home had used a personal loyalty card which had earned points on purchases made in a high street chemist. This was discussed with the registered manager and the number of the card provided to ensure that the relevant person(s) are made aware that

members of staff should not benefit from points earned in this way and this should cease from the date of the inspection. The registered manager confirmed that she would follow this matter up with the relevant members of staff.

This was identified as an area for improvement.

Discussion and a review of the records identified that the home had a written policy and procedure to guide the administration of the fund.

The registered manager confirmed that the home provided a transport service to patients, however there was no charge to patients for the use of the service. A written policy and procedure was in place addressing transport services.

Areas of good practice

There were examples of good practice found: a separate bank account was in place to manage patients' personal monies and comfort fund monies; cash reconciliation records were in place; hairdressing and podiatry treatment records detailed all of the required information and evidence was in place that appropriate supporting documents for lodgements received and expenses incurred for patients were being maintained.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to: the use of pencil and correction fluid on records; ensuring that staff members do not benefit from points earned when making purchases on behalf of patients; carrying out reconciliations of money, valuables and bank accounts at least quarterly; ensuring that treatment records include all of the required information and ensuring that records of patients' furniture and personal possessions are up to date and are reconciled by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	5

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.

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

The office manager reported that arrangements to store money safely in the home or pay fees etc. would be discussed with the patient or their representative at the time of a patient's admission to the home.

The home had a number of methods in place to encourage feedback from patients or their representatives in respect of any issue, including patient and relative meetings.

Arrangements for patients 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 patients living in the home.

Areas of good practice

Good practice was 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.

The home's patient guide included a range of information for a new patient including general arrangements regarding fees.

Several policies and procedures were requested for review and these were provided by the registered manager. A review of the "Whistleblowing policy" and "Safeguarding service users money and possessions" policy identified that these were undated. In addition, both the policies addressing "…record keeping" and "Complaints…" were dated January 2010 and therefore well outside of the three year time period for review. These findings were discussed with the registered manager who reported that all of the policies were updated on an annual basis. However, as noted above, the policies which she had provided did not evidence this.

This was identified as an area for improvement.

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

A sample of four patient files was chosen to review the individual written agreements in place with patients. A review of a sample of four patient files identified that each patient 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 February and September 2014 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 those patients. This amendment to each patient'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 allowance "contract" document to patients 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. The sample of four files identified that only one patient had a personal allowance contract on their file, and this was unsigned. None of the remaining three patient files contained a personal allowance contract.

This was identified as an area for improvement.

Following the inspection, RQIA were contacted to advise that records were maintained in the home in relation to patient agreements and the management of personal allowance which were not held with other patient records reviewed on the day. The personal allowance contracts for the three remaining patients sampled during the inspection were subsequently requested, however only one contract was provided.

The up to date fee amendments to the four patient agreements for the years 2016/2017 and 2017/2018 were also requested, however again, these were not provided.

An untitled document detailing each patient's name and when the patient's agreement was sent to, returned or pursued was provided to RQIA on 05 February 2018. The table reflected that of a total of 86 patients detailed, 22 patients did not have a signed agreement in place, however there was an entry detailing attempts to pursue a signed agreement. Twelve patients did not have a signed agreement on file and this had not been pursued by the home. Forty three patient agreements were out of date.

Areas of good practice

There were examples of good practice found for example the member of staff with key day to day responsibility for the administration of patients' monies was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Areas for improvement

Three areas for improvement were identified during the inspection; these related to updating written policies and procedures; ensuring that any change to a patient's agreement is agreed in writing by the patient or their representative and ensuring that personal allowance contracts are in place for all relevant patients.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lorraine Cozma, 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)	
Area for improvement 1 **Ref**: Standard 14 **Stated:** First time **To be completed by:** 28 February 2018 and at least quarterly thereafter	The registered person shall ensure that a written safe (contents) record is in place. The safe record should be reconciled to the safe contents and be signed and dated by two people at quarterly. Ref: 6.4
	Response by registered person detailing the actions taken: A safe contents record is in place, signed by two staff and reconsilled quartly.
Area for improvement 2 **Ref**: Standard 14.11 **Stated:** First time **To be completed by:** 02 February 2018	The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (ie a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records. Ref: 6.5
	Response by registered person detailing the actions taken: All staff aware of correcting. Fluid never to be used - errors dealt with appropiately.

Area for improvement 3 **Ref**: Standard 14.16 **Stated:** First time **To be completed by:** 02 February 2018	The registered person shall ensure that where staff purchase items on behalf of patients, any store loyalty points earned are owned by the patient and this is documented on the receipt. Where a patient is not a member of a loyalty scheme, staff do not benefit from the transaction by using their personal loyalty cards. Receipts for such purchases are returned to the patient for their own records. Ref: 6.5
	Response by registered person detailing the actions taken: On the day of purchase the above mentioned loyalty card was got for comfort fund, it is in the safe and reconcilled by safe record.
Area for improvement 4 **Ref**: Standard 14.25 **Stated:** First time **To be completed by:** 28 February 2018	The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. Ref: 6.5
	Response by registered person detailing the actions taken: Reconcillations carried our quartly have been updated and signed by two staff.
Area for improvement 5 **Ref**: Standard 14.13 **Stated:** First time **To be completed by:** 02 February 2018	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 patient 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 patient. Ref: 6.5
	Response by registered person detailing the actions taken: an individual treatment record has been implimented for each additional service and will be signed by a member of staff to verify treatment.
Area for improvement 6 **Ref**: Standard 14.26 **Stated:** First time **To be completed by:** 15 March 2018	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. Ref: 6.5
	Response by registered person detailing the actions taken: An inventory of property is now in place for each resident and will be reconcilled quartarly.

Area for improvement 7 **Ref**: Standard 36.4 **Stated:** First time **To be completed by:** 01 March 2018	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. Ref: 6.7
	Response by registered person detailing the actions taken: All policies and procedures have been updated and will be reviewed three yearly or if significant change
Area for improvement 8 **Ref**: Standard 2.8 **Stated:** First time **To be completed by:** 15 March 2018	The registered person shall ensure that any changes to a patient's individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded. Ref: 6.7
	Response by registered person detailing the actions taken: Up to date service user agreements have been sent to all relatives or representitives and a record kept of this.
Area for improvement 9 **Ref**: Standard 14.6, 14.7 **Stated:** First time **To be completed by:** 15 March 2018	The registered person shall ensure that written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the patient is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager. Ref: 6.7
	Response by registered person detailing the actions taken: Written authorisation has now been requested in relation to a pre-agreed limit in relation to expenditure.

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews