



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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UNANNOUNCED FINANCE INSPECTION

Inspection No:	18692
Establishment ID No:	1502
Name of Establishment:	Valley Nursing Home
Date of Inspection:	4 June 2014
Inspector's Name:	Briege Ferris

GENERAL INFORMATION

Name of home:	Valley Nursing Home
Address:	8 Tullybroom Road Clougher BT76 0UW
Telephone Number:	02885548048
E mail Address:	valley@mpscare.co.uk
Registered Organisation / Registered Provider:	Mr Paul Gray
Registered Manager:	Mrs Alison Sweeney
Person in charge of the home at the time of inspection:	Ms Margaret Noble
Number of service users:	85
Date and type of previous finance inspection:	None
Date and time of inspection	4 June 2014 10:30 – 17:00
Name of inspector:	Briege Ferris

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of nursing care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with staff
- Examination of records
- Evaluation and feedback

2.0 SUMMARY

During the inspection a number of concerning matters arose relating to how the registered persons and/or their representatives were managing money and property belonging to service users.

These matters are being examined by the Southern HSC Trust under the Adult Safeguarding arrangements.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve notices of failure to comply with the Nursing Homes Regulations (Northern Ireland) 2005.

The registered manager and representatives of the registered person attended a meeting with RQIA on 17 June 2014.

In light of the inspection findings and discussions held with the registered manager and representatives of the registered person on 17 June 2014, RQIA issued the registered person with eight notices of failure to comply with the Regulations, including failure to comply notices in respect of Regulation 5 (1) (a) (b), 14 (4), 18 (2) (c) and 19 (2) Schedule 4 (9) of the Nursing Homes Regulations (Northern Ireland) 2005.

The timescales for compliance and actions required to comply with these regulations are outlined within the notices (FTC/NH/1502/2014-15/03, FTC/NH/1502/2014-15/06, FTC/NH/1502/2014-15/07, and FTC/NH/1502/2014-15/08) and within the Quality Improvement Plan accompanying this report.

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of personal care and accommodation

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3: A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4: Arrangements for providing transport services are transparent and agreed in writing with the service user/their representative

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

1.4 PROFILE OF SERVICE

The Valley Private Nursing Home was initially registered in 1993 and is situated in its own private grounds near the centre of Clogher village.

In August 2007 registration of Tullybroom House was approved by the Regulation and Quality Improvement Authority. This single storey building is located adjacent to the nursing home. The home can accommodate a maximum of 96 patients.

The bedroom accommodation is comprised of single, some of which are en-suite, and double bedrooms. Day and sitting rooms are available for patients, an activity area and dining space is available. Bath, shower and toilets are accessible to all communal areas throughout the home.

The laundry facilities are located within the grounds of the home.

There are adequate car parking facilities at the front and side of the home.

There are enclosed garden areas both outside Tullybroom House and the dementia units in the main house, where patients can relax in tranquil surroundings.

1.5 INSPECTION FINDINGS

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care and accommodation

During the inspection, the inspector requested to see copies of the individual written agreements between the home and the service users. The agreements were not available on the day of inspection. Post-inspection telephone contact was made to the registered manager who offered no explanation as to the whereabouts of these records.

The registered person must ensure that an individual written agreement is provided to each service user or their representative, which supports compliance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4 of the DHSSPS Minimum Standards for Nursing Homes 2008. Where a service user does not have a family member or friend to act as their representative, the service user's individual written agreement should be shared with their care manager. A copy of each service user's agreement must be retained in their records.

There were no records available at the home to confirm that all service users/their representatives had been previously notified of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.

Two requirements have been made.

The home has achieved a compliance level of 'not compliant' for this theme.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained

The inspector met with the home's office assistant who provided the inspector with all of the records requested, where these were available.

The organisation's Group Accountant informed the inspector by telephone on 4 June 2014, that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that if the home were purchasing goods or services on behalf of the service user, the home needed written authorisation from the service user/their representative to make these purchases.

A review of a sample of the records revealed that the home had personal allowance contracts in place with the service users/their representatives.

On reviewing a sample of the records, the inspector noted that service users or their representatives had deposited money for safekeeping with the home. The inspector reviewed a sample of records relating to the withdrawal or expenditure of service users' personal monies. The inspector noted that while the home had a method of recording income and expenditure for service users; the ledgers (records) were not laid out using the standard method for recording financial transactions. The inspector noted that staff had been recording the amount of the expenditure made on behalf of the service user and not the amount of

money withdrawn and the cash returned, if any. The inspector also noted many instances where transactions were not signed by two people.

Within the records, a significant number of entries either did not have a corresponding receipt from the home to identify to whom individual service user monies had been provided; or a corresponding purchase receipt to confirm what individual service user monies had been spent on. The inspector was therefore unable to establish whether service users' had benefited from the withdrawal or expenditure of their monies recorded by the home. This is a safeguarding issue and has been reported to the HSC Trust during a safeguarding strategy meeting.

The records of expenditure examined also included expenditure from several service users' personal monies on items such as bedding, curtains, window blinds, and flooring. There was no indication that any service user or their representative had expressed a wish to pay for personalised items for their rooms.

The inspector noted that representatives of the home were managing a number of bank accounts on behalf of service users in the home. The inspector noted that there were no records of reconciliation of these bank accounts available on the day of inspection.

The inspector also reviewed a sample of the records in respect of the service user comfort fund which is normally funded from contributions from the community, service users' family/friends and from internal fundraising by the home. The inspector noted that the expenditure from the comfort fund included expenditure on outings for service users such as to local cafes/restaurants. On reviewing the receipts, the inspector noted that the names of the service users and staff who had gone on the outing had not been recorded on the receipts, therefore it was not clear which service users or potentially which staff members, had benefitted from expenditure made from food or drinks purchased from monies from the comfort fund.

On reviewing the records for hairdressing, barbering and chiropody services, the inspector noted that these records had not been routinely signed by both the hairdresser /barber / chiropodist and by a representative of the home at the time of treatment to verify that the service user had received the treatment and had incurred the associated cost.

Eight requirements have been made.

The home has achieved a compliance level of 'not compliant' for this theme.

Statement 3: A safe place is provided within the home for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.

The inspector undertook a count of the cash balance and items deposited for safekeeping for service users. The inspector noted that the balance of cash held did not agree to the written record of cash in the safe place, there being an excess of cash compared to the written record.

In reviewing the record of items and cash deposited for safekeeping, the inspector noted that basic record keeping controls, for example two signatures, were not routinely recorded against entries or removals of cash or valuables from the safe place in the home.

The inspector noted that a monthly safe check was available; however, while two signatures had been recorded for the checks between November 2013 and March 2014, only one person had signed the safe check for April 2014 and May 2014.

The inspector requested the inventory/property records for a number of service users. Of the four records examined, the inspector noted that two records had been signed and dated by one person, while the remaining two records had not been signed or dated.

These findings indicated that the process of physically safeguarding service users' money and valuables was not being managed well.

Two requirements have been made.

The home has achieved a compliance level of 'not compliant' for this theme.

Statement 4: Arrangements for providing transport to service users are transparent and are agreed in writing with the service user/their representative

On the day of inspection, a transport service was available for service users in the home. Discussion with the office assistant and a review of the records found that service users were not charged for transport services. The inspector noted that the policy regarding transport services was in place.

No requirements or recommendations have been made.

The home has achieved a compliance level of 'compliant' for this theme.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Alison Sweeney, Registered Manager, following the inspection process.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Ms Briega Ferris
Finance Inspector
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Finance Inspection

Valley Nursing Home

4 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Alison Sweeney either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	5 (1) (a) (b)	The registered person must ensure that an individual written agreement is provided to each service user or their representative, which supports compliance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4 of the DHSSPS Minimum Standards for Nursing Homes 2008. Where a service user does not have a family member or friend to act as their representative, the service user's individual written agreement should be shared with their care manager. A copy of each service user's agreement must be retained in their records.	Once	<p>Group policy is (and was) that all Service User's (SU's) should have a Service User Agreement, which should be placed on their file and a copy sent to Head Office.</p> <p>All current SU's (or their representatives) found to be without an agreement, have now had one issued; some have now been signed and returned to the Valley Nursing Home and placed on the SU's file.</p> <p>All new SU's (or their representatives) will be presented with an agreement when they are admitted - the original will be on the SU's file and a copy will be sent to Head Office.</p>	As per FTC notice FTC/NH/1502/ 2014-15/06: 12 August 2014
2.	5 (2) (a) (b)	The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom	Once	<p>These are the terms stated in the Service User Agreement.</p> <p>With respect to fees; the Valley Nursing Home does not currently have any private fee</p>	From the date of the next change

		<p>the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>		<p>payers (and rarely does). Private fees are the only fees we can influence; any other fees (client contributions) are 'dictated' by the Authority/ Trust and therefore we have no control over when/ how fee changes are made.</p> <p>Any other changes to the Service User Agreement will be notified within the specified terms.</p> <p>Where Next of Kin/ Representative's have refused or it has not been possible to have agreements signed; sufficient records have been made and put on the SU's file.</p>	
3	14 (4)	<p>The registered person is required to ensure that when service users' money lodged with the registered persons for safekeeping is used to make purchases, the purchases are verified and receipts are obtained or copied for the service user's records.</p>	Once	<p>Service Users' money is only used for Service Users' purchases.</p> <p>All purchases are accompanied by a third party receipt/ invoice. The receipt/ invoice is verified by either; (1) a valid third party invoice with the SU's (or their</p>	<p>As per FTC Notice FTC/NH/1502/2014-15/03: 12 August 2014</p>

				<p>representative's) signature, plus a signature from a "Service Users' Money" administrator/ senior staff member from the Valley Nursing Home. or (2) a receipt signed by the supplier, with the SU's (or their representative's or the Unit manager's) signature, plus a signature from a "Service Users Money" administrator.</p> <p>All receipts/ invoices are retained, referenced and filed.</p>	
4	19 (2) Schedule 4 (9)	A reconciliation of the service users' bank account/s is performed, evidenced and recorded with the date and signatures of two persons at least quarterly. An initial reconciliation is to be performed, evidenced and recorded before 12 August 2014.	Once	<p>Services Users' bank and cash account(s) will be reconciled at least monthly; all will be evidenced and recorded.</p> <p>Several reconciliations have now already been performed, evidenced and recorded.</p> <p>All reconciliations are to be signed by two persons; (1) by the person performing the reconciliation (mainly the "Service Users' Money" administrator and (2) by a suitably responsible person to approve/ agree the reconciliation (mainly Matron, Deputy or Unit Manager).</p>	As per FTC Notice FTC/NH/1502/2014-15/08: 12 August 2014

<p>5</p>	<p>19 (2) Schedule 4 (9)</p>	<p>A standard financial ledger format is used to clearly and accurately detail transactions for service users. This 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 a withdrawal, the amount of the lodgement or withdrawal; the running balance of the service user's cash total held and the signatures of two persons to verify the entry in the ledger.</p>	<p>Once</p>	<p>Sage50 is being used to give us the standard financial ledger. This format captures all the necessary/ required fields.</p> <p>As it is a computerised system the ledger entry itself cannot be verified by two signatures. However, using unique Sage login names and passwords, gives both security and accountability to each ledger entry and each ledger entry is then supported by physical documentation that has already been verified by two persons.</p>	<p>As per FTC Notice FTC/NH/1502/ 2014-15/08: 12 August 2014</p>
<p>6</p>	<p>19 (2) Schedule 4 (9)</p>	<p>When cash or cheques are deposited for safekeeping in the home, there are records (eg: a duplicate receipt book) which confirm the date, details and the amount of cash or cheque deposited, signed by two persons.</p>	<p>Once</p>	<p>For each deposit (whether cash or cheque) a 'receipt slip' is raised, using a duplicate receipt book.</p> <p>The 'receipt slip' includes; the date, the details (incl. SU's name), the amount, whether cash or cheque, an internal unique reference and is signed by two persons; (1) the person handing over the money and (2) the person receiving the money.</p>	<p>As per FTC Notice FTC/NH/1502/ 2014-15/08: 12 August 2014</p>

<p>7</p>	<p>19 (2) Schedule 4 (9)</p>	<p>Records of cash or possessions deposited for safekeeping reflect the date cash or possessions are deposited and should be signed by two persons. When cash or possessions are returned to the service user or their representative, the record is updated with the date the cash or possessions are returned and includes two signatures to verify the return of the items. A reconciliation of the cash or possessions held within the safe place is performed, evidenced and recorded with the date and signatures of two persons at least quarterly. An initial reconciliation is to be performed, evidenced and recorded before 12 August 2014.</p>	<p>Once</p>	<p>Items stored in the safe are logged in the 'Safe Book/ Log'.</p> <p>When possession(s) are deposited a 'Record of Safe Content' form is produced; amongst other things this form includes the date (of the deposit) and a detailed description of the item (in some cases the description is supported by photographic evidence). The form is signed by two people and filed in the 'Safe Book/ Log'.</p> <p>When the possession(s) are returned, the same form is taken from the 'Safe Book/ Log' - the return date is input and this is also signed by two persons.</p> <p>A reconciliation of 'Safe Book/ Log' items to safe contents is (and always has been) performed monthly; they are always evidenced and recorded.</p> <p>The safe is always locked and only limited people have access to it (and therefore its contents).</p>	<p>As per FTC Notice FTC/NH/1502/2014-15/08: 12 August 2014</p>
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<p>8</p>	<p>19 (2) Schedule 4 (9)</p>	<p>The registered person is required to ensure that where a service user has been supported by staff on an outing; returned receipts clearly denote (1) the service users and the staff that went on the outing and (2) any food or drinks consumed by staff.</p>	<p>Once</p>	<p>All receipts should denote the Service User's name (whether supported or not).</p> <p>All supporting staff members' names will be entered onto all/ any receipts - it is the responsibility of the "Service Users' Money" administrator to ensure that the names are included before accepting the receipt.</p> <p>All supporting staff members have been notified that SU's money should not be 'consumed' by staff.</p>	<p>12 August 2014</p>
<p>9</p>	<p>18 (2)</p>	<p>The registered person must ensure that any items of furniture, bedding, and other furnishings (including curtains and floor coverings) and equipment suitable to the needs of the service users are provided by the home.</p> <p>The record of previous purchases of any items specified in Regulation 18 (2) (c) must be examined and the cost of these items to the service users identified. Records relating to purchases made on behalf of service users who are no longer residing in the home must also be included.</p>	<p>Once</p>	<p>Standard items of furniture, bedding, other furnishings (incl. curtains and floor coverings) and equipment, suitable to meet the needs of the SU's, is (and always has been) provided.</p> <p>Should SU's wish to personalise their rooms they will not be prevented from doing so but the Valley Nursing Home will not bear the cost of the personalisation nor will it bear the cost to re-standardise</p>	<p>As per FTC Notice FTC/NH/1502/2014-15/07: 12 August 2014</p>

		<p>The examination of the records must cover the period from at least six years prior to the date of the last entry.</p> <p>The registered persons must submit to RQIA an acceptable proposal for making repayments of any inappropriate charges to service users. The registered persons must agree a timescale with RQIA for making any such repayments to service users.</p>		<p>the room.</p> <p>Where applicable the SU's (or their representative's) will be required to sign relevant documentation(which must also be witnessed) agreeing to the charge. This documentation will be retained on the SU's file.</p> <p>Subsequent purchase paperwork would follow procedures from No.3 /page2 14 (4).</p> <p>A review of the last year's transactions (from the computerised system - Sage50) has already been completed and the remaining five years (manual/ paper records) is currently underway.</p> <p>All charges found to be inappropriate will be repaid immediately.</p>	
10	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the hairdressing or barber services and the service user or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	Suppliers of services (such as hairdressing or chiropody) have been instructed to sign and date their invoices/ treatment records, this would be in addition to the Unit Manager's signature. Both signatures act	12 August 2014

				as verification the service was provided and provided at that cost.	
11	19 (2) Schedule 4 (10)	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.	Once	<p>It is Group policy that all SU's are issued with a 'Property List' (or inventory) when they are admitted.</p> <p>Any/ all incomplete 'Property Lists' have now been updated.</p> <p>All staff have been notified that; and are aware of the importance of; consistently and regularly updating the 'Property List' with all additions and disposals.</p> <p>All additions and/ or disposals will be verified by two persons.</p>	12 August 2014
12	19 (2) Schedule 4 (9)	The registered person must implement a policy and procedure addressing the safeguarding of service user's money and valuables, which will support compliance with the regulations. All staff engaged in any tasks involving service users' money and valuables must be trained on the implementation of the new policy and procedure.	Once	<p>A policy RE: safeguarding SU's possessions has been updated and implemented.</p> <p>All staff have been made aware of the policy.</p>	As per FTC Notice FTC/NH/1502/2014-15/03 & FTC/NH/1502/2014-15/08: 12 August 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Alison Sweeney
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Chandler Warren-Gray

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		11 August 2014
Further information requested from provider			