

Unannounced Finance Inspection Report

30 November 2016



Drombane

Type of service: Nursing Home
Address: 39 Glen Road, Blackskull, Dromore BT25 1JX
Tel no: 028 4062 6064
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Drombane took place on 30 November 2016 from 10:10 to 14:00 hours.

The inspection sought to assess progress with any issues raised during and since the last (finance) inspection and to determine if the nursing home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A safe place in the home was available and the administrator was familiar with current practices and confidently answered the inspector's questions, she had received training in the protection of vulnerable adults. No areas for improvement were identified during the inspection.

Is care effective?

Evidence of controls in place to safeguard service users' finance were found to be in place, however four areas for improvement were identified during the inspection. These related to: ensuring that income and expenditure records are made using a standard financial ledger format which includes all of the details as set out in DHSSPS minimum standards; ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; ensuring that records of treatments provided to service users which carry an additional cost are appropriately maintained and ensuring that each service user in the home has a record of their furniture and personal possessions, which is maintained in line with DHSSPS minimum standards.

Is care compassionate?

Staff were observed speaking about service users and providing them with reassurance about their money. No areas for improvement were identified during the inspection.

Is the service well led?

While governance and oversight arrangements were identified, four areas for improvement were noted during the inspection. These related to: ensuring that written authorisation is obtained from each resident or their representative to spend each resident's personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the resident's records and updated as required; ensuring that financial policies are reviewed and updated to ensure that they reflect current practice in the home, that policies and procedures are in accordance with statutory requirements and that a process of systematic audit is in place; and ensuring that changes to all service users' agreements are agreed in writing by the service user or their representative. Each service user's agreement should be updated to reflect changes in the fees payable. This should be done consistently for all service users in the home and should be consistent with the requirements of standard 2.2, in particular regarding the arrangements for the payment of all agreed charges.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'service users' will be used to described those living in Drombane which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Daizy Samuel, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Mrs Elizabeth Kathleen Mary Lisk	Registered manager: Daizy Samuel
Person in charge of the home at the time of inspection: Daizy Samuel	Date manager registered: 9 January 2015
Categories of care: RC-I, NH-I, NH-PH, NH-PH(E)	Number of registered places: 20

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issue. The care inspector for the home was contacted and confirmed that there were no matters to be followed up from the previous care inspection.

During the inspection, we met with Daizy Samuel, the registered manager, and the home administrator. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The Residents Guide
- The Statement of Purpose
- An up to date version of the Resident Contract
- Four Service Users' finance files
- Four signed service user agreements
- A sample of receipts in respect of hairdressing and podiatry services facilitated in the home
- A sample of income and expenditure records and cash balances held for service users
- Finance policy "Management of Service Users' Money" (February 2013)
- Finance policy "Management of Service Users' Money, Possessions and Financial Affairs" (February 2013)
- The record of property/furniture and personal possessions for four service users

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16 June 2016

The most recent inspection of the home was an unannounced medicines management inspection. The inspection report did not include a Quality Improvement Plan (QIP).

4.2 Review of requirements and recommendations from the last finance inspection

A finance inspection was carried out on 17 June 2010 on behalf of RQIA; the findings were not brought forward to the inspection on 30 November 2016.

4.3 Is care safe?

Discussion established that the home administrator had worked in the home for many years and regularly received training. This included training on the Protection of Vulnerable Adults (POVA) which she had most recently received in October 2016. The administrator confirmed that she was aware of how to receive and deal with a complaint and escalate any concerns. She was also able to clearly describe and explain the home's controls to handle any money or valuables deposited for safekeeping.

During discussion, 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 service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash for three service users was lodged with the home for safekeeping; no valuables were being held. The home did not have a written safe record in place, however no valuables were being held on the day and it was noted from discussion that

lodging valuables for safekeeping was not encouraged. As such, the inspector noted that the home should have a written book available so that if the situation arose where a service user wished to deposit an item in the safe place, this could be recorded appropriately. Advice was provided to the registered manager in this regard.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The registered manager confirmed that no representative of the home was acting as nominated appointee for any service user; however the home did receive money from service users or their representatives to be spent mainly on hairdressing services and less frequently, private podiatry. The registered manager also confirmed that the home did not provide transport services to service users.

Discussion established that family representatives deposited money with the home in advance of a visit from the hairdresser, the money was then paid across to the hairdresser on completion of the treatment. Receipts for the deposit of the money were available and these were routinely signed and dated by two people. The home maintained a file containing income and expenditure records for nine service users (seven of these service users had a zero balance, the remaining two service users' balances were positive and were verified to the cash in hand, safeguarded in the safe place). It was noted that there were a number of different templates for recording income and expenditure and these were in use simultaneously. It was also noted that all but one of these templates followed a standard financial ledger format.

Discussion established that adopting a financial ledger format had been highlighted as an area to be addressed following a financial audit from the commissioning trust carried out in the home in 2015. The inspector queried why the other versions of the templates were still in use; the home administrator was candid and acknowledged that the older templates were simply being used up. The inspector noted that the registered manager should ensure that the older templates which had previously been highlighted by the commissioning trust as unsuitable for their purpose be abandoned from the date of inspection. The inspector noted that the service users' balances on the previous templates be brought forward to the updated template which the home had already developed and that this format be used for all service users going forward.

A recommendation was made in respect of this finding.

A review of a sample of the income and expenditure records evidenced that entries were routinely signed and dated by two people; however there was no evidence that the records of money held on behalf of service users had been reconciled at least quarterly.

A recommendation was made to ensure that a reconciliation of money (and valuables) held on behalf of service users is carried out at least quarterly. The reconciliation should be recorded and signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

It was noted that the home facilitated hairdressing and less frequently, private podiatry services within the home. The inspector discussed the arrangements for recording treatments provided to service users and discussion confirmed that the hairdresser did not provide a treatment record. The administrator noted that the only record of the treatment being provided would be in the service users' daily notes. A small number of private podiatry receipts were reviewed and these identified that the podiatrist did not sign these records, neither did a representative of the home to verify that the treatment had been provided.

A recommendation was made to 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.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for a sample of four service users. Each service user had a "Record of Service Users' Belongings" on their file; however some inconsistency in the record keeping was observed. Within the sample of records, evidence was reviewed which identified that staff had appropriately recorded the model number of a valuable item belonging to one service user. However entries such as "TV" and "Radio" identified that some staff were lacking guidance on how best to record these items for instance make, model, colour or approximate size. Two of the records were not signed by the person who had completed them, nor were they dated; the remaining two records were signed by one person and dated May 2013 and January 2015. There was no evidence on the records reviewed to identify that they had been updated since the original records were made.

A recommendation was made to ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record should be reconciled at least quarterly. The record should be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff. The inspector noted that all of the service users' records should be updated accordingly.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: ensuring that income and expenditure records are made using a standard financial ledger format and include all of the details as set out in DHSSPS minimum standards; ensuring that a reconciliation of money and valuables deposited for safekeeping is carried out, recorded and signed and dated by two people at least quarterly; ensuring that records of treatments provided to service users which carry an additional cost are appropriately maintained and ensuring that each service user in the home has a record of furniture and personal possessions which is maintained in line with DHSSPS minimum standards.

Number of requirements	0	Number of recommendations	4
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4.5 Is care compassionate?

Both the registered manager and the home administrator spoke compassionately about how the controls in place to safeguard service users' money were there for the right reasons. The home administrator had experience of working with service users in her capacity as a care assistant

and it was clear that she was committed to ensuring service users were protected and supported.

The inspector discussed the arrangements for holding the money for two identified service users, whose balances of cash did not fluctuate substantially. The home administrator was able to clearly explain the rationale for these service users' money being held in the safe place. She also compassionately explained how reassurance was provided to one service user who simply wanted to know they had money available and that it was secure.

Arrangements for service users to access their money outside of normal office hours were discussed with the home manager and it was clear from discussion that an appropriate arrangement would be in place to facilitate this.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

There was a clear organisational structure within the home and this was detailed in the home's statement of purpose; following discussion with the registered manager and the home administrator, it was evident that they were both familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

A review of the records evidenced that the home did not have personal monies authorisations in place with service users or their representatives to provide the home with written authority to make purchases of specific goods and services on behalf of each service user. The inspector was also provided with a copy of the home's up to date written agreement and she also noted that it stated that "the care provider shall not hold a financial float for the residents but will invoice for any of the above items supplied to or on behalf of, the resident if necessary."

This was discussed with the registered manager and it was noted that this was a contradiction as the home did hold money in the safe place for service users.

A recommendation was made to ensure that written authorisation is obtained from each resident or their representative to spend each resident's personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident 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.

Discussion was also held regarding the home's financial policies and procedures. The registered manager noted that all of the homes' policies and procedures were being updated at present. The inspector requested to see the policies which staff would refer to at the date of inspection and was provided with two policies as detailed in section three above. The registered manager confirmed that policies were dated February 2013. It was noted that these were therefore outside the normal review period of three years.

A recommendation was made to ensure that financial policies are reviewed and updated to ensure that they reflect current practice in the home and that policies and procedures are in accordance with statutory requirements and that a process of systematic audit is in place. Discussion was held regarding service users' written financial agreements. The registered manager confirmed that agreements were held within the service users' care files and four files were selected for review. The files evidenced that each service user had a signed agreement in place.

It was noted that two service users' agreements had been signed most recently in July 2016 while a third agreement had been signed in June 2015. There was also evidence of older signed agreements in place on some of these three files indicating that the home had provided notice of changes to the agreements over time, most likely as a result of changes in the regional fees rates.

However the remaining service user's agreement was signed but undated; the fees section of this service user's agreement had not been completed. The service user had been admitted to the home in August 2015 and should therefore have had a signed agreement on their file plus a further update to their agreement to reflect the changes in the regional rate in April 2016.

A recommendation was made to ensure that changes to all service users' agreements are agreed in writing by the service user or their representative. Each service user's agreement should be updated to reflect changes in the fees payable. This should be done consistently for all service users in the home.

A review of two of the four agreements identified that the arrangements for the payment of charges in the agreements was incorrect and confusing. The agreements both read that the weekly charge would be paid by both the Southern HSC trust and the patients' representative. The registered manager noted that agreements had been prepared this way because she did not know what the payment arrangements were, as the home did not receive the payment remittances from the trust (these were received by head office). Notwithstanding this, the inspector noted that service users' agreements must be clear on what the payment arrangements are and if necessary, the home should obtain the payment remittances so that the registered manager and administrator can clearly detail the fees arrangements in each service user's agreement.

A recommendation was made to ensure that service users' agreements are consistent with the requirements of standard 2.2, in particular regarding the arrangements for the payment of all agreed charges.

The registered manager confirmed that the home had not received any complaints in respect of service users' money or valuables. The home administrator confirmed that she would be aware of the home's policy on complaints handling and she was aware of her responsibilities with respect to whistleblowing.

Areas for improvement

Four areas for improvement were identified as part of the inspection. These related to: ensuring that written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits. The written authorisation must be retained on the resident's records and updated as required; ensuring that financial policies are reviewed and updated to ensure that they reflect current practice in the home, that policies and procedures are in accordance with statutory requirements and that a process of systematic

audit is in place; ensuring that changes to all service users' agreements are agreed in writing by the service user or their representative. Each service user's agreement should be updated to reflect changes in the fees payable. This should be done consistently for all service users in the home and ensuring that service users' agreements are consistent with the requirements of standard 2.2, in particular regarding the arrangements for the payment of all agreed charges.

Number of requirements	0	Number of recommendations	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Daizy Samuel, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to finance.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2016</p>	<p>The registered provider should 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.</p> <p>Response by registered provider detailing the actions taken: A standard financial ledger format is being used and signed by two persons.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 9 December 2016 and at least quarterly thereafter</p>	<p>The registered provider should ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents 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.</p> <p>Response by registered provider detailing the actions taken: A new book has been opened to ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents is carried out at least quarterly. This is recorded and signed by the staff member making the entry and signed by a senior member of staff.</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2016</p>	<p>The registered provider should 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>Response by registered provider detailing the actions taken: A new form has been devised and is implemented.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider 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 by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Response by registered provider detailing the actions taken: There has always been an inventory maintained, however this record will now be reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>

<p>Recommendation 5</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident 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.</p> <p>Response by registered provider detailing the actions taken: A new form was devised and this is now standard practice.</p>
<p>Recommendation 6</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 30 February 2017</p>	<p>The registered provider should ensure that financial policies are reviewed and updated to ensure that they reflect current practice in the home, that policies and procedures are in accordance with statutory requirements and that a process of systematic audit is in place.</p> <p>Response by registered provider detailing the actions taken: The policy is now under review in order to incorporate all aspects of current practice. This will be completed by due date.</p>
<p>Recommendation 7</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider 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 to or chooses not to sign the revised agreement, this is recorded.</p> <p>Up to date agreements which reflect all of the required content should be provided to each of the service users in the home. The arrangements for the payment of all agreed charges should be clearly detailed in each service user's agreement.</p> <p>Response by registered provider detailing the actions taken: This has been completed.</p>
<p>Recommendation 8</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that the resident agreement is reviewed to ensure that it contains all of the components as detailed in (DHSSPS Care Standard for Nursing Homes) standard 2.2. The home's standard written agreement should be updated to reflect any items which are currently absent.</p> <p>Response by registered provider detailing the actions taken: The resident agreement contains all of the relevant components required under the DHSSPS Care Standard for Nursing Homes.</p>

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