

Unannounced Finance Inspection Report 24 July 2017



St Macartans

Type of Service: Nursing Home
Address: 74 Main Street, Clogher, BT76 0AA
Tel No: 028 8554 8250
Inspector: Briega Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a nursing home with 33 beds that provides care for older people, those with a physical disability (other than sensory impairment), those with a learning disability or those living with dementia.

3.0 Service details

<p>Registered organisation: Kilmorey Care Ltd</p> <p>Responsible Individual: Peggy O'Neill</p>	<p>Registered manager: Noreen Monaghan</p>
<p>Person in charge of the home at the time of inspection: Lena McCarroll (Nurse in charge)</p>	<p>Date manager registered: 28 September 2016</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD(E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.</p> <p>Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years. I – Old age not falling within any other category.</p>	<p>Number of registered places: 33 comprising: A maximum of 8 service users in category NH-DE. A maximum of 6 persons accommodated within categories NH-LD/LD(E), RC-LD/LD(E). The home is also approved to provide care on a day basis to 1 person in the dementia unit.</p>

4.0 Inspection summary

An unannounced inspection took place on 24 July 2017 from 10.10 to 15.10 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 for example, a safe place in the home was available, appropriate controls were in place to safeguard service users' money and valuables; the home had a range of methods in place to encourage feedback from families or their representatives and there was evidence of governance and audit mechanisms in operation.

Areas requiring improvement were identified in relation to each service user's record of furniture and personal possessions (in their rooms); ensuring that any change to a service user's

agreement is agreed writing by the service user or their representative and ensuring that the arrangements for the home's involvement in supporting two identified service users are clarified in writing and agreed in writing by the respective service users or their representatives.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Lena McCarroll, the nurse in charge 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.

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 none of these incidents related to service users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues; the inspector who had most recently visited the home was contacted prior to the inspection and they confirmed there were no matters to be followed up.

During the inspection the inspector met with the nurse in charge and the home administrator; the company accountant was spoken to by telephone during the inspection.

The following records were examined during the inspection:

- A new service user "Welcome Pack"
- Three service users' individual written agreements with the home
- A sample of income and expenditure records maintained on behalf of service users
- A sample of bank records
- Evidence of the reconciliation of service users' monies
- A sample of the "Resident comfort fund" records
- The safe record "Inventory of safe in St Macartans Nursing Home"
- A sample of treatment records in respect of hairdressing services facilitated in the home
- A sample of notification letters detailing (annual) increases in fees
- A range of written policies and procedures
- Three records of service users' personal property (in their rooms)

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 26 June 2017

The most recent inspection of the home was an unannounced medicines management inspection. The Quality Improvement Plan from this inspection will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last finance inspection dated 19 May 2009

A finance inspection of the home was carried out on behalf of RQIA on 19 May 2009; the findings from this inspection were not brought forward to the inspection on 24 July 2017.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The inspector met with the home administrator who was able to clearly describe the home's controls in place to safeguard service users' money and valuables. She advised that she had worked in the home for a number of years and that the post of administrator was one which she shared with a colleague under a job share arrangement. She provided evidence which confirmed that she (and her colleague) had completed adult safeguarding training in November 2016.

Discussions with the nurse in charge 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 two safe places available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe places and the persons with access. On the day of inspection, cash belonging to one service user was deposited for safekeeping; no valuables were being held.

A safe record was available detailing the contents of the safe, this had most recently been reconciled and signed and dated by two people on 23 July 2017. There is further discussion on the reconciliation of money and valuables in section 6.5 of this report.

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 service users' money and valuables.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Arrangements in place for the home to receive the personal monies of any service user directly were discussed. The company accountant confirmed that no representative of the home was acting as nominated appointee for any service user (ie: managing and receiving social security benefits on a service user's behalf). Discussions also established that the home was not in direct receipt of the personal monies for any service user via a HSC trust or other representative e.g.: a Solicitor.

The home administrator explained that it was the home's general practice to settle the cost of any additional goods or services required by service users, with the cost subsequently billed to service users' representatives from head office. The home did not therefore, routinely receive money from family representatives deposited for safekeeping. However it was noted that due to personal circumstances and preferences, on the day of inspection the home was holding money on deposit for one service user. Discussion established that a second service user who handled their own money would regularly provide cash to staff in order for them to make purchases at a local shop. It was noted that these individual arrangements for the identified service users were working effectively and demonstrated the home's flexibility to meet the specific needs of the service users in question.

Records were maintained to detail any additional goods or services used by service users which attracted an additional charge e.g.: newspapers, hairdressing treatments and which had been settled by the home on behalf of each service user. At each month-end, an invoice reflecting the goods or services used by each service user would be processed at head office and sent to the service user or their representative for payment to the home. Clear, detailed records were maintained by the home/head office in respect of the amount and timing of income and expenses in relation to the various elements of this process.

The home had a service users' bank account which was used to facilitate the purchase any goods or services on behalf of service users (subsequently billed to each relevant service user or their representative). The bank account was named appropriately to reflect its use. Records were provided which evidenced that a regular reconciliation of this bank account took place which was signed and dated by two people.

As noted above, hairdressing treatments were being facilitated within the home and a sample of recent records was reviewed. Treatment records identified the service users treated on any given day, the treatment provided and the cost. The treatment records reviewed were routinely signed and dated by both the hairdresser and a representative of the home to verify that the treatment had been received by the service user. The home administrator advised that private chiropody treatments were organised by family members and were a private arrangement between the chiropodist and family members.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for three randomly sampled service users. The administrator noted that the home had two methods of recording service users' personal property. She explained that a written record was made on admission and subsequently provided to administration staff to update on the home's computerised recording system. She administrator printed the computerised records from the system in order for the inspector to review. On reviewing all of the records for the three service users, it was noted that each service user had more than one written record (evidencing changes over time) and a computerised record each.

Of a total of eight written records for the three service users, all eight records were dated and four of these were signed by two people (as is required by the Care Standards); however two were signed by one person and two had not been signed. While there was evidence that records had been updated, records had not been reconciled on a quarterly basis, as is required by the Care Standards. Of the three computerised records reviewed, two had been dated, one had not; for obvious reasons, none of these records were signed.

These findings were discussed with the nurse in charge on the day and it was noted that the home should ensure that a consistent method of recording service users' personal property is used.

The registered person should ensure that each service user's record of furniture and personal possessions is reviewed and brought up to date. Each service user's record should be kept up to date and should be reconciled by two people at least quarterly.

The home had a "Resident comfort fund". It was noted that income and expenditure records were maintained, which were reconciled and signed and dated by two people on a regular basis. A written policy and procedure was in place to guide the administration of the comfort fund.

Following the inspection, evidence was provided from the company accountant which identified that service users or their representatives had been notified in writing of any changes to the fees payable in respect of their care and accommodation in previous years; written confirmation was provided that this had occurred in respect of the 2017/2018 year. Section 6.7 of this report provides further information in regards to updating service user agreements to reflect any changes in fees payable.

The home administrator confirmed that the home did not operate a transport scheme, however she noted that transport was available to service users. She explained that while there was not a cost for transport (such as to medical appointments), the home had a "Chaperone" charge in respect of the hourly cost of a member of staff accompanying a service user to an appointment where necessary.

A review of a sample of the records identified that written agreement from service users or their representatives to the agreed chaperone charge was sought in advance of planned appointments.

Areas of good practice

There were examples of good practice found for example, in respect of controls in place to record income and expenditure incurred on behalf of service users and in relation to the reconciliation of monies.

Areas for improvement

One area for improvement was identified during the inspection; this related to reviewing each service user’s record of furniture and personal possessions and ensuring that these records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

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

The arrangements to support service users with their money on day to day basis were discussed with the nurse in charge and the home administrator. Staff described how discussions regarding the arrangements to store money safely in the home or pay fees etc would be discussed with the service user or their representative around the time a service user would be admitted to the home.

Discussion established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue, including ongoing day-to-day feedback, relative and service user meetings and care management reviews.

Arrangements for service users to access money outside of normal office hours were discussed with the home administrator; this established that there was a contingency arrangement in place to ensure that this could be facilitated.

Areas of good practice

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

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 service users in order to deliver safe, effective and compassionate care.

The home's "patient guide" encompassed a range of information for a new service user including the general arrangements regarding fees and the safeguarding of service users' money and valuables in the home. The weekly charge and the services provided for it were detailed as well as information on the operation of the comfort fund, the arrangements for billing services users or their representatives for the cost of additional goods and services not included in the weekly fee and the current costs of additional toiletries, newspapers and services facilitated within the home.

A range of written policies and procedures were available to guide record keeping and financial practices in the home. Policies were also evidenced which addressed the management of complaints and whistleblowing; the policies reviewed were dated either April or May 2017. Discussion with the home administrator established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures. The nurse in charge confirmed that no complaints had been received regarding the home's management of service users' monies or valuables.

Discussion was held regarding the individual written agreements in place with service users and three service users were sampled in order to review the agreements in place with the home. This review evidenced that each of the three service users had a signed agreement on their file, the agreements had been signed in October 2015, September 2016 and November 2016 respectively and reflected the terms and conditions (including the weekly fee) which would have been in force at that time. Therefore, none of the agreements reflected the up to date fee rates, as is required by the Care Standards.

As noted in section 6.5 above, following the inspection, the company accountant provided information which set out that service users or their representatives had been provided with notification of any increases in fees payable over time.

However, notwithstanding this, any change to a service user's agreement should be agreed in writing by the service user or their representative (or in the case of trust-managed service users, the trust) and arrangements should be in place to evidence that this has been done.

This was identified as an area for improvement.

As noted in section 6.5 above, on the day of inspection, the home was supporting two service users with their money. It was noted that as the home were managing each respective service user's money (by exception to the home's policy) the current arrangements should be clarified in writing and agreed with each respective service user or their representative.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide record keeping and financial practice in the home, and the existence of a signed written agreement for each of the service users sampled during the inspection.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that any change to a service user's agreement is agreed writing by the service user or their representative (or in the case of trust-managed service users, the trust) and ensuring that the arrangements for the home's involvement in supporting the two service users identified during the inspection are clarified in writing and agreed in writing by the respective service users or their representatives.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lena McCarroll, the nurse in charge 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.

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

Quality Improvement Plan	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 24 August 2017</p>	<p>The registered person shall ensure that an inventory of property belonging to each service user 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>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: An Inventory of all property is kept for every resident on the Goldcrest computerised system. Managers and staff have been advised that from the 1st of September 2017, all property, excluding clothes, must be reconciled every 3 months, on a quarterly basis, for each resident. The existing policy of marking discreetly items of furniture, paintings etc. will continue for ease of identification. The record will be signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 04 September 2017</p>	<p>The registered person shall ensure that where any changes to the individual agreement are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>An up to date agreement (or agreement document) should be shared for signature with each or the current service users in the home or their representative or HSC trust representative as appropriate.</p> <p>Ref: 6.7</p>

	<p>Response by registered person detailing the actions taken: The existing letter sent to each service user or their representative, annually, has been modified to include a section to confirm receipt of, and agreement to, any increase or changes in the contract. This modified letter will be forwarded to all relevant service users or their representative or their HSC Trust representative, as appropriate, by the 4th September 2017 and returned letters will be retained in the service user's files.</p>
<p>Area for improvement 3 Ref: Standard 14.6, 14.7 Stated: First time To be completed by: 24 August 2017</p>	<p>The registered person shall ensure that for the two service users identified during the inspection, written authorisation is obtained from the service user or their representative to manage the service users' monies in each respective case. The written authorisation must be retained on the service user's records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where the service user is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation regarding their personal monies must be shared with the HSC Trust care manager.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Both identified service users families have been notified that cash will not be handled by Kilmorey Care staff in future, in compliance with our financial arrangements policy. All resident expenses will be paid by Kilmorey Care and will be invoiced retrospectively to the representative or Next of kin as per the current financial arrangements policy.</p>

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



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