

Announced Finance Inspection Report 27 & 28 February 2018



Roxborough House

Type of Service: Residential

Address: 2 Dungannon Road, Moy, Dungannon, BT71 7SN

Tel No: 02887784278

Inspector: Joseph McRandle

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 residential care home with 30 beds that provides care for residents who may be frail elderly, have mild / moderate dementia for five persons and for two residents with a learning disability. Admissions may also include people who require care via the Southern Health and Social Care Trust's (SHSCT) short stay rehabilitation service. The home is approved to provide day care for five persons.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual(s): Francis Rice | Registered Manager: Lucia Donnelly |
| Person in charge at the time of inspection: Rodney Ewins, Senior Care Assistant | Date manager registered: 5 October 2010 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability | Number of registered places: 30 |

4.0 Inspection summary

An announced inspection took place on 27 February 2018 from 10:45 to 11:00 hours and 28 February from 12:00 to 14:30 hours. Less than one hours' notice was given prior to the inspection. During the inspection on 27 February certain records relating to the inspection could not be accessed. The senior care assistant on duty made a request for the inspection to be suspended until the 28 February 2018 as the registered manager was on planned leave and the administration officer would be on duty who would be able to provide the required information. RQIA agreed with the request and the inspection was postponed until 28 February 2018.

The registered manager was not available at the time of the inspection. The inspector discussed the findings from the inspection with the senior care assistant on duty on 28 February 2018 and with the registered manager via a telephone conversation on 07 March 2018.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, up to date safe register, reconciling safe contents on a regular basis, members of staff involved in managing residents' finances receiving adult safeguarding training, the policies and procedures reflecting the operational areas of the home, regular reconciliations of residents' monies and valuables, maintaining the records of the reconciliations.

Other evidence of good practice included: informing residents or their representatives in advance of increases in fees, facilitating journeys on behalf of residents, retaining residents' financial arrangements within their files, offering support to residents for managing their own finances, the residents' guide detailing the services included in the weekly fee and the costs for additional services, recording transactions undertaken on behalf of residents, retaining receipts from transactions, hairdresser and a member of staff signing records of transactions and issuing receipts to persons depositing monies on behalf of residents.

Areas requiring improvement were identified in relation to: updating a resident's file with the details of the person acting as their appointee, updating records of residents' possessions, issuing a new consent form to a resident identified during the inspection, retaining a record of all the financial arrangements for a resident identified during the inspection, updating residents' agreements to show the current fee, verifying purchases undertaken on behalf of residents and implementing a revised system for recording transactions on behalf of residents.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 7 |

Details of the Quality Improvement Plan (QIP) were discussed with Lucia Donnelly, registered manager, by telephone conversation on 07 March 2018, 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 care inspection dated 3 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 January 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the senior care assistant and the home's administration officer.

The following records were examined during the inspection:

- two residents' finance files
- Two residents' written agreements
- Two residents' consent forms authorising staff to undertake purchases on their behalf.
- The recorded financial arrangements for two residents
- Monies held on behalf of residents
- A sample of valuables held on behalf of residents
- A sample of records of one resident's monies forwarded from the SHSCT.
- A sample of records from monies deposited at the home on behalf of two residents
- The residents' guide
- A sample of records of reconciliations between residents' monies held and the records of monies held
- A sample of records of safe contents
- A sample of records from purchases undertaken on behalf of two residents
- A sample of records of payments to the hairdresser and podiatrist for two residents
- SHSCT Financial policies and procedures
- Records of personal possessions for one resident.

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 3 January 2018.

The most recent inspection of the home was an unannounced care inspection. The QIP from the inspection was returned by the registered person and was still to be approved by the care inspector at the time of issuing this report. This QIP will be validated by the care inspector at the next care inspection.

6.2 Inspection findings

6.3 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

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.

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. Monies held on behalf of residents were counted, the amount retained agreed to the balance recorded at the home.

A safe contents book was in place and up to date at the time of the inspection. Valuables held on behalf of two residents were examined. Records agreed to the items held in the safe place. Records also showed that the items held were checked on a regular basis.

Discussion with staff confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults.

Financial policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies and procedures reflected the financial operational areas of the home.

Discussion with staff confirmed that there were no finance related restrictive practices in place for any resident.

Areas of good practice

There were examples of good practice found in relation to providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, up to date safe register, reconciling safe contents on a regular basis, members of staff involved in managing residents' finances receiving adult safeguarding training and the policies and procedures reflecting the operational areas of the home.

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.

Discussion with staff confirmed that the SHSCT was the corporate appointee for one resident, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. A review of the resident's file showed that no record of the details of the person nominated to act as appointee was maintained within the file. This was identified as an area for improvement.

Discussion with staff confirmed that no member of staff at the home or at the SHSCT acted as an agent for any resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Discussion with staff and review of records confirmed that in line with standard 15.12 of the DHSSPS Residential Care Homes Minimum Standards (2011), reconciliations between the monies held on behalf of residents and the records of monies held were carried out twice weekly. As in line with good practice the records were signed by the person carrying out the reconciliation and countersigned by a senior member of staff.

Discussion with staff confirmed that an inventory of residents' possessions was maintained when residents were admitted to the home however staff were unsure if the records were up to date with items brought into the home following admission for which staff had been informed about e.g. televisions or items of furniture. This was identified as an area for improvement.

Records confirmed that residents or their representatives were informed in advance of any increase in fees as in line with The Residential Care Homes Regulations (Northern Ireland) 2005.

Review of records confirmed that the SHSCT managed a Patient Private Property (PPP) account on behalf of one resident. Discussion with staff confirmed that no bank accounts were managed on behalf of residents. Discussion with staff also confirmed that no comfort fund was operated on behalf of residents.

Areas of good practice

There were examples of good practice in relation to regular reconciliations of residents' monies and valuables, maintaining the records of the reconciliations and informing residents or their representatives in advance of increases in fees.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to updating a resident's file with the details of the person acting as their appointee and updating records of residents' possessions.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.6 Is care compassionate?

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

The home did not provide a transport scheme at the time of the inspection. Discussion with staff confirmed that alternative arrangements were in place to support residents wishing to undertake journeys; this included the use of taxis which were paid for by the residents or their representatives.

Discussion with staff and review of records confirmed that the SHSCT held a PPP account for one resident. A sample of two records of the resident's monies forwarded from the Health and Social Care Trust was examined; the records showed that the corresponding amounts of monies received by the home were credited to the records of monies held on behalf of the resident.

Good practice was observed as consent forms authorising members of staff to purchase goods and services on behalf of residents were issued to residents or their representatives. The forms permitted members of staff to pay the hairdresser and included a list of the essential items e.g. toiletries that staff were permitted to purchase on behalf of residents. A review of two residents' files showed that consent forms were retained within both files.

The forms were signed by the residents or their representatives and a representative from the home. During the telephone discussion on 07 March the registered manager agreed to issue a new consent form for one of the residents reviewed in order that the resident’s representative could sign the form. This was identified as an area for improvement.

Review of records for two residents showed that in line with standard 15.2 of the DHSSPS Residential Care Homes Minimum Standards (2011), details of the residents’ financial arrangements were retained within their files,. It was noticed that details of all the financial arrangements for one resident were not recorded within their file. This was identified as an area for improvement.

Discussion with staff confirmed that arrangements were in place to offer support to residents for managing their own monies.

Areas of good practice

There were examples of good practice in relation to: facilitating journeys on behalf of residents, retaining residents’ financial arrangements within their files and offering support to residents for managing their own finances.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to issuing a new consent form to the resident identified during the inspection and recording the full details of the financial arrangements for the resident identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

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.

No records of fees paid by residents were available at the time of inspection. Discussion with staff confirmed that all fees were managed by the SHSCT. Staff confirmed that no additional monies were received for fees over and above the amount agreed through the contracting arrangements with the Health and Social Care Trust.

A residents’ guide was in place at the time of the inspection. The guide included the details of the services provided to residents as part of their weekly fee and a list of additional services charged to residents e.g. hairdressing.

The residents’ guide included a written agreement which was issued to residents on admission to the home. Review of two residents’ files evidenced that written agreements were in place for both residents. The agreements were not in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011) as they did not show the current weekly fee paid by, or on behalf of, the two residents. One agreement referred to two appendices (appendix 1 and 2) which provided details of the fees paid by, or on behalf of, residents and the charges for additional services provided at the home.

The other agreement reviewed did not contain the above appendices however a provision was included within the agreement for the recording of the weekly fee charged to the resident. There were no details of the amount charged recorded within the agreement reviewed.

Both agreements were signed by the resident or their representative and a representative from the home. An area for improvement was identified within the QIP of this report for residents' agreements to be updated to show the current fee paid by, or on behalf of, residents.

Review of records and discussion with staff confirmed that transaction sheets were maintained for each resident. The sheets were used to record the details of the transactions undertaken on behalf of residents including purchases of items and payments for additional services e.g. hairdressing. The transaction sheets were also used to record monies deposited at the home on behalf of residents.

A sample of records of two payments to the hairdresser and one to the podiatrist were reviewed for two residents. Records showed that the name of the residents receiving the service, the service provided to the residents and the amount charged to each resident were recorded. The records also showed if the hairdresser was paid directly by the resident or if monies were withdrawn by members of staff to pay the hairdresser. Review of records showed that the amount deducted from residents' monies to pay the hairdresser and podiatrist agreed to the amounts recorded in the hairdressing and podiatrist's books. As in line with good practice the hairdresser, the podiatrist and a member of staff had signed the records to confirm that the service took place.

A review of five records of purchases undertaken by staff, on behalf of two residents, showed that in line with good practice, the details of the purchases were recorded in the residents' transaction sheets. Receipts from the purchases were available and two signatures were recorded against each of the transactions. A provision was included within the residents' agreements which stated that when members of staff were acting on the residents' behalf e.g. to make purchases, the purchases would be verified. There was no recorded evidence at the time of the inspection that purchases were verified by members of staff. This was identified as an area for improvement.

Two records of monies deposited at the home on behalf of two residents were reviewed. The amounts deposited were recorded in the residents' transaction sheets. Two signatures were recorded against each of the transactions. It was noticed that in line with good practice, a receipt was issued to the person depositing the monies. It was also noticed that the person depositing the monies was one of the signatories on the receipt.

The inspector discussed the recording of residents' transactions with staff. It was noticed that a number of entries had either been written over or scored out. No initials were recorded against the amendments and no explanation for the errors was recorded. An area for improvement was identified within the QIP of this report for a revised system of recording residents' transactions to be implemented in order to improve the accuracy of recording.

Areas of good practice

There were examples of good practice found in relation to: the residents' guide detailing the services included in the weekly fee and the costs for additional services, recording transactions undertaken on behalf of residents, retaining receipts from transactions, hairdresser and a member of staff signing records of transactions and issuing receipts to persons depositing monies on behalf of residents.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to updating residents' agreements to show the current fee, verifying purchases undertaken on behalf of residents and implementing a revised system for recording transactions on behalf of residents.

| | 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 Lucia Donnelly, 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

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| <p>Area for improvement 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p> | <p>The registered person shall ensure that a record of the name of the person, from the SHSCT, nominated to act as the appointee for the resident identified during the inspection is kept within the resident's file.</p> <p>The record should also include the date the person was approved to act as appointee by the Social Security Agency.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: The name of the person nominated to act as appointee for the identified resident and date of approval by The Social Security Agency is recorded in the residents file.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p> | <p>The registered person shall ensure that the inventory of residents' possessions and items of furniture is reviewed and brought up to date. Any additional items brought into the home or items that have been disposed of (for which staff have been informed of) should be recorded. The records should be signed and dated by two members of staff.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: Residents Inventory lists have been reviewed and brought up to date.</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p> | <p>The registered person shall ensure that an updated consent form is provided to the resident identified during the inspection. The form should be signed by the resident's representative and a representative from the home.</p> <p>Ref: 6.6</p> |
| | <p>Response by registered person detailing the actions taken: Consent form for the identified resident has been updated and signed by the residents representative and a representative from the home.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p> | <p>The registered person shall ensure that details of all the financial arrangements, for the resident identified during the inspection, are retained within the resident's file.</p> <p>Ref: 6.6</p> |
| | <p>Response by registered person detailing the actions taken: All financial arrangements for the identified resident are retained in their individual file.</p> |

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| <p>Area for improvement 5</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 06 April 2018</p> | <p>The registered person shall ensure that residents' written agreements are updated to show the current amount paid by the Health and Social Care Trust and the current contribution paid by residents (if applicable).</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Residents written agreements have been updated</p> |
| <p>Area for improvement 6</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2018</p> | <p>The registered person shall ensure that a system is implemented to show that purchases undertaken on behalf of residents, by members of staff, have been verified as in line with the provision included within the residents' agreements.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Record of receipt of items by resident which are purchased on their behalf is in place.</p> |
| <p>Area for improvement 7</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 23 March 2018</p> | <p>The registered person shall implement a robust system for recording residents' transactions in order to improve the accuracy of recording. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over records should cease immediately.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The practice of writing over records has ceased. Errors will be crossed out and a reason for the error will be recorded.</p> |

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



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