

Announced Finance Inspection Report 2 October 2017



Slieve Roe House

Type of Service: Residential
Address: Manse Road, Kilkeel, Newry
Tel No: 0284176 3760
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 17 beds that provides care for residents living with dementia and Old age not falling within any other category.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual(s): Mr Francis Rice	Registered Manager: Mrs Hylda Patterson- Acting
Person in charge at the time of inspection: Mrs Michelle Wilson, senior support worker (morning) Mrs Hylda Patterson (afternoon)	Date manager registered: Acting-No application required
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 17

4.0 Inspection summary

An announced inspection took place on 2 October 2017 from 10:45 to 14:30. Less than one hours' notice was given prior to the inspection.

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, an up to date safe register, members of staff involved in managing residents' finances receiving adult safeguarding training, the records of reconciliations of residents' monies, informing residents or their representatives in advance of increases in fees, the financial policies and procedures operated at the home, facilitating journeys on behalf of residents, residents signing records when receiving their personal allowance monies, retaining residents' financial arrangements within their files, offering support to residents for managing their own finances, listing the services included in the weekly fee, listing the costs of additional services provided to residents, updated written agreements in place for residents, recording the transactions undertaken on behalf of residents and the retention of receipts from purchases undertaken on behalf of residents.

Areas requiring improvement were identified in relation to: residents signing updated appendix to the agreement when fees are increased, the policy for purchasing items on behalf of residents to be strengthened with staff, two members of staff to sign records, date podiatrist provided service to residents to be recorded within the residents' transaction sheets and review the system of 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	5

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Hylda Patterson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 September 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 September 2017.

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 manager and the senior support worker.

The following records were examined during the inspection:

- Four residents' finance files.
- Four residents' written agreements.
- Records of the financial arrangements for four residents.
- Monies held on behalf of residents.
- The residents' guide.
- A sample of records of safe contents.
- A sample of records from hairdressing and podiatry services.
- A sample of records from purchases undertaken on behalf of residents.
- A sample of records of residents' monies forwarded from the Southern Health and Social Care Trust (SHSCT).
- A sample of records of personal allowance monies handed over to residents.
- A sample of records from monies deposited at the home on behalf of residents.
- Financial policies and procedures.
- Records of personal property 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 21 September 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was still to be returned at the time of issuing this report. The returned QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

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.

Review of records and discussion with staff confirmed that no valuables were held on behalf of residents. A safe contents book was in place and up to date at the time of the inspection.

Discussion with the manager confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults. The manager was able to demonstrate knowledge of their specific role and responsibilities in relation to any concerns raised in relation to residents' finances.

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, an up to date safe register and members of staff involved in managing residents' finances receiving adult safeguarding training.

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.

Review of records confirmed that the SHSCT was the appointee for one resident at the home, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. A record confirming that the SHSCT acted as appointee was maintained within the resident's file.

Discussion with the manager 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 as 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 on a monthly basis. 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 and review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Records also showed that the records were updated when items were brought into the home for which members of staff had been informed about.

Review of records and discussion with staff confirmed that a comfort fund was not operated on behalf of residents. Discussion with staff also confirmed that the SHSCT managed Patient Private Property (PPP) accounts on behalf of a number of residents and that no bank accounts were managed on behalf of residents.

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.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies reflected the procedures currently operated at the home in relation to managing residents' finances. The policies and procedures are discussed further under section 6.7 of this report.

Areas of good practice

There were examples of good practice in relation to the records of reconciliations of residents' monies, informing residents or their representatives in advance of increases in fees and the financial policies and procedures operated at the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
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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 PPP accounts for a number of residents. A sample of records of residents' 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 residents. Records also confirmed that residents were handed over their weekly personal allowance from the monies forwarded by the SHSCT. Good practice was observed as the residents receiving their personal allowance monies had signed the records along with a member of staff.

Review of records for four residents showed that details of their financial arrangements were retained within their files as in line with standard 15.2 of the DHSSPS Residential Care Homes Minimum Standards (2011).

Discussion with the manager confirmed that arrangements were in place to offer support to residents or their representatives for managing the residents' own monies.

Areas of good practice

There were examples of good practice in relation to: facilitating journeys on behalf of residents, residents signing records when receiving their personal allowance monies, retaining residents' financial arrangements within their files and offering support to residents for managing their own finances.

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.

Discussion with staff and review of records confirmed that records of fees paid by, or on behalf of, residents were maintained at 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. The guide also listed the costs of additional services provided at the home e.g. hairdressing.

The resident's guide included a written agreement which was issued to residents on admission to the home. Review of four residents' files evidenced that written agreements were in place for all four residents. The agreements included an appendix which showed the current weekly fee paid by, or on behalf of, the residents. All four agreements were signed by the resident (or their representative) and a representative from the home.

Three different dates were recorded on the agreements, discussion with staff confirmed that the dates referred to when the agreements were reviewed with the residents or their representatives at the time the residents' fees were increased. Following the discussion the manager agreed to ensure that the residents or their representatives signed the updated appendix when the weekly fee was increased. This was identified as an area for improvement.

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

A review of four records of purchases undertaken by staff, on behalf of two residents, showed that the details of the purchases were recorded in the residents' transaction sheets. Receipts from the purchases were available at the time of the inspection. Two signatures were recorded against each of the transactions. It was noticed that the member of staff receiving the monies to make the purchase on behalf of the resident was not one of the signatures recorded.

A review of the policies and procedures operated at the home confirmed that a policy for members of staff purchasing items on behalf of residents was in place, the policy requested that the member of staff making the purchase signed the records. An area for improvement has been listed within the QIP of this report for this policy to be strengthened with members of staff.

Two records of payments to the hairdresser were reviewed; receipts were available for both of the transactions. It was noticed that the same staff member had signed one of the records twice to confirm that the service took place. An area for improvement has been listed within the QIP of this report for two members of staff to sign the records at all times, if the resident or their representative is unable or chooses not to sign the records.

Two records of payments to the podiatrist were reviewed; receipts were in place for both of the transactions. As in line with good practice the records were signed by the podiatrist and two members of staff. It was noticed that the dates recorded in the residents' transaction sheets did not correspond with the dates on the receipts issued by the podiatrist. Discussion with staff confirmed that the dates recorded within the residents' transaction sheets corresponded with the date the podiatrist was paid. The inspector requested that in order to facilitate the audit process the date the service took place should be recorded within the residents' transaction sheets. 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. As in line with good practice receipts were issued to the person depositing the monies on behalf of the resident. Records showed that the person depositing the monies had signed the records along with a member of staff.

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. Correction fluid had been used for one of the records. No initials were recorded against the amendments and no explanation for the errors was recorded. An area for improvement was identified for the system of recording residents' transactions to be reviewed in order to improve the accuracy of recording and to facilitate the audit process.

Areas of good practice

There were examples of good practice in relation to: listing the services included in the weekly fee, listing the costs of additional services provided to residents, updated written agreements in place for residents, recording the transactions undertaken on behalf of residents and the retention of receipts from purchases undertaken on behalf of residents.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to: residents to sign updated appendix to agreement when fees are increased, the policy for purchasing items on behalf of residents to be strengthened with staff, two members of staff to sign records, date podiatrist provided service to be recorded along with the details recorded within the residents' transaction sheets and review the system of recording transactions on behalf of residents.

	Regulations	Standards
Total number of areas for improvement	0	5

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Hylda Patterson, 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.

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.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail info@rqia.org.uk

Quality Improvement Plan	
Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.	
Area for improvement 1 Ref: Standard 4.2 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that the updated appendix to the agreements are signed by the residents or their representatives (if resident lacks capacity to make decisions in relation to the agreement) when fees are increased. Ref: 6.7
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Standard 20.10 Stated: First time To be completed by: 03 November 2017	The registered person shall ensure that the policy for purchasing items on behalf of residents (including the procedure for the person receiving the monies to sign the records) is strengthened with staff. Ref: 6.7
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Standard 15.7 Stated: First time To be completed by: 03 October 2017	The registered person shall ensure that two members of staff sign the records at all times if the resident or their representative is unable to sign or chooses not to sign the records. Ref: 6.7
	Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Standard 15.7 Stated: First time To be completed by: 03 October 2017	The registered person shall ensure that the date the podiatrist provides the service to residents is recorded within the residents' transaction sheets. Ref: 6.7
	Response by registered person detailing the actions taken:

<p>Area for improvement 5</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 03 November 2017</p>	<p>The registered person shall implement a system for recording residents' transactions in order to improve the accuracy of recording and to facilitate the audit process. 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 errors and the use of correction fluid should cease immediately.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken:</p>
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Please ensure this document is completed in full and returned to RQIA's Office



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