

Unannounced Finance Inspection Report 06 March 2018



The Beeches Professional & Therapeutic Services

Type of service: Residential Care Home
Address: 41 Lisburn Road, Ballynahinch, BT24 8TT
Tel No: 028 9756 1800
Inspector: Briega Ferris

www.rqia.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 for residents with a learning disability, including those over the age of 65.

3.0 Service details

Organisation/Registered Provider: The Beeches Professional & Therapeutic Services Ltd Responsible Individual: James Brian Wilson	Registered Manager: Roisin McClenaghan
Person in charge at the time of inspection: Siobhan Smyth - Deputy Manager Lianne Montgomery - Deputy Manager	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) LD – Learning disability. LD (E) – Learning disability – over 65 years.	Number of registered places: 34

4.0 Inspection summary

An unannounced inspection took place on 06 March 2018 from 10.00 to 15.00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standard (Updated 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.

There were examples of good practice found in relation to the regular adult safeguarding training for administrative staff and the availability of a safe place to enable residents to deposit money or valuables for safekeeping; the existence of detailed income and expenditure records and supporting documents such as banking, lodgement and expenditure receipts; detailed records in place to identify the costs on which transport was based as well as up to date journey records for individual residents; the range of information contained in the resident guide, and the availability of written policies and procedures in place to guide financial practices in the home.

Areas requiring improvement were identified in relation to ensuring that a reconciliation of the safe contents is carried out and recorded at least quarterly, ensuring that the content of the generic resident agreement is reviewed to ensure it is consistent with standard 4.2 of the Residential Care Homes Minimum Standards, ensuring that where a person associated with the home is acting as appointee for a resident, these details are reflected in the resident's individual written agreement and ensuring that each resident's individual written agreement is kept up to date with any changes agreed in writing by the resident or their representative.

One resident who was spoken with was very satisfied with the current arrangements in place to support them to manage their money as independently as possible. They stated that “I have no concerns about my money...I can get my money anytime.”

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	4

Details of the Quality Improvement Plan (QIP) were discussed with Lianne Montgomery, deputy 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.

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 residents' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with two deputy managers, the home administrator and one resident.

The following records were examined during the inspection:

- The Resident Guide
- The safe inventory
- A sample of residents' income and expenditure records
- A sample of bank statements in respect of the residents' bank account
- A sample of BF57 forms detailing appointee arrangements
- Written policies and procedures:
 - “Safeguarding & Protecting Residents' Money & Valuables” reviewed September 2017
 - “Management of service user' money” dated 2016
 - “Complaints” dated 2016
 - “Record keeping” dated 2016
 - “Gifts to staff” dated 2016
 - “Transport” reviewed September 2017
 - “Whistleblowing” dated 2016
- Two records of residents' personal property (in their room)
- Three residents' individual written agreements
- A sample of treatment records for services facilitated within the home
- A sample of transport journey records
- Two residents' individual support plans

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 06 February 2018

The most recent inspection of the home was an unannounced medicines management inspection. The QIP 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

The home has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The deputy manager confirmed that adult safeguarding training was mandatory for all staff in the home; evidence was reviewed which identified that both home administrators had received adult safeguarding training in 2017.

Discussions established 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 resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents; the inspector was satisfied with the location of the safe place. On the day of inspection, cash and valuables belonging to a number of residents was lodged for safekeeping. A written record of safe contents was maintained and on review, this identified that the contents had been routinely reconciled by one person until September 2017. However no reconciliations had been carried out since then, this was identified as an area for improvement.

The inspector also noted that it was best practice for reconciliations of money or valuables to be carried out and signed and dated by two people and this feedback was provided to the person in charge at the conclusion of the inspection.

Areas of good practice

There were examples of good practice found for example, in relation to the regular adult safeguarding training for administrative staff and the availability of a safe place to enable residents to deposit money or valuables for safekeeping.

Areas for improvement

One area for improvement was identified in respect of ensuring that a reconciliation of the safe contents is carried out and recorded at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the home administrator established that a person associated with the home was acting as appointee for the majority of residents in the home. Official confirmation of the appointee details were available in respect of the resident files chosen for review. Reflecting the appointee details within each resident's individual written agreement is discussed within section 6.7 of this report.

Records also existed which confirmed that for several residents, personal monies were received directly by the home from either a solicitor or the official solicitor or from the Health and Social Care (HSC) trust. Clear records existed to detail the amount and timing of these receipts.

The deputy manager noted that by exception, the family members of identified residents deposited cash for expenditure on behalf of their relative. Discussion established that the person making a deposit received a receipt and receipts were in place to record these details. It was noted that routinely (as is best practice) the signature of both the person receiving the cash and the person depositing the cash or second member of staff had been recorded on these receipts.

For those residents for whom the home engaged in transactions for goods or services, records detailing income and expenditure were available for individual residents. A review of a sample of the records identified that two signatures had been recorded against individual transactions and receipts were available in respect of purchases made on behalf of residents. Evidence was available which identified that two people routinely carried out reconciliations on a weekly basis.

Hairdressing, chiropody and reflexology treatments were being facilitated within the home. A sample of hairdressing treatment receipts were reviewed, which detailed the date, the name of the resident, the treatment received, the cost and the signature of the person providing the treatment. The costs of the treatments agreed to a sample of charges recorded in residents' income and expenditure records.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see a sample of the property records maintained. A review of the files identified that each resident had record on their file which was signed and dated by two people. A further audit document was maintained to check a sample of the records on a regular basis.

The home administrator confirmed that a residents' personal allowance bank account was in place to hold the personal monies of residents received on their behalf. Bank statements were in place which clearly identified the monies as belonging to the residents in the home.

A weekly reconciliation signed and dated by two people was routinely carried out and recorded. Detailed records existed to identify how the much of the total bank balance belonged to individual residents.

The home operated a comfort fund which the home administrator confirmed was managed at the organisation's head office. It was noted that a separate bank account was in place which was named appropriately. A written policy and procedure forming part of the overall safeguarding and protecting residents money and valuables policy was in place to guide the administration of the fund.

The home operated a transport scheme and a detailed written policy and procedure was in place addressing the home's transport scheme. This clearly identified that the cost of the scheme was based on individual personal usage by each resident and the cost per mile divided equally by the number of passengers in the vehicle.

Detailed records were in place identifying the costs on which the rate per mile was based (which are reviewed at least annually) and clear, up to date detailed records existed to identify the journeys taken by individual residents. A review of a sample of resident agreements identified that opting in or out of the transport scheme was detailed within the body of the main resident agreement.

Areas of good practice

There were examples of good practice found in relation to the existence of income and expenditure records and supporting documents such as lodgement and expenditure receipts; the availability of personal property records maintained for residents' furniture and personal possessions and detailed records were in place to identify the costs on which transport was based as well as up to date journey records for individual residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Day to day arrangements in place to support residents were discussed with the deputy manager. She described a range of examples of how the home supported residents with their money. Discussion established that arrangements to appropriately support residents with their money would be discussed with the resident or their representative at the time of the resident's admission to the home. It was clear from this discussion that residents were encouraged to be as independent as possible in managing their money; this was borne out from discussion with one resident regarding how they were supported by staff. A sample of records reviewed detailed that residents signed for their own money where appropriate.

A sample of resident individual support plans were reviewed which provided significant detail on the individual needs of residents regarding their level of ability to manage their own money and where appropriate, the support which the home provided alongside this. Care reviews which were examined also provided good detail in respect of the current arrangements in place to support individual residents.

One resident spoken with was very complimentary about the support they received from the home to enable them to manage their money as independently as possible.

Discussion with the deputy manager established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. This included ongoing verbal feedback, questionnaires and annual care reviews which were attended by families and trust representatives.

Arrangements for residents to access money outside of normal office hours were discussed with the deputy manager. This established that the person in charge of the home at any time had a key to the safe place which ensured that residents' money to ensure that residents could access their monies at all times.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual residents discussed during the inspection and mechanisms to obtain feedback and views from residents and their representatives.

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 residents in order to deliver safe, effective and compassionate care.

The resident guide, presented in easy-read format, included a range of useful information for a prospective resident and detailed that residents would receive an individual written agreement setting out the terms and conditions of their stay, that a list of the resident's personal property would be made on admission and detailed the arrangements for safely storing any valuables which residents wish to deposit for safekeeping.

A comprehensive suite of policies and procedures were in place entitled "Safeguarding & Protecting Residents money & Valuables", these included sub-policies in respect of transport and the administration of the comfort fund. Written policies and procedures addressing record keeping, the management of complaints and whistleblowing were also in place. Policies were easily accessible by staff.

Discussion with the home administrator established that he was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Individual resident agreements were discussed with the deputy manager and a sample of three files was chosen in order to review agreements in place between the home and each resident or their representative.

Each resident had a signed individual written agreement in place, which included an appendix detailing the current fee arrangements and benefits/personal monies received by the individual resident. A review of the generic agreement template which each sampled resident had in place identified that it was not wholly consistent with the minimum content of a resident agreement as set out in standard 4.2 of the Residential Care Homes Minimum Standards (2011).

Reviewing the content of the generic resident agreement to ensure it contains the details within the above standard as a minimum, was identified as an area for improvement.

It was noted that a person associated with the home was acting as appointee for the three residents who were sampled; however, a review of their individual written agreements established that these details were not reflected within the agreements. as is required by the minimum standards.

This was identified as an area for improvement.

Each resident's agreement reviewed contained an appendix which had been updated for the 2016/2017 year and which reflected the fees payable and benefits receivable at that point in time. As these respective amounts change in approximately April of each year, resident agreements should have been updated for the 2017/2018 year; all three agreements were therefore out of date.

An area for improvement has been made for the registered person to ensure that each resident is given written notice of all changes to the agreement. Any change to a resident's agreement including fees and financial arrangements should be agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.

Areas of good practice

There were examples of good practice found in respect of the range of information contained in the resident guide, and the availability of written policies and procedures were in place to guide financial practices in the home.

Areas for improvement

Three areas for improvement were identified as part of the inspection. These related to ensuring that the home's generic resident agreement is consistent with the minimum content as set out within standard 4.2 of the Residential Care Homes Minimum Standards; ensuring that where a person associated with the home acts as appointee for a resident, this is detailed in the resident's agreement and ensuring that any change to a resident's agreement including fees and financial arrangements are agreed in writing by the resident or their representative.

	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 Lianne Montgomery, deputy 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 (Updated 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 Standard (Updated August 2011).	
Area for improvement 1 Ref: Standard 15.12 Stated: First time To be completed by: 20 March 2018	<p>The registered person shall ensure that a reconciliation of the safe contents is carried out and recorded at least quarterly.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Inventory of safe contents have be updated (16/03/2018) and reconciliation scheduled quarterly.</p>
Area for improvement 2 Ref: Standard 4.2 Stated: First time To be completed by: 06 May 2018	<p>The registered person shall ensure that the content of each resident's individual agreement is consistent with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Resident Individual Agreement document is being revised and a new updated IA will be issued to all residents within the required timescale.</p>
Area for improvement 3 Ref: Standard 15.10 Stated: First time To be completed by: 06 May 2018	<p>The registered person shall ensure that is a person associated with the home acts an appointee, the arrangements are noted in the resident's agreement.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Resident Individual Agreement document is being revised and a new updated IA will be issued to all residents within the required timescale.</p>
Area for improvement 4 Ref: Standard 4.6 Stated: First time To be completed by: 06 May 2018	<p>The registered person shall ensure that each resident is given written notice of all changes to the agreement and these are agreed in writing by the resident or their representative. Where the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Resident Individual Agreement document is being revised and a new updated IA will be issued to all residents within the required timescale. Endorsement with signature by resident or representative will be sought and outcome recorded.</p>

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



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