

Unannounced Finance Inspection Report 04 January 2018



Camlo Homes

Type of Service: Residential Care Home
Address: 3-5 North Parade, Belfast, BT7 2GF
Tel No: 028 9064 5127
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 residential care home with 29 beds that provides care for older residents, and/or those living with a mental disorder excluding learning disability or dementia or those residents with a learning disability, a physical disability or past or present alcohol dependence.

3.0 Service details

Organisation/Registered Provider: Camlo Homes Responsible Individuals: Lois Emerson Stephen Emerson Campbell Davis Emerson	Registered Manager: Joanne Smart
Person in charge at the time of inspection: Joanne Smart	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years 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 A - Past or present alcohol dependence	Number of registered places: 29

4.0 Inspection summary

An unannounced inspection took place on 04 January 2018 from 10.10 to 15.00 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last finance inspection (if any) 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, in relation to methods available for residents and representatives provide to feedback to the home; the availability of a safe place for residents or representatives to deposit money and valuables; and in relation to mechanisms to record income and expenditure on behalf of residents and to retain supporting documentation.

Areas requiring improvement were identified in relation to records of residents' furniture and personal possessions which they have brought to the home and in relation to individual resident

agreements; and in relation to recording two signatures against financial transactions and performing and recording quarterly reconciliations of residents' money and valuables.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Joanne Smart, registered manager, and the deputy manager as part of the inspection process. The timescales for completion commence from the date of 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 one incident related to a residents' money or valuables; a review of the information provided by the home and discussed during the inspection identified that this matter had been dealt with appropriately. 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 one the registered manager, and the deputy manager. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or representatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's resident guide
- "Financial policy" reviewed August 2017
- "Management of Records" policy reviewed August 2017
- Three records of residents' personal property (in their rooms)
- The "Resident Valuables Book"
- A sample of charges in respect of care and accommodation fees
- A sample of residents' income and expenditure records
- Three residents' finance files
- Two residents' individual written agreements with the home

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 05 October 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. This 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 dated 19 January 2010

A finance inspection was carried out by RQIA on 19 January 2010; however the findings from this inspection were not brought forward to the inspection on 04 January 2018.

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 registered manager confirmed that adult safeguarding training was mandatory for all staff in the home and that the deputy manager who had a key role in financial administration in the home, had most recently received this training in June 2016. The registered manager and deputy manager were able to clearly describe the day-to-day controls in place in the home to safeguard residents' money and valuables.

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 and the persons with access. On the day of inspection, a float of cash available for withdrawal by residents, or for use on their behalf was held in the safe place; no residents' valuables were being held for safekeeping.

Areas of good practice

The home had a safe place available for the deposit of money or valuables and access was limited to authorised persons. The registered manager and deputy manager were familiar with controls in place to safeguard residents' 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 resident directly were discussed. The registered manager confirmed that no representative of the home was acting as nominated appointee for any resident (i.e.: managing and receiving social security benefits on a resident’s behalf).

For a number of residents, their personal monies for expenditure were received into a bank account managed by the home specifically for the purpose of administering residents’ monies. In the majority of these cases, the monies were received from a Health and Social Care Trust who was managing each resident’s money on their behalf. In other cases, these monies were received directly to the bank account from a Solicitor (acting as controller of the resident’s affairs) and/or from family members. Records were maintained in the home to detail the amount and timing of these receipts and the respective credit entries in each resident’s personal financial records maintained by the home.

The bank account used to administer the residents’ monies was named “Camlo Residential”. While it was clear on reviewing a sample of bank statements that the account was only used for the above purpose, a suggestion was made by the inspector to consider amending the name of the account to make clear that the monies in the account belonged to residents, not to the residential care home.

In a number of cases, residents’ representatives also lodged money with the home for safekeeping. Records were reviewed which identified that those making a deposit were provided with a receipt or alternatively signed the relevant entry in the income and expenditure records for the individual resident.

A sample of the income and expenditure records for residents were reviewed which identified that entries detailed the amount and appropriate details of transactions and advice was provided to management on how to improve the layout of the template used to record the information. A review of a sample of the entries identified that the majority of entries had been signed by a resident and a member of staff or by two members of staff. However a small number of entries reviewed had been signed by only one person.

This was identified as an area for improvement.

The home held a sum of money in the home which had been drawn down from the monies held in the residents’ bank account. Those residents with money in the account could withdraw from

the communal float and their respective individual income and expenditure records would be updated accordingly.

A review of a sample of the records evidenced that receipts for any purchases made by the home on behalf of residents were retained. A sample of the records established that reconciliations of the individual ledgers had been performed up to in early 2017; however this practice had not been sustained. This was discussed with management who advised that previously individual cash balances were held for each of the residents for whom ledgers were maintained; however when the decision was made to hold communal balance/float, the reconciliations ceased. During feedback, management were advised that despite the change in practice from individual balances to a communal balance, a quarterly reconciliation of residents' monies should be performed and recorded.

This was identified as an area for improvement.

Invoices were raised to detail the charges levied to residents or their representatives for care and accommodation fees) and records were available to confirm how the amounts detailed on each invoice had been calculated.

The inspector discussed how residents' property (within their rooms) was recorded. Discussion with management established that a book was in use, the "Resident Valuables Book". A random sample of three residents was selected and the book was reviewed for entries for the chosen residents. Two of the three residents had a property record in the book; the third resident's property was not listed in the book.

Discussion with management established that following feedback from the inspection, each resident's record would be updated and management described options for a potential template to use. The deputy manager provided to the inspector a draft of a policy addressing the recording of residents' property and noted that this would also be reviewed and amended in light of the discussions and inspection feedback.

Ensuring that each resident has an up to date record of the furniture and personal possessions which they have brought to the home was identified as an area for improvement.

The deputy manager confirmed that the home did not operate a comfort fund nor did the home provided transport services to residents.

Areas of good practice

There were examples of good practice found for example, in respect of clear records to detail the amount of and timing of receipt of monies on behalf of residents; and the availability of receipts for expenditure made on behalf of residents.

Areas for improvement

Three areas of improvement were identified during the inspection, these related to residents' records of furniture and personal possessions which they have brought to the home; to ensuring that financial transactions are consistently signed by two people and to ensuring that a reconciliation of the monies (or valuables) held on behalf of residents is performed and recorded at least quarterly.

	Regulations	Standards
Total number of areas for improvement	1	2

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.

The arrangements to support residents with their money on day to day basis were discussed with management. The deputy manager described how discussions regarding the arrangements to store money safely in the home, support them with managing their money or pay fees etc. would be discussed with a resident or their representative around the time a resident would be admitted to the home.

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

Arrangements for residents to access money outside of normal office hours were discussed; this established that the home had suitable arrangements in place to ensure that the individual needs of residents were met in this regard.

Areas of good practice

There were examples of good practice identified for example, 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 residents in order to deliver safe, effective and compassionate care.

The home’s resident guide encompassed a range of information for a new resident, including general information regarding how financial transactions would be recorded on behalf of residents and arrangements to store any valuables for safekeeping in the home’s safe’s place.

Written policies and procedures were available in the home and were easily accessible by staff. Policies existed to guide record keeping and financial practices in the home and records reflected that these had been reviewed and updated in August 2015. Policies were also

evidenced which addressed the management of complaints and whistleblowing. The registered manager confirmed that no complaints had been received regarding the home’s management of residents’ monies or valuables.

Discussion was held regarding the individual written agreements in place with residents and three residents were sampled in order to review the agreements in place with the home. The deputy manager provided a file which contained resident agreements and a review of the file identified that two of the three residents had a signed agreement in place with the home.

The two agreements referenced an attached appendix setting out details of fees payable the cost of additional services; however both agreements did not have the appendix attached. The third resident sampled did not have an agreement on the file; therefore there was no evidence available to conclude that the home had provided them with an individual written agreement.

Ensuring that each resident is provided with an up to date, individual written agreement which is consistent with the regulatory framework was identified as an area for improvement.

There was clear evidence available to confirm that residents or their representatives had been provided with notification of any changes to the fees payable over time and these had been agreed in writing with the resident or their representative. On one notification reviewed, it had been recorded that the resident had refused to sign the notification; the registered manager identified the handwriting as that of a staff member. It was noted that the staff member had not signed their name or dated this entry and advice was provided to management in respect of ensuring staff sign and date records, where appropriate.

Areas of good practice

There were examples of good practice found for example, in respect of information provided to residents in the resident guide, and in respect of the availability of written policies and procedures to guide record keeping and financial practices in the home.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that each resident is provided with a detailed, up to date, written individual agreement which is consistent with the regulatory framework.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Smart, registered manager and the 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (10) Stated: First time To be completed by: 15 February 2018	<p>The registered person shall ensure that a record of furniture and personal possessions brought by each resident into the room occupied by him/her.</p> <p>Each resident's record should be brought up to date.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been completed. New documentation has been drawn up and this will be kept in the resident's individual file. (A copy of this is attached with this QIP return)</p>
Area for improvement 2 Ref: Regulation 5 (1) Stated: First time To be completed by: 22 February 2018	<p>The registered person shall ensure that each resident is provided with a detailed, up to date, written individual agreement which is consistent with the regulatory framework.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This has been completed. An up to date document has been produce which records this information and is held in the manager's office.</p>

	(Examples of these are attached with the QIP return).
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards (Updated August 2011).	
Area for improvement 1 Ref: Standard 15.7 Stated: First time To be completed by: 05 January 2018	The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each resident's behalf, and of the expenditure of allowances kept by the home on the resident's behalf are maintained and kept up to date. Where the resident or their representative is unable to sign or chooses not to sign, two members of staff sign the record. Ref: 6.5
	Response by registered person detailing the actions taken: The finance documentation has been reviewed and new more detailed ones have been produced. These will be kept up to date and reviewed quarterly. (A copy of this is attached with the QIP return)
Area for improvement 2 Ref: Standard 15.12 Stated: First time To be completed by: 31 January 2018 and at least quarterly thereafter	The registered person shall ensure that a reconciliation of money/possessions held by the home on behalf of residents is carried out, and evidenced and recorded, at least quarterly. Ref: 6.5
	Response by registered person detailing the actions taken: This has been done and resident's monies held by the home will be kept in the safe in the management office and this will be reconcilled quarterly.

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



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