

Unannounced Finance Inspection Report 10 August 2018



The Croft Community

Type of Service: Residential Care Home
Address: 71 Bloomfield Road, Bangor, BT20 4UR
Tel No: 028 9145 9784
Inspector: Briega Ferris

www.rqia.org.uk

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 16 beds that provides care for residents with a learning disability.

3.0 Service details

Organisation/Registered Provider: The Croft Community Ltd Responsible Individual: Clive Evans	Registered Manager: Alan Hutchinson
Person in charge at the time of inspection: Roberta George (Senior Support worker on duty - "Support Worker Two")	Date manager registered: 14 October 2015
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16 The home is also approved to provide care on a day basis only to 15 persons

4.0 Inspection summary

An unannounced inspection took place on 10 August 2018 from 10.00 to 14.45 hours.

This inspection was underpinned by Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Home Minimum Standards (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 respect of:

- a safe place was available for the deposit of money or valuables; access was limited to authorised persons
- a sample of expenditure transactions recorded agreed to the supporting evidence (such as a treatment record or expense receipt)
- there were mechanisms to listen to and take account of the views of residents and their representatives in respect of any issue
- the statement of purpose contained a range of information for new residents and
- the home administrator was confident on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

Areas requiring improvement were identified in relation to:

- ensuring that transport services provided to residents meet each resident's individual needs and reflect current best practice;
- ensuring that each member of staff receives adult safeguarding training;
- ensuring that a reconciliation of money and valuables is carried out recorded and signed and dated (by two people) at least quarterly;

- ensuring that each resident's record of their furniture and personal possessions is kept up to date;
- ensuring that each resident is provided with a written agreement;
- ensuring the residents' agreements are kept up to date to reflect any changes, with the changes agreed in writing by the resident or their representative; and
- ensuring that staff members do not use their personal store loyalty cards to benefits from points earned on resident's expenditure.

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	3	4

Details of the Quality Improvement Plan (QIP) were discussed with Clive Evans, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

During the inspection, the arrangements for the provision of Croft Community transport services to residents were discussed with the Chief Executive, Clive Evans and the finance manager. These discussions established that the home was operating a transport scheme based on a fixed amount chargeable to each resident per week, irrespective of individual need or usage. Mr Evans confirmed that there were identical charging arrangements in place for the service users of The Croft Community domiciliary care agency, with is registered separately with RQIA.

RQIA was concerned that the operation of the transport scheme in this manner did not reflect extant guidance on the operation of transport schemes within regulated services and may have financially disadvantaged individuals residing in both the residential care home and in their own homes.

As a consequence, in accordance with RQIA's enforcement policy and procedures, a serious concerns meeting was held with Mr Evans was held on 22 August 2018 at RQIA offices. RQIA agreed to provide a two month period of time, ending 31 October 2018, to enable the Croft Community to take a number of actions including the introduction of a model for charging for transport based on actual usage, engagement with the SEHSCT, individual residents, service users and their representatives in respect of the new arrangements; and an analysis of previous charges made to each individual, past and present, to identify the extent to which individuals may have been under or over charged for transport over the years. Following the meeting, RQIA also contacted the SEHSCT to advise of the outcome of the meeting held with the registered person.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent finance inspection dated 31 July 2012

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 July 2012.

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 also reviewed and this did not identify any relevant issues. The care inspector who visited the home most recently was also contacted prior to the inspection, they confirmed there were no matters to be followed up from that inspection.

During the inspection, the inspector met with the senior support worker on duty who described her job title as "support worker two". The inspector subsequently met with the home administrator, finance manager and the responsible individual. A poster was displayed detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the home administrator, written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- The statement of purpose
- Three residents' individual written agreements with the home
- A sample of income and expenditure and reconciliation (check) records maintained on behalf of residents
- A sample of records in respect of hairdressing treatments facilitated in the home
- Three residents' records of furniture and personal possessions (in their rooms)
- A sample of written policies and procedures including:
 - "Whistleblowing" May 2016
 - "Service users pooled mobility scheme policy/agreement" November 2017
 - "Personal money and financial records residential policy and procedures" April 2016

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 July 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP is due to be returned to RQIA on 30 August 2018.

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 31 July 2012

As noted above, a finance inspection was carried out on 31 July 2012; the findings from which were not brought forward to the inspection on 10 August 2018.

6.3 Inspection findings

6.4 Is care safe?

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

The inspector met with the senior support worker and the home administrator who confirmed that adult safeguarding training was mandatory for all members of care staff; however discussion established that finance staff had not received this training. Ensuring that all members of staff receive this training was identified as an area for improvement.

The senior support worker confirmed that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any resident.

The home had a safe place available for the deposit of cash or valuables belonging to residents. On the day of inspection, cash belonging to residents was on deposit for safekeeping, no valuables were being held.

Areas of good practice

There were examples of good practice found in respect of a safe place available for the deposit of money or valuables; access was limited to authorised persons.

Areas for improvement

One area for improvement was identified in relation to ensuring that all staff members who have not received adult safeguarding training do so within three months.

	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.

Discussions with the finance manager established that a representative of the home was acting as appointee for all but one of the current residents (i.e.: managing a resident's social security benefits on their behalf). These discussions also established that the home was in direct receipt of the social security benefits for the said residents. Separate banking arrangements were in place to detail the amounts received on behalf of individual residents, the amounts owed by residents in respect of their contributions to their care and accommodation costs and the balance safeguarded on behalf of each resident respectively. A sample of resident files was reviewed and this established that documentation was on file detailing the name of the appointee in each case.

Income and expenditure records were in place and a sample of expenses recorded was traced to establish whether the appropriate supporting evidence was in place. For the sample of expenses reviewed, this evidence was available. However it was noted that two store loyalty cards had been used by a staff when making purchases on behalf of residents.

Ensuring that staff, by training or other measures, are reminded that they cannot benefit personally in this manner was identified as an area for improvement.

A review of a sample of income, expenditure and banking records which were being maintained identified that reconciliations (checks) signed and dated by two people had previously been recorded. However recent records reviewed identified that a double-signed reconciliation had not been recorded since approximately March/April 2018. A reconciliation of money, valuables held or any bank accounts managed on behalf of residents should be signed, dated and recorded by two people at least every quarter.

This was identified as an area for improvement.

Hairdressing and private chiropody treatments were being facilitated within the home and a sample of recent hairdressing treatment records was reviewed (no private chiropody treatments were recorded within the sample of expenditure reviewed.) Routinely, these records detailed the name of the resident and the cost and were signed by two members of staff. Best practice would be for the person providing the treatment to be one of the signatories on these records and this was communicated to the registered person during feedback from the inspection.

The inspector discussed with the home administrator how residents' property (within their rooms) was recorded and was informed that each resident had a record. A sample of three residents' records was chosen and their files provided. Each resident sampled had a record in place "valuables checklist"; however these evidenced weaknesses in the record keeping. Only two of the records were signed and dated and there was evidence on only one of the records that it has been updated over time.

The registered person must ensure that a record is kept of all property brought into the home by or on behalf of residents at the time of admission. The record should be updated to note items

acquired and disposed of after admission, which staff have been informed about. Ensuring that each resident's record is updated accordingly was identified as an area for improvement.

Discussion with the finance manager and responsible person confirmed that the home operated a transport scheme for residents (and for service users in the separately registered domiciliary care agency). Journey records were in place and evidence was available to demonstrate that a separate bank account was in place to manage funds associated with the administration of the scheme. The responsible person confirmed that users of the scheme owned the vehicles used to provide transport and that the scheme was accounted for completely separately from the Croft Community's own operations.

A policy and procedure for the administration of the transport scheme (dated November 2017) was provided to the inspector; this included an opt-in/opt-out clause. This document was not evidenced on the sample of files reviewed, on the files sampled, the agreements (appended to the policy and procedure) were dated 2013/14 and 2014/15, they had therefore not been subsequently updated.

Discussions with the finance manager and the responsible person established that the transport scheme was based on a fixed amount chargeable to each resident per week, irrespective of individual need or usage.

Discussions with the responsible person described how in November 2017 there had been an increase to the amount payable and he provided a copy of correspondence to residents' representatives outlining the proposed changes to the transport scheme. The responsible person confirmed that agreement had been obtained from residents' representatives following this correspondence. He also confirmed that there had been no engagement with the HSC trusts prior to implementing the changes to the transport scheme in 2017.

Discussion with the responsible individual established that the home had received a Business Services Organisation audit in May 2018, carried out on behalf of the South Eastern HSC trust (SEHSCT). This audit had raised the issue of the arrangements for charging residents for transport on the above basis as a concern and an area to be addressed by the home in conjunction with the SEHSCT. Following the inspection, RQIA contacted the SEHSCT in respect of the concerns arising from the finance inspection in relation to transport services provided by the Croft Community.

As noted in section 4.1 above, as a consequence of RQIA's concerns in relation to transport provision and in accordance with RQIA's enforcement policy and procedures, a serious concerns meeting was held with Mr Evans on 22 August 2018 at RQIA offices.

RQIA agreed to provide a two month period of time, ending 31 October 2018, to enable the Croft Community to take a number of actions including the introduction of a model for charging for transport based on actual usage, engagement with the SEHSCT, individual residents, service users and their representatives in respect of the new arrangements; and an analysis of previous charges made to each individual, past and present, to identify the extent to which individuals may have been under or over charged for transport over the years. Following the meeting, RQIA also contacted the SEHSCT again to advise of the outcome of the meeting held with the registered person.

Areas of good practice

There were examples of good practice found in relation to the availability of income, expenditure and banking records, a sample of transactions could be traced to support the transactions recorded on behalf of residents.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to: ensuring that transport services provided to residents meet each resident's individual need and reflect current best practice; ensuring that a reconciliation of money and valuables is carried out recorded and signed and dated (by two people) at least quarterly; ensuring that each resident's record of their furniture and personal possessions is kept up to date; and ensuring that staff members do not use their personal store loyalty cards to benefits from points earned on resident's expenditure.

	Regulations	Standards
Total number of areas for improvement	2	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 the senior support worker and this discussion established that the home was able to respond to the specific preferences of the individual residents discussed.

Discussions with the home administrator established that arrangements to pay fees and deposit any monies in the safe place in the home would be discussed with the resident or their representative at the time a resident was admitted to the home.

Discussion with the senior support worker established that the home had a number of methods in place to encourage feedback from families or their representatives in respect of any issue. This included relatives' meetings, and monthly "house meetings" with the residents.

Areas of good practice

There were examples of good practice identified in relation to listening to and taking account of the views of 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 statement of purpose contained information for a new resident including the organisational structure of the home; the aims and objectives and the philosophy of the home. Written policies were reviewed including those in respect of whistleblowing, residents' personal money and financial records and the use of the mobility scheme (transport).

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

Discussion was held with the home administrator and finance manager regarding the individual written agreements in place with residents and the home. A sample of three residents' individual written agreements was reviewed; this established that each resident had an agreement on their file; two agreements were dated 2004 and there was evidence on those files that changes to the agreements had been notified to the resident or their representative by way of an annual appendix detailing new charges applicable. However the most recent appendices on file were dated for the 2013/2014.

Ensuring that residents or their representatives are given written notice of any change to their agreement and agreeing those changes in writing with the resident or their representative was identified as an area for improvement.

For the resident for whom there was no signed agreement on file, there was therefore no evidence that the resident had been provided with a written agreement. Each resident should have a signed up to date agreement in place with the home or evidence should be available to demonstrate that the home shared the agreement for signature and followed up appropriately.

A written agreement setting out the terms and conditions of residency should be provided to each resident or their representative. Evidence should be available to demonstrate how this has been achieved. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to the information contained in the statement of purpose and the home administrator's knowledge in relation to responding to a complaint or escalating a concern under the home's whistleblowing procedures.

Areas for improvement

Two areas for improvement were identified as part of the inspection, these related to ensuring that there is evidence that each resident or their representative is provided with a written agreement and that agreements with residents or their representatives are kept up to date to reflect any changes.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clive Evans, registered person, at the close of the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 12 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>The registered person shall provide treatment, and any other services to residents in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each resident-</p> <p style="padding-left: 40px;">(a) meet his individual need; (b) reflect current best practice;</p> <p>This area for improvement relates specifically to the provision of transport services to residents.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: An action plan is being agreed with the Trust and target date for implementation is 31st October</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2018</p>	<p>The registered person shall ensure that each resident is provided with a statement specifying (a) the fees payable by or in respect of the resident for the provision to the resident of any of the following services – (i) residential accommodation with board; and (ii) personal care; and, except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Croft's Corporate Appointee sent letters to the residents' next-of-kin or representative providing information on how their accommodation and care was funded, i.e., benefits and/or Trust. The next-of-kin or representative was required to sign one copy and return which was then held in the resident's personal file. Looking forward, a schedule of tasks was created to ensure that a statement is sent out annually and to perform any other requirements, for example, 'area for improvement 7'.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2018</p>	<p>The registered person shall ensure that arrangements are in place by training persons employed or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>This relates to the use by staff of their personal store loyalty cards which earn points on purchases made on behalf of residents.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p>

	<p>Memo sent to all staff reiterating to them that during the purchase of goods or services, support workers should not use their own loyalty card to benefit from the purchase. The Senior spoke to staff member in question. Furthermore, during the recording and reconciliation of transactions as per 'Area for improvement 5' the finance assistant will check receipts to ensure that this infringement does not occur. If there is an occurrence, then the finance manager will be informed, and appropriate action taken.</p>
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards (2011)	
<p>Area for improvement 4</p> <p>Ref: Standard 16.3</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2018</p>	<p>The registered person shall ensure that that all staff members who have not received adult safeguarding training do so within three months.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All administration/finance staff and IT student placement undertook an online course on adult safeguarding in mid-August and in early September</p>
<p>Area for improvement 5</p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018 and at least quarterly thereafter</p>	<p>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.</p> <p>Best practice is for two people to sign and date each reconciliation.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The reconciliation of money/possessions will be performed over three areas. Firstly, primary bank accounts that are reconciled monthly will be signed off by the finance assistant and finance manager. Ancillary bank accounts will be reconciled quarterly and signed off. Secondly, resident cashflow sheets will be returned to finance for reconciliation and periodic audits of physical cash will still be undertaken. The recording of cash in and out will continue to be dually signed by a Senior and/or SW2. However, for hairdressing and other private treatments the hairdresser or other service shall sign a petty cash voucher to validate the service performed. Lastly, the resident's valuable list will be checked and updated to add or remove items. To ensure compliance finance staff will check this during a physical cash audit.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 21 September 2018</p>	<p>The registered person shall ensure that a record is kept of all property brought into the home by or on behalf of residents at the time of admission. The record is updated to note items acquired and disposed of after admission, which staff have been informed about.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: A valuables checklist is on file for each tenant/resident exists and is updated. These will be updated when other items are acquired or disposed off.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4.6</p>	<p>The registered person shall ensure that the resident or their representative 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</p>

<p>Stated: First time</p> <p>To be completed by: 21 September 2018</p>	<p>not to sign, this is recorded.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: As per 'Area for improvement 2' the next-of-kin or representative was contacted regarding changes in finances and a signed copy was returned to Croft. As previously mentioned a schedule of tasks was created to ensure relevant documentation is signed off by a next-of-kin or their representative either at the annual care review or by written communication sent.</p>

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



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