

Announced Finance Inspection Report 8 February 2018



Stewart Lodge

Type of Service: Residential

Address: 1 Ballyharry Heights, Newtownards, BT23 7GE

Tel No: 028 9182 1263

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 8 beds registered to provide care for residents living with a range of care needs as detailed in section 3.0.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Stewart Lodge Responsible Individual(s): Janet Stewart | Registered Manager: Janet Stewart |
| Person in charge at the time of inspection: Janet Stewart | Date manager registered: 01/04/2005 |
| Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia | Number of registered places: 8 (maximum of 2 residents in RC-DE category of care). |

4.0 Inspection summary

An unannounced inspection took place on 8 February 2018 from 10.45 to 12.30 hours.

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, staff receiving training in adult safeguarding, informing residents or their representatives of increases in the weekly fee, offering support to residents for managing their finances and retaining records of the fees received on behalf of residents.

Areas requiring improvement were identified in relation to: updating residents' records with items brought into the home by, or on behalf of, residents following admission and updating residents' agreements to show the current fee including the amount of the third party contribution.

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 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Janet Stewart, registered 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 medicines management inspection dated 17 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 January 2018. Enforcement action did not result from the findings of this inspection.

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 medicines management inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified.

During the inspection the inspector met with the registered manager.

The following records were examined during the inspection:

- Three residents' finance files
- Two residents' written agreements
- The residents' guide
- A sample of records of fees received for one resident
- Inventory records 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 17 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was not due for return at the time of issuing this report. This QIP will be validated by the pharmacy 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 patients and clients from the care, treatment and support that is intended to help them.

Discussion with the registered manager confirmed that it was policy at the home for residents to manage their own finances. No monies or valuables were held on behalf of residents at the time of the inspection.

A place was provided at the home if residents required monies or valuables to be held for safekeeping. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access.

Discussion with the registered manager confirmed that all staff had received training in relation to the safeguarding of vulnerable adults. The registered manager was able to demonstrate knowledge of their specific role and responsibilities for 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 and staff receiving training in adult safeguarding.

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 and discussion with the registered manager confirmed that no member of staff acted as an appointee for any resident, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual.

Discussion with the registered manager also confirmed that no member of staff 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 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.

Discussion with staff confirmed that no bank accounts belonging to residents were managed at the home. Review of records and discussion with staff also confirmed that a residents' comfort fund was not in place at the time of the inspection.

Discussion with the registered manager and review of records confirmed that an inventory of residents' property was maintained when residents were admitted to the home. The registered manager was unsure if the records were up to date with items brought into the home by or on behalf of residents for which staff had been informed about e.g. televisions or items of furniture located within residents' bedrooms. This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found in relation to informing residents or their representatives of increases in the weekly fee.

Areas for improvement

One area for improvement was identified during the inspection. This related to updating residents' records with items brought into the home by, or on behalf of, residents following admission.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 1 |

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 the registered manager confirmed that alternative arrangements were in place to support residents wishing to undertake journeys.

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

Areas of good practice

There were examples of good practice found in relation to offering support to residents for managing their 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.

Review of records confirmed that copies of payment remittances from Health and Social Care Trusts showing the weekly fee for each care managed resident were retained at the home. The remittances also showed the amount of fees paid by the Trusts on behalf of residents and the amount paid by care managed residents directly to the home (if relevant). Records were also available showing the amount received from private residents for their fee.

A weekly third party contribution was paid on behalf of care managed residents. Discussion with the registered manager confirmed that the additional amount was not for any additional services provided to residents but the difference between the tariff for Stewart Lodge and the regional rate paid by the Health and Social Care Trusts.

Discussion with staff and review of records showed that private residents paid for their contribution towards their fee by direct debit. Records of payments made by one resident confirmed that the amount received agreed to the contribution owed by the resident. Discussion with the registered manager confirmed that residents were not paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts, including the third party contribution.

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

The guide included a written agreement which was issued to residents on admission to the home. Review of three residents' files evidenced that written agreements were in place for two of the residents. The two agreements reviewed were not in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards (2011) as they did not show the current weekly fee paid by, or on behalf of, residents. One agreement did not show the amount of the

additional third party contribution paid on behalf of the resident. This was identified as an area for improvement.

Discussion with the registered manager confirmed that it was policy at the home for the hairdresser to be paid directly by residents or their representatives. Discussions also confirmed that no purchases were undertaken on behalf of residents by members of staff. The registered manager confirmed that residents or their representatives purchased essential items when required e.g. toiletries.

Areas of good practice

There were examples of good practice in relation to retaining records of the fees received on behalf of residents.

Areas for improvement

One area for improvement was identified during the inspection. This related to updating residents' agreements to show the current fee including the amount of the third party contribution.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 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 Janet Stewart, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

| Quality Improvement Plan | |
|--|---|
| Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011. | |
| <p>Area for improvement 1</p> <p>Ref: Standard 8.7</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p> | <p>The registered person shall ensure that the inventory of residents' possessions is reviewed and brought up to date. Any additional items brought into the home or items that have been disposed of e.g. televisions or items of furniture (for which staff have been informed of) should be recorded. The records should be signed and dated by two members of staff.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken: The system in place will be updated.</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2018</p> | <p>The registered person shall ensure that signed agreements are in place for all residents. The agreements should show the breakdown of the fee paid by, or on behalf of, residents.</p> <p>The agreements should also show the amount of the third party contribution paid on behalf of residents.</p> <p>Copies of the signed agreements should be retained within the residents' files.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken: <i>The current system in place will be updated.</i></p> |

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



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