

# Unannounced Finance Inspection Report

## 06 November 2018



## Kingsland Care Centre

Type of Service: Nursing Home  
Address: 252 Seacliff Road, Bangor, BT20 5HT  
Tel No: 028 9127 3867  
Inspector: Briega Ferris

[www.rqia.org.uk](http://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 nursing home with 43 beds that provides care for older patients or those with a physical disability other than sensory impairment or those patients who are terminally ill.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual(s):</b> Christopher Walsh	<b>Registered Manager:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Ruth McKeown	<b>Date manager registered:</b> Ruth McKeown - application received - "registration pending"
<b>Categories of care:</b> NH-I, NH-PH, NH-PH(E), NH-TI	<b>Number of registered places:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 06 November 2018 from 10.50 to 14.00 hours.

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

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 availability of a safe place to enable patients to deposit money or valuables for safekeeping
- the existence of a separate patient bank account and comfort fund bank account
- records of income, expenditure and reconciliation (checks performed) were available including supporting documents
- arrangements were in place to support patients to manage their monies
- mechanisms were available to obtain feedback from patients and their representatives
- 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, and
- there were mechanisms in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to:

- ensuring that each patient has a written record made of the furniture and personal possessions which they brought to their room
- ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly
- ensuring that treatment records are signed by the person providing the treatment and countersigned by a member of staff in the home to verify that the treatment as detailed has been delivered

- ensuring that a robust process is in place for notifying family members in a timely manner that their relative's cash balance is running low or has dropped below a defined level
- ensuring that there is evidence that each patient has been provided with a written individual agreement
- ensuring that any changes to patients' agreements have been made, with the updated agreement shared by the home with the patient or their representative for signing/agreement
- ensuring that personal monies authorisation forms are in place for all relevant patients
- ensuring that written policies and procedures to guide financial practices in the home are subject to review at least every three years and
- ensuring that a policy addressing how the home manages and safeguards patients' monies is introduced.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	7

Details of the Quality Improvement Plan (QIP) were provided to the manager of the home at the conclusion of the inspection. 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 one of these incidents related to a patient's money or valuables. This incident was discussed with the manager and discussion established that the home had taken the appropriate steps in the wake of the incident. 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 the manager and the home administrator. A poster was provided for display in a prominent position in the home detailing that the inspection was taking place, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the manager 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:

- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of bank statements in respect of the patients' pooled bank account

- A sample of comfort fund records
- A sample of written financial policies and procedures
- A sample of patients' personal property records (in their rooms)
- A sample of patients' individual written agreements and
- A sample of treatment records for services facilitated within the home for which there is an additional charge to patients

The findings of the inspection were shared with the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 07 September 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP from the inspection was returned and approved by the care inspector. The 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 29 April 2014**

A finance inspection of the home was carried out on 29 April 2014; the findings from which were not brought forward to the inspection on 06 November 2018.

## **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.**

The manager confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator had participated in adult safeguarding training in April 2018.

Discussions with the manager 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 patient.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash was being held for patients, no valuables were being held.

## Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable patients to deposit money or valuables for safekeeping and the home administrator participating in adult safeguarding training.

## Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

Discussion with the manager and home administrator established that no person associated with the home was acting as appointee for any patient. Discussions with the home administrator established that the home was not in direct receipt of the personal monies for any patient. For the majority of patients, monies for their personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by family members.

Records of income and expenditure were available for patients, including supporting documents e.g.: a lodgement receipt or an expenditure receipt. A sample of transactions was chosen to ascertain whether the supporting documents were available within the records, and for the sample chosen, these were found to be in place. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

As noted above, records of income and expenditure were available detailing that reconciliations, signed by two members of staff were available in the home, the most recent record of reconciliation available in the home was in respect of the October 2018 month-end.

A patients' pooled bank account was in place to administer patients' monies. The account was named appropriately and records were available to evidence that the account was reconciled and signed and dated by two people on a monthly basis. This had most recently been reconciled in respect of the October 2018 month-end.

A review of the cash balances for all patients for whom the home held money established that a significant number of patients had negative balances. At the September 2018 month-end, 15 of 23 patients had a negative balance. This was discussed with the manager and it was noted this was a significant proportion of patients. The inspector highlighted that the home should have a robust process in place for notifying family members in a timely manner that their relative's cash balance is running low or has dropped below a defined level. This was identified as an area for improvement.

Hairdressing, chiropody and complimentary therapy treatments were being facilitated within the home and a sample of these treatment records was reviewed. The sampled hairdressing records evidenced inconsistency in the record keeping. While all of the records reviewed were signed by the hairdresser, only approximately 30% of the records sampled had also been

signed by a representative of the home (as is required). The sample of complimentary therapist's treatment records had been signed by the person providing the treatment; however none of these had been signed by a representative of the home. No chiropody treatment records were maintained, invoices were sent to the home subsequent to the chiropodist's visit detailing who had been treated. However the inspector highlighted that treatment records should be maintained in the manner as set out within standard 14.13 of the Care Standards for Nursing Homes (2015). Ensuring that all treatment records are maintained in this manner was identified as an area for improvement.

The inspector discussed with the home administrator how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The manager provided the care files for three patients noting that the records should be contained within them. A review of the files identified that two patients had a record on their files; one had been made on plain paper and was dated May 2017 but had not been signed. The second patient's record had been signed by two people but had not been dated. There was no evidence presented that either record had been updated over time.

The inspector highlighted that these records should be updated/reconciled on a quarterly basis by a member of staff and countersigned by a senior member of staff as per standard 14.26 of the Care Standards for Nursing homes, 2015. Ensuring that these records are updated for all patients was identified as an area for improvement.

The third patient's records which were sampled established that the patient had a template of the "Larchwood property list" document on their file, however the document was blank. Therefore there was no record of the patient's furniture or personal possessions in place and this was also identified as an area for improvement.

The home administrator confirmed that the home operated a comfort fund and a policy and procedure was in place to administer the fund. A separate bank account, which was appropriately named, was also in place.

The cash and banking records in respect of the fund had been reconciled and signed and dated by two people most recently for the October 2018 month-end.

The home administrator confirmed that the home did not operate a transport scheme.

### **Areas of good practice**

There were examples of good practice found in relation to the existence of a separate patient bank account and comfort fund bank account; and records of income, expenditure and reconciliation (checks) were available including supporting documents.

### **Areas for improvement**

Four areas for improvement were identified during the inspection in relation to ensuring that a record is made of each patients' furniture and personal possessions, ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly; ensuring that treatment records are in place and detail the information set out within standard 14.13 of the Care Standards for Nursing Homes (2015) and ensuring that a robust process is in place for notifying family members in a timely manner that their relative's cash balance is running low or has dropped below a defined level.

	Regulations	Standards
Total number of areas for improvement	1	3

### 6.6 Is care compassionate?

**Patients 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 patients were discussed with the manager and the home administrator. They described a range of examples of how the home supported patients with their money. Discussion established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient's admission to the home.

Discussion with the manager established that the home had a range of methods in place to encourage feedback from patients or their representatives in respect of any issue. She noted that day to day ongoing verbal feedback was the key mechanism for engaging with patients and families.

Arrangements for patients to access money outside of normal office hours were discussed with the manager. This established that there were arrangements in place to ensure that the individual needs and wishes of patients could be met in this regard.

#### Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual patients discussed during the inspection and mechanisms to obtain feedback and views from patients 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 patients in order to deliver safe, effective and compassionate care.**

The inspector requested to see the home's policies and a number of files were provided for review by the home administrator. A number of written policies and procedures were in place to guide financial practices in the home, including the administration of the patients' comfort fund, confidentiality, handling residents' personal property and the patient's agreement. However, several of the policies were outside of the three year time period for reviewing policies and procedures. Ensuring that the relevant policies are reviewed and updated accordingly was identified as an area for improvement.



A review of the policies files established that there was no policy addressing the management of patients' monies. An area for improvement was identified to ensure that a written policy is introduced which addresses how the home manages and safeguards patients' monies.

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

Individual patient agreements were discussed with the home administrator and a sample of three patients' finance files were requested for review. This review established that one patient had a signed written agreement on their file which was dated March 2015. There was no evidence that the patient's agreement had been updated subsequently, as is required. It was noted that there should be evidence that each patient or their representative has been advised of any changes to their original written agreement, with the change agreed in writing with the patient or their representative.

Ensuring that each patient's agreement is updated and shared for signature with the patient or their representative was identified as an area for improvement.

The remaining two patient's records were reviewed and this established that neither of the patients had a signed written agreement on their files. Both patients had an agreement on their files, one of which reflected the current fees, the second which detailed 2016/2017 fee rates, neither agreement had been signed by a representative of the home. The agreements had the word "sent" written on the front cover, however there were no other details as to whom the agreements were sent, when they were sent, or whether there had been any follow up to having the signed documents returned. The inspector discussed this with the manager during feedback and noted that there should be robust evidence available to detail how and when the home have provided a written agreement and what steps have been taken to obtain signatures from patients or their representatives on an ongoing basis.

A review of the information on file for three patients, whose files were sampled, identified that a document entitled "personal monies contract" was in place for one of the three patients; this had been signed by the patient's representative in March 2015. It was noted that the document template had subsequently been updated and that the 2015 version did not include complimentary therapies on the list of potential expenses which the home had authority to spend the patient's money on. This was highlighted to the manager in feedback from the inspection.

The other two patients whose records had been sampled failed to evidence that a signed personal monies contract was in place. The home should have written authority to spend a patient's money on identified goods and services. Ensuring that personal monies authorisations are in place for all relevant patients (or updated as required) was identified as an area for improvement.

The inspector discussed with the manager the arrangements in place in the home to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The manager noted that all staff participated in equality and diversity e-learning.

## Areas of good practice

There were examples of good practice found: 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, and there were arrangements in place to ensure patients experienced equality of opportunity.

## Areas for improvement

Five areas for improvement were identified as part of the inspection in relation to: ensuring that there is evidence that each patient or their representative has been provided with a written agreement, ensuring that each patient's agreement is updated with the update shared for signature by the patient or their representative; ensuring that personal expenditure authorisation forms are in place for all relevant patients; ensuring that a policy addressing the management of patients' monies is introduced and updating other relevant financial policies.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager of the home, at the conclusion 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 DHSSPS 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 DHSSPS Nursing Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 4 (10)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 December 2018</p>	<p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient brings bring into their room.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Home manager has requested that each named nurse completes a list for their residents belongings. And if the resident declines this that there is a note put into the records, signed and dated by resident/staff member. All new coming residents will have this completed on admission</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 5 (1) (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 December 2018</p>	<p>The registered person shall ensure that each patient is provided with an individualised written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> home manager has spoken with administor and highlighted the importance of this, each new resident will be given a copy for themselves to keep and one will be signed and returned to the home.</p>

### Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 07 November 2018</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> HM now has in place a form which the staff have been signing to clarify that the resident received a treatment, all potential residents are to be checked with administration first to ensure that the funds are there to cover any treatments before hand, residents/relatives have been provided with a copy of charges in the agreement. if any new services become available within the home the HM/administrator is</p>

	<p>aware that relatives/residents will have to be informed of any additional costs this may occur to them.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 December 2018</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> Hm has assigned nurse in charge and named carers to each resident and asked for belonging lists to be compiled. if the resident refuses to have this completed, HM has asked that Staff record this in the Residents personal notes and sign and date this,</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 November 2018</p>	<p>The registered person shall ensure that a robust process is in place to notify family members in a timely manner that their relative's cash balance is running low or has dropped below a defined level.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> all negative balances have been rectified and relatives/residents are being informed when balances are running low. Any letters being sent out are being copied and dated for our record keeping</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 December 2018</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> HM and administrator will ensure that all changes are documented and that residents/relatives are fully informed.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 14.6, 14.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does</p>

<p><b>To be completed by:</b> 06 December 2018</p>	<p>not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> all residents have completed an agreement for PA monies. any new residents being admitted will have this explained and an agreement established.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 36.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 December 2018</p>	<p>The registered person shall ensure that the policies and procedures for all operational areas of the home are in accordance with statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures.</p> <p>This area for improvement relates to ensuring a policy and procedure addressing the management of patients' monies and valuables is introduced.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> policies have been updated and are filed in the office where they can be easily accessed.</p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 36.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 06 December 2018</p>	<p>The registered person shall ensure that policies and procedures are subject to a systematic three yearly review at a minimum (and more frequently if required), and the Registered Person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Policies have been completed and up to date policies are now in files for easy access</p>

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



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