

Unannounced Finance Inspection Report 20 October 2016



Melmount Manor Care Centre

Type of service: Nursing Home
Address: 1 Orchard Road, Strabane BT82 9QR
Tel no: 02871383990
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Melmount Manor Care Centre took place on 20 October 2016 from 09:55 to 15:15 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Evidence was reviewed which confirmed that the home administrator had completed training in the protection of vulnerable adults and continued training opportunities were available. Controls in place to protect service users' money and valuables were described by the administrator and a review of sample of records evidenced controls operating effectively; no areas for improvement were identified.

Is care effective?

Clear records of income and expenditure were maintained by the home and there was evidence that they were reconciled on a monthly basis by two members of staff. Records of property in a sample of service users' rooms was also reviewed which evidenced that regular audits of property were taking place. Official records were in place which evidenced that the organisation was acting as nominated appointee for four service users. Clear records were also in place to detail the amount and timing of receipt of monies on behalf of an identified number of service users and the balance of monies held for personal expenditure on behalf of service users. No areas for improvement were identified.

Is care compassionate?

There was evidence in a sample of files reviewed, that service users were involved to make decisions affecting their care, including arrangements to support them with their money. The administrator spoke in a caring and compassionate manner about how the service users in the home were supported with their money and valuables. One service user related their contentment with the current arrangement in place in the home to safeguard their money. No areas for improvement were identified.

Is the service well led?

A review of a sample of records evidenced that robust governance and oversight arrangements were in place in the home. Advice was provided to the registered manager regarding the level of detail to include in the individual written agreements for four identified service users.

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

For the purposes of this report, the term 'service users' will be used to describe those living in Melmount Manor Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Annie Frobisher, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent finance inspection

A finance inspection of the home was carried out in March 2006 on behalf of RQIA; the findings were not brought forward as part of the inspection on 20 October 2016.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/Christopher Walsh	Registered manager: Annie Frobisher
Person in charge of the home at the time of inspection: Annie Frobisher	Date manager registered: 24 November 2015
Categories of care: NH-DE, NH-I, RC-DE, NH-PH	Number of registered places: 81

3.0 Methods/processes

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 services users' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues. Contact was also made with the inspector who had most recently visited the home.

On the day, the inspector met with the registered manager and the home administrator. A poster detailing that the inspection was taking place was positioned at the entrance to the home; however, no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- Financial Policy – “Residents rights – handling their monies and valuables” dated 2014
- Financial Policy - “Comfort fund administration” dated 2014
- Financial Policy - “Planning & providing transport for residents” dated 2015
- Melmount Manor Statement of Purpose
- Melmount Manor Service User Guide
- A sample of income, expenditure and reconciliation records
- A sample of records for hairdressing services facilitated in the home
- The most recent Western HSC Trust payment remittance
- Six service users’ individual agreements
- Six service users’ personal monies authorisations
- Appointee details for four service users
- A sample of invoices to service users/their representatives for care and accommodation charges
- Five records of service users’ property in their rooms

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29 June 2016

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.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, a finance inspection of the home was carried out in March 2006 on behalf of RQIA; the findings were not brought forward as part of the inspection on 20 October 2016.

4.3 Is care safe?

Evidence was provided which confirmed that the home administrator had received training on the Protection of Vulnerable Adults (POVA). The home administrator had worked in the home for approximately twelve years. She was very familiar with the home’s controls to safeguard service users’ money and valuables, and spoke confidently about the measures in place in the home. She noted that she felt she had no current unmet training needs; however noted that it was always possible to access training if she felt this would be helpful.

The registered manager 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 service user. She also confirmed that there were no restrictive practices in place for any service user.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was lodged with the home for safekeeping, a small number of items were being held. The home's "safekeeping book", was in place which evidenced that the valuable items held had been reconciled to the safe place on a monthly basis; the record was signed and dated by two people.

A number of policies and procedures were in place to guide practice in the area of safeguarding service users' money and valuables and these were easily assessable on the day.

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Records examined evidenced that the home administrator maintained records meticulously. It was evident that a significant effort was necessary to ensure that records were maintained in this way, particularly so given the number of service users in the home, and the inspector commended the home administrator during feedback from the inspection.

Discussion with the registered manager and the home administrator confirmed that the organisation was acting as corporate appointee for four service users. It was noted that these arrangements were in place for some years. The registered manager confirmed that it was now the home's policy not to take on Appointeeship for any service user. The home administrator was able to produce formal documents which evidenced the name of the appointee for each of the four respective service users.

The home was in receipt of the benefits for the four service users for whom the organisation was corporate appointee, as well as four additional service users for whom the organisation was not corporate appointee. In the latter cases, a decision had been made by the service user or their representative to have the benefits mandated to the home (service users' pooled bank account) to enable the service users' contribution to their care to be paid to the home. Each service user's respective payment to the home was withdrawn from the account with the remaining balances held in the service users' account for safekeeping on behalf of each service user, to be used for personal expenditure.

The home administrator was able to provide robust evidence to confirm the amount and timing of transfers of these monies to the service users' respective personal monies balances maintained by the home.

The home was also in receipt of money from family representatives which is left with the home in order to pay for additional services (which attract an additional fee), such as hairdressing, chiropody or personal toiletries etc. Duplicate receipts were available which evidenced that those depositing money were provided with a receipt; receipts were consistently signed by at least two people.

The inspector reviewed a sample of the records for income and expenditure maintained on behalf of service users (such as that in respect of hairdressing, newspapers etc). Clear records were maintained detailing income and expenditure, together with other records to substantiate

each transaction, such as a copy lodgement receipt or a receipt from expenditure incurred on behalf of a service user on goods or hairdressing services. The inspector traced a sample of transactions and was able to evidence all of the relevant documents in respect of these transactions.

There was evidence that records of personal monies held on behalf of service users were being reconciled weekly by the home administrator. It was noted that written reconciliations (signed and dated by two people i.e. the home administrator and the registered manager) were being carried out on monthly basis.

As noted above, hairdressing treatments were being facilitated within the home. Records were in place to identify the service users treated on any given day and the cost of the respective treatments. A review of a sample of these records evidenced that records reflected all of the relevant information including the names of the service users treated and the respective costs; records were consistently signed by the person providing the treatment and a representative of the home to verify that the treatments had been provided.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for five service users. Each service user sampled had a record and entries had been signed and dated by two people in each case. There was evidence that records were checked on a quarterly basis.

The home had a service users' comfort fund, a written policy and procedure existed to guide the administration of the fund and a separate bank account was in place which was appropriately named. Discussion was held regarding examples of the ways in which the comfort fund monies were used to benefits service users in the home. Records had been reconciled and signed and dated by two people on a monthly basis.

Discussion established that the home did not operate a transport scheme.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

A sample of fees raised by the home was reviewed and these evidenced that the correct amounts were being charged by the home.

Day to day to day arrangements in place to support service users was discussed with the administrator who was able to describe specific examples of how the home supported a range of service users with their money. Discussion also established how arrangements to safeguard a service user's money were discussed with the service user or their representative at the time of admission to the home.

A review of a sample of five files evidenced that each service user sampled had a signed personal monies authorisations in place with the home, granting the home authority to spend personal monies lodged with the home on specific goods or services for that service user.

There was evidence of engagement with other stakeholders involved in supporting a sample of service users which ensured that respective service users' arrangements were appropriate and that in specific cases discussed, service users' money was appropriately safeguarded for their personal benefit.

The inspector spoke with one service user for whom there was a specific financial arrangement in place with the home. The service user was very clear that the money which they withdrew from the office belonged to them and they were happy with the current arrangement and did not indicate that they wished it to be changed in any way. The service user was also clear on how to seek any changes to the arrangement if they wished to do so in future.

Arrangements for service users to access money outside of normal office hours were discussed with the registered manager; arrangements were in place to ensure this could be facilitated, if required.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Oversight and governance arrangements for safeguarding service users' money were found to be in place and operating effectively. Regular audits of money were recorded and signed and dated by two people; as noted above, a trace of a random sample of transactions evidenced that records were available to substantiate the entries in each service user's personal income and expenditure records.

As referred to above, the home had a range of detailed policies and procedures in place to guide practice on safeguarding service users' money and valuables. Discussion with the home administrator clearly identified that she was confident in regards to handling any complaint and how to initiate the home's whistleblowing procedures.

There was a clear organisational structure within the home; discussion established that those involved in supporting service users with their money on a daily basis were familiar with their roles and responsibilities in relation to safeguarding service users' money and valuables.

A list of the current service users in the home was provided by the administrator, and a sample of six finance files were selected for review.

All six service users had a written agreement on their file, which was signed and dated by the service user or their representative, as appropriate. There was evidence that service users or their representatives had, over time, been provided with notification regarding changes in the fees or financial arrangements. The home administrator provided evidenced that HSC trust payment remittances were checked every month and any change to the rate or payment by any payee gave rise to a "fees amendment" document being completed and sent for signature to the service user or their representative. The inspector noted that on the files reviewed, there was consistent evidence of "fees amendment" documents being provided to service users or their representatives. It was noted that for the service users for whom the organisation is acting as

nominated appointee, there was some inconsistency in the detail provided in the “fees amendment” document in respect of how the service users’ contributions to their care were paid. The inspector noted that a representative of the registered person is acting as nominated appointee for a service user, the name of the appointee and the records to be kept should be detailed in the service user’s agreement. The inspector noted that this detail should be reviewed in the four relevant files to ensure that the appropriate details are clearly recorded. Advice was provided to the registered manager in this regard.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews