

Announced Finance Inspection Report 27 June 2017



Mantlin Court

Type of Service: Residential
Address: Mantlin Road, Kesh, BT93 1TU
Tel No: 028 6863 3149
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 18 beds that provides care for residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual(s): Mrs Elaine Way CBE	Registered Manager: Mrs Gillian Ingram
Person in charge at the time of inspection: Mrs Gillian Ingram	Date manager registered: 01/04/2005
Categories of care: Residential care (RC) LD LD(E)	Number of registered places: 18

4.0 Inspection summary

An announced inspection took place on 27 June 2017 from 11:00 to 16:00. Less than one hours' notice was given prior to the inspection.

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 trained in adult safeguarding, retaining a record of residents' appointee, recording daily reconciliations of residents' monies, updating residents' records of personal possessions, informing residents or their representatives of increases in the weekly fee, the financial policies and procedures operated at the home, providing residents with statements of their financial arrangements, retention of records for transport charges, written agreements in place for residents, recording of purchases undertaken on behalf of residents, maintaining a list of signatures of staff authorised to undertake transactions on behalf of residents and maintaining a copy of the procedure for the management of residents' finances.

Areas requiring improvement were identified in relation to: confirming if the Western Health and Social Care Trust (WHSCCT) acts as an appointee for one resident identified during the inspection, retaining a record of the authorisation for members of staff to manage residents' bank accounts, updating residents' files with signed statements of their financial arrangements, two signatures to be recorded in the mobility book, maintain a record of how mileage rate was ascertained, review the charging arrangements for transport, updating the resident's guide, updating residents' written agreements and review the system of recording transactions on behalf of residents.

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	1	8

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Gillian Ingram, 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 care inspection dated 11 April 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 April 2017.

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 care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the registered manager.

The following records were examined during the inspection:

- Three residents' finance files
- Three residents' individual written agreements
- Two residents' statements of "Management of residents personal and other allowances including mobility component "
- The residents' guide
- Records of safe contents
- The Western Health and Social Care Trust – cash handling procedures
- Mantlin Court & Creamery House Terms and Conditions of Mobility Allowance
- A sample of residents' bank statements
- A sample of records from purchases undertaken on behalf of residents
- A sample of transport charges to residents
- Financial policies and procedures
- Signatory list of staff authorised to manage residents finances
- Two records of residents' personal property.

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 11 April 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection

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.

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. A sample of monies held on behalf of two residents were counted, the amount retained agreed to the balance recorded at the home.

No valuables were held on behalf of residents at the time of the inspection. A safe contents book was in place and up to date at the time of the inspection.

Discussion with the registered manager confirmed that all staff involved in managing residents' finances 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 in relation to 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 involved in managing residents' finances receiving adult safeguarding training.

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.

Discussion with the registered manager and review of records confirmed that the WHSCT was the corporate appointee for a number of residents at the home, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual. A review of three residents' files showed that details of the person at the home authorised to manage the benefits was retained within two of the files. Staff could not confirm if the WHSCT was the appointee for the remaining resident. This was identified as an area for improvement.

Discussion with the registered manager confirmed that no member of staff at the home or at the WHSCT 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.

Good practice was observed as monies held on behalf of residents were reconciled to the records of monies held on a daily basis. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Discussion with the registered manager confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Review of records for two residents showed that the records were updated with items acquired and disposed of after admission for which staff had been made aware of.

Records 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 the WHSCT managed Patient Private Property (PPP) accounts on behalf of a number of residents. Records also confirmed that bank accounts were managed on behalf of a number of residents. Review of statements from two residents' bank accounts showed that the accounts were in the name of the residents. A sample of withdrawals identified within the statements were reviewed, records confirmed that the amounts deposited at the home on behalf of the residents agreed to the amounts withdrawn from the bank accounts. It was noticed that no records of authorisation for staff to manage the bank accounts were retained within the residents' files. This was identified as an area for improvement.

Comprehensive policies and procedures for the management and control of residents' finances were in place at the time of the inspection. A review of the policies confirmed that the practices undertaken by staff on behalf of residents were reflected within the policies.

Areas of good practice

There were examples of good practice found in relation to: retaining records of the residents' appointee, recording daily reconciliations of residents' monies, updating residents' records of personal possessions, informing residents or their representatives of increases in the weekly fee and the financial policies and procedures operated at the home.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to confirming if the WHSCT acts as an appointee for the resident identified during the inspection and retaining a record of the authorisation for members of staff to manage residents' bank accounts.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Review of records confirmed that residents were provided with statements detailing their financial arrangements whilst staying at the home. The statements included the name of the person at the Trust acting as appointee, the type of social security benefits received on behalf of the resident and the amount from these benefits the resident paid towards their weekly fee. A review of three residents' files showed that statements were in place for two of the residents. One of the statements in place was not signed by the resident or their representative. This was identified as an area for improvement.

Review of records and discussion with staff confirmed that the WHSCT transferred residents' personal allowance monies into the residents' bank accounts every four weeks. As in line with good practice this financial arrangement was included in the residents' written agreements. A sample of records were reviewed which confirmed that the monies transferred from the WHSCT agreed to the amounts of personal allowance monies owed to the residents.

Discussion with staff confirmed that a transport scheme was operated at the home. A review of records confirmed that a book entitled "Mobility Book" was used to record the residents' journeys. A sample of journeys recorded in the book was examined. Records showed the date of the journey, the names of the residents undertaking the journey and the destination. The miles incurred for the journeys were not recorded within the book. It was noticed that no signatures were recorded in the mobility book to confirm that the journeys took place. This was identified as an area for improvement.

Review of records confirmed that the details recorded within the mobility book were subsequently used to charge residents for their journeys. A sample of the records used to charge residents was reviewed. The miles incurred for the journeys were recorded along with the rate per mile. Records showed that the miles from journeys involving more than one

resident were divided equally amongst the residents. Records also showed that the amounts owed by the residents were withdrawn from their bank accounts and paid into the WHSCT's bank account.

A sample of the amounts withdrawn from residents' bank accounts were examined, the amounts withdrawn and paid into the WHSCT's bank account agreed to the records used to charge the residents. Residents were not charged for using the minibus for medical or dental appointments or for being transported to day care. The inspector commented on the good practice for retaining the records in relation to the transport charges.

It was noticed that a record of how the mileage rate charged to residents was ascertained was not retained in the home at the time of the inspection. This was identified as an area for improvement.

A review of three residents' files confirmed that the above charging arrangements were included within the residents' written agreements. The files also contained a copy of the terms and conditions for charging residents who were in receipt of the mobility component of Disability Living allowance (DLA). On reviewing these terms and conditions it was noticed that a provision was included which stated that residents who were not in receipt of the mobility component of DLA would not be charged for their journeys and the costs would be paid by the WHSCT. The terms and conditions also stated that *"Residents are not disadvantaged financially when sharing journeys with residents who do not receive their mobility allowance, the Trust meets these travel costs."*

A further statement within the terms and conditions stated that if the cost of the journey was in excess of the mobility allowance received then the excess amount was taken from residents' personal allowance monies. However the terms and conditions also stated that residents do not exceed their mobility allowance for journeys over a 12 month period.

It was noted that the residents charged for using the minibus were residents for which the WHSCT received the mobility allowance on their behalf. It could not be ascertained during the inspection if the representatives of other residents were receiving the mobility allowance on behalf of the residents.

The inspector raised concerns with the registered manager in relation to the inequitable charging of residents for using the minibus. Specifically those residents or whom the Trust were in receipt of their mobility allowance. Although the terms and conditions stated that residents did not exceed their mobility monies annually, these residents had the potential of being further disadvantaged as a provision to charge the residents the excess amount from their personal allowance was in place. An area for improvement is listed within the QIP of this report for the registered manager to contact the WHSCT to review the charging arrangements for transport.

At the time of issuing this report, RQIA are currently in discussions with representatives from the WHSCT in relation to the charging arrangements for transport within Mantlin Court.

Areas of good practice

There were examples of good practice found in relation to: providing residents with statements of their financial arrangements, details of residents' financial arrangements included within their written agreements, residents not charged for journeys to medical or dental appointments and the retention of records for transport charges.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to: updating residents' files with signed statements of financial arrangements, two signatures to be recorded in the mobility book, a record to be maintained of how the mileage rate was ascertained and contact the WHSCT to review the charging arrangements for transport.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

No records of fees paid by residents were available at the time of inspection. Discussion with staff confirmed that all fees were managed by the WHSCT. Staff confirmed that no additional monies were received for fees over and above the amount agreed through the contracting arrangement with the Trust.

A residents' guide was in place at the time of the inspection. The guide did not include the details of the services provided to residents as part of their weekly fee. This was identified as an area for improvement.

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 all three residents. The agreements did not show the current weekly fee paid by, or on behalf of, the residents. One of the agreements was not signed by the resident or their representative. This was identified as an area for improvement.

Review of records confirmed that Individual transaction sheets were maintained for each resident. The sheets were used to record the details of purchases undertaken on behalf of residents and to record the amounts of monies deposited at the home on behalf of residents.

A review of records of five purchases undertaken by staff, on behalf of two residents, showed that as in line with good practice the details of the purchases, the date and the amount of the purchases were recorded in the transaction sheets. Two signatures were recorded against each entry in the transaction sheets. Receipts from the purchases were available at the time of the inspection. Good practice was observed in relation to the audit process as a number was recorded on the receipts and the corresponding number was recorded against the purchases recorded in the residents' transaction sheets.

Good practice was further observed as the amounts withdrawn to make the purchases were recorded and the remaining amounts returned from the purchases were recorded separately.

The inspector discussed the recording of residents' transactions with the registered manager. It was noticed that a number of entries had been scored out and no initials were recorded against

the amendments and no explanation for the errors was recorded. Two records of monies withdrawn to make purchases on behalf of one resident were recorded in the column used to record monies lodged for the resident.

An area for improvement was identified for the system of recording residents' transactions to be reviewed in order to improve the accuracy of recording and to facilitate the audit process. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.

Good practice was observed as a copy of the procedure for the management of residents' finances was retained in the file containing the residents' transaction sheets. The file also contained a sample of signatures of staff authorised to make purchases on behalf of residents.

Areas of good practice

There were examples of good practice in relation to, written agreements in place for residents, recording of purchases undertaken on behalf of residents, maintaining a list of signatures of staff authorised to undertake transactions on behalf of residents and maintaining a copy of the procedure for the management of residents' finances.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: updating the resident's guide to include services provided to residents as part of the weekly fee, updating residents' written agreements with the current fee and review the system of recording transactions on behalf of residents.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Gillian Ingram, 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 to Agencies.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be completed by: 18 August 2017</p>	<p>The registered person shall contact the WHSCT to review the charging arrangements for transport within Mantlin Court. The review should allow for the implementation of an equitable system for charging residents for transport.</p> <p>Any residents found to be financially disadvantaged as part of the review should be reimbursed.</p> <p>RQIA should be informed of the outcome of the review along with details of any reimbursements (if applicable)</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Confirmation forwarded to RQIA that no one is disadvantaged by the mobility scheme. Mobility policy reviewed.</p>
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Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011.

<p>Area for improvement 1</p> <p>Ref: Standard 15.10</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2017</p>	<p>The registered person shall contact the WHSCT to confirm if they are acting as an appointee for the resident, identified during the inspection. If the Trust acts as an appointee then a record of the name of the person from the Trust nominated to act as appointee should be kept in the residents' files.</p> <p>The record should also include the date the person was approved to act as appointee by the Social Security Agency.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The management of personal and/or other allowance identifying the appointee is included in all individual files - one was not located at time of inspection, however, was located in the file in a different section.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2017</p>	<p>The registered person shall ensure that copies of the written authorisations for members of staff to manage residents' bank accounts are retained within the residents' files.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: This approval is contained within the management of residents personal and other allowances pro-forma.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 15.2</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2017</p>	<p>The registered person shall ensure that the statements detailing residents' financial arrangements are retained within all residents' files.</p> <p>The statements should be signed by the resident or their representative (if residents lack the capacity to understand the statement) and a representative from the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Actioned.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 28 June 2017</p>	<p>The registered person shall ensure that two signatures are recorded in the mobility book used to record residents' journeys.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: A new layout has been implemented to ensure two staff signatures.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2017</p>	<p>The registered person shall ensure that a record of how the mileage rate, charged to residents, was ascertained is retained at the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Terms and conditions have been reviewed and the mileage rate demonstrates good value for money.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 3.2</p> <p>Stated: First time</p> <p>To be completed by: 04 August 2017</p>	<p>The registered person shall update the residents' guide to include the services provided to residents as part of their weekly fee.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: This is now outlined in the residents individual agreements.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 11 August 2017</p>	<p>The registered person shall update the residents' written agreements to be in line with standard 4.2 of the DHSSPS Residential Care Homes Minimum Standards, August 2011.</p> <p>The agreements should show the current amount paid by the Health and Social Care Trust and the current contribution paid by residents.</p> <p>Ref: 6.7</p>

	Response by registered person detailing the actions taken: Weekly tariffs and client contribution will be updated as applicable, this information will be contained within the residents agreement.
Area for improvement 8 Ref: Standard 20.14 Stated: First time To be completed by: 31 July 2017	The registered person shall implement a robust system for recording residents' transactions in order to improve the accuracy of recording and to facilitate the audit process. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction. Ref: 6.7
	Response by registered person detailing the actions taken: New pro-forma has been developed and is in place. Reiterated with staff, the expected protocol in the event of recording errors.

Please ensure this document is completed in full and to Agencies.Team@rqia.org.uk from the authorised email address



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