

Unannounced Finance Inspection Report 14 March 2017



Lough Neagh

Type of Service: Nursing Home
Address: 23 Maghery Road, Portadown BT62 1SZ
Tel No: 02838852600
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lough Neagh took place on 14 March 2017 from 09:50 to 15:30 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?

A safe place in the home was available to store money and valuables and the registered manager was familiar with controls in place to safeguard service users' money and valuables. Two areas for improvement were identified during the inspection. These related to ensuring that the weakness in the physical security of the safe place is addressed and to ensuring that where any monies are held for safekeeping on behalf of service users, these are stored securely within the home's safe place.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were found to be in place; however two areas for improvement were identified during the inspection. These related to ensuring that the registered provider amend the name on the bank account used to hold service users' money to reflect that the money in the account belongs to service users, not to the home and to ensuring that a standard financial ledger format is used to clearly and accurately detail transactions for residents. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.

Is care compassionate?

Discussion with staff members evidenced an empathic attitude to ensuring service users' money and valuables were appropriately safeguarded; no areas for improvement were identified.

Is the service well led?

Governance and oversight arrangements were evidenced; however three areas for improvement were identified during the inspection. These related to: ensuring that each service user or their representative is provided with a written individual agreement setting out the terms and conditions of their residency in the home; ensuring that that the content of the home's standard agreement is compared with standard 2.2 of the Care Standards for Nursing homes. Having done so, each service user should be provided with an up to date individual written agreement which sets out their individual, up to date fee details and financial arrangements; and ensuring that a detailed written authorisation is obtained from each service user or their representative (for whom the home makes any purchases) to spend the service user's money on identified goods and services to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and updated as required.

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 Lough Neagh which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	6

Details of the quality improvement plan (QIP) within this report were discussed with Eileen Quinn, 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.

1.2 Actions/enforcement taken following the most recent finance inspection

A finance inspection of the home was carried out on 28 January 2010 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 14 March 2017.

2.0 Service details

Registered organisation/registered person: Lough Neagh Nursing Home/Cathal Quinn & Marie Quinn	Registered manager: Eileen Quinn
Person in charge of the home at the time of inspection: Dina Agana (Nurse in Charge)	Date manager registered: 21 April 2015
Categories of care: NH-DE, NH-I, RC-PH, NH-PH, RC-I, NH-LD	Number of registered places: 26

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 reviewed and this did not identify any relevant issues; the previous inspector to visit the home was also contacted prior to the inspection.

During the inspection, the inspector met with Eileen Quinn, the registered manager, the nurse in charge and Mr and Mrs Quinn; the home did not employ an administrator. A poster detailing that the inspection was taking place was positioned at the entrance of the home, however no visitors or relatives chose to meet with the inspector.

The following records were examined during the inspection:

- The home's service user guide
- A sample of written policies including those addressing accounting and financial control arrangements, safeguarding service users' money and valuables, record keeping and whistleblowing
- A sample of HSC trust payment remittances in respect of care and accommodation fees
- Three service user finance files
- The income and expenditure records for two identified service users
- A sample of bank statements for the account used to hold service users' money
- Two service user agreements
- Four records of service users' personal property (in their rooms)

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 30 August 2016

The most recent inspection of the home was an unannounced care management inspection; the Quality Improvement Plan (QIP) was returned and approved by the care inspector. The returned 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 dated 28 January 2010

As noted above, a finance inspection of the home was carried out on 28 January 2010 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 14 March 2017.

4.3 Is care safe?

Discussion with the registered manager established that the home had a safe place available for service users to deposit cash or valuables with the home for safekeeping. The inspector reviewed the location of the safe place, however noted that the safe itself was not sufficiently secured in that it was not bolted to the floor or wall. The inspector noted that this posed a risk and thus made a recommendation that the safe place be appropriately secured as detailed above.

A recommendation was made for the registered provider to address the weakness in the physical security of the safe place.

It was established that no cash or valuables were held within the safe place on the day of inspection. During the inspection, it was noted that for identified service users, small amounts of their cash were held with their financial records as opposed to being held within the safe place in the home. It was highlighted that where the home are in possession of a service user's money for the purposes of safekeeping, it should be held in the home's designated safe place.

A recommendation was made for the registered provider to ensure that where any monies are held for safekeeping on behalf of service users, these are stored securely within the home's safe place.

During discussion, 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.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that the weakness in the physical security of the safe place is addressed and to ensuring that where any monies are held for safekeeping on behalf of service users, these are stored securely within the home's safe place.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Discussion with the registered manager established that no representative of the home was acting as nominated appointee for any service user in the home. The home was, however, in direct receipt of the personal monies for two identified service users; from a HSC trust and from the Office of Care and Protection respectively. The registered manager explained the background as to why these arrangements were in place for each service user.

The home had a service users' bank account in place which held the personal monies for both of the above service users. A review of the account statements identified that the account was named "Lough Neagh Nursing Home". It was highlighted that a bank account used to hold service users' monies should clearly identify that the money contained in the account does not belong to the home.

A recommendation was made for the registered provider to ensure that the name on the bank account used to hold service users' money is amended to reflect that the money in the account belongs to service users, not to the home.

The registered manager showed how income and expenditure was recorded on behalf of the two service users. It was clear that significant effort was being made to accurately record transactions and obtain receipts for bank lodgements, bank withdrawals and receipts detailing expenditure.

The inspector traced a sample of transactions recorded in the records and was able to locate the relevant documents, for example a receipt for expenditure or a receipt for a lodgement which had been made.

An observation was made in respect of the way in which transactions were recorded. A book for each service user was maintained into which receipts for expenditure, lodgements receipts and so on were affixed as well as entries written to denote a lodgement or withdrawal from the service user's balance. However, it was noted that transactions were not laid out in the financial ledger format as prescribed by DHSSPS Care Standards for Nursing Homes, 2015.

A recommendation was made for the registered provider to ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.

A file was available into which "Quarterly reconciliation of resident bank accounts – Lough Neagh Nursing Home" was written. This record comprised of a table detailing the date and the signatures of two people. The inspector provided advice to the registered manager as to how to accurately record a bank reconciliation which would constitute a full breakdown of the balance in the bank account on a particular date as compared to the balance reflected in the income and expenditure records maintained by the home. The inspector clarified that there may be a difference in these amounts due to timing differences resulting from uncashed or unrepresented cheques, etc and advice was provided as to how to detail a bank reconciliation in future.

The registered manager clarified that the home did not routinely receive money on behalf of any other service user; basic hairdressing services were paid for by the home and toiletries and other sundries for service users were provided by patients' representatives.

The registered manager reported that "basic" hairdressing treatments provided to service users were paid for by the home, however if the service user required anything beyond this, the service user or their representative would make arrangements to settle the cost of this with the hairdresser directly. It was noted that the registered manager had recently developed a template to record the delivery of any hairdressing treatment to a service user for which there was an additional charge.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see a sample of the completed property records for four service users. Each service user had a "Patient Property review" form on their file which had been signed and dated by two people in each case. While there were some small differences in the template used to record property (allowing for the development of the template over time), each service user's record identified evidence that it had been updated over time.

During the inspection, the registered manager confirmed that the home did not provide transport to service users nor did the home administer a comfort fund on behalf of service users.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to: ensuring that the registered provider amend the name on the bank account used to hold service users' money to reflect that the money in the account belongs to service users, not to the home and to ensuring that a standard financial ledger format is used to clearly and accurately detail transactions for residents.

This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

The day to day to day arrangements in place to support service users with their money were discussed with the registered manager. She described specific examples of how the home supported, in particular two, service users with their money. She explained the background to how and why the home was currently playing a role in supporting these two particular service users with managing their money.

In respect of service users in general, she explained how arrangements to safeguard a service users' money would generally be discussed with the service user or their representative at the time of admission to the home; the sensitivities around these discussions were described with empathy.

Discussion with the registered manager identified that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. These included an "open forum" every Tuesday, relatives/service users' meetings and an annual satisfaction survey.

Arrangements for service users to access money outside of normal office hours were discussed with the registered manager. The registered manager explained the contingency arrangement in place in the home to ensure that 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?

The home had a range of written policies and procedures addressing matters relating to finances and safeguarding service users' money and valuables and these were easily accessible by staff on the day. A file specifically containing finance policies was provided for review, this included policies which outlined the home's controls to safeguard service users' money deposited for safekeeping and their belongings; record keeping, and general accounting and financial control arrangements. Policies including those addressing the confidentiality and whistleblowing were also evidenced.

There was a clear organisational structure within the home; as noted earlier, 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.

Individual service user agreements were discussed and a sample of three service users' files was selected for review. Two of the three service users had a signed agreement on their file detailing the current fees. The third service user did not have a written agreement on their file; their file included a welcome letter which stated that "Your copy of the service user guide sets out our agreement with you". The letter had been signed by the service user in September 2016.

It was highlighted that the home must have evidence that each service user or their representative has been provided with a written individual agreement setting out the terms and conditions of their residency in the home.

In accordance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005, the agreement must state not only the fees payable but each service user's agreement must clarify the method of payment of the fees and the person(s) by whom the fees are payable.

A requirement was made in respect of this finding.

As noted in section 4.4 above, the home was in direct receipt of the personal allowance monies for two of the three service users selected as part of the sample. Personal allowance monies were being paid by a HSC trust and by the Office of Care and Protection respectively for the two service users. These arrangements were not detailed within the two written individual service user agreements.

The inspector noted that Standard 2.2 of the Care Standards for Nursing homes details that a service user's individual agreement should detail the arrangements for any financial transactions undertaken on behalf of a service user and the records to be kept.

This was discussed this with the registered manager and it was noted that the content of the home's standard agreement should be compared with 2.2 of the Care Standards for Nursing homes. Having done so, each service user should be provided with an individual written agreement which sets out their individual, up to date fee details and financial arrangements.

A recommendation was made in respect of this finding.

Discussion was held regarding written personal monies authorisations between the service user/their representative and the home. The documents are in place to provide the home with authority to use a service user's personal monies to purchase goods and services on their behalf. The files for the two service users for whom the home receive the monies for safekeeping were reviewed. One of the two service users had a written personal monies authorisation on their file which had been signed by two people, one of whom was the service user. The second service user did not have a personal monies authorisation on their file.

A recommendation was made for the registered provider to ensure that a detailed written authorisation is obtained from each service user or their representative (for whom the home makes any purchases) to spend the service user's money on identified goods and services to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to: ensuring that each service user or their representative is provided with a written individual agreement

setting out the terms and conditions of their residency in the home; and ensuring that the content of the home's standard agreement is compared with Standard 2.2 of the Care Standards for Nursing homes. Having done so, each service user should be provided with an up to date individual written agreement which sets out their individual, up to date fee details and financial arrangements; and ensuring that a detailed written authorisation is obtained from each service user or their representative (for whom the home makes any purchases) to spend the service user's money on identified goods and services to pre-agreed expenditure limits.

The written authorisation should be retained on the service user's records and updated as required.

Number of requirements	1	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eileen Quinn, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to finance.team@rqia.org.uk for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider must ensure that each service user or their representative has been provided with a written individual agreement setting out the terms and conditions of their residency in the home.</p> <p>As well as setting out fees payable by or in respect of the service user, the individual written agreement must state the method of payment of the fees and the person(s) by whom the fees are payable.</p> <p>Response by registered provider detailing the actions taken: The individual agreement has been rewritten to take into account the requirement of regulation 5(1). A record of where family have chosen not to sign agreement has been recorded. All new patients have received an individual agreement.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2017</p>	<p>The registered provider should ensure that the weakness in the physical security of the safe place is addressed. The safe place used to store services users' money should be secured to the floor or the wall to reduce the risk of theft.</p> <p>Response by registered provider detailing the actions taken: Safe place physical security has been addressed.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 15 March 2017</p>	<p>The registered provider should ensure that any monies held for safekeeping on behalf of service users are only held in the safe place in the home.</p> <p>Response by registered provider detailing the actions taken: Any monies required for safe keeping are only held in the safe place.</p>

<p>Recommendation 3</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider should ensure that the name on the bank account used to hold service users' money is renamed. The amended account name should make clear that the money in the account belongs to service users in the home and is not the home's money.</p> <p>Response by registered provider detailing the actions taken: As discussed no monies will be held for patients as bank will not issue a separate account for patients unless deemed as having capacity. Agreed system in place will be to invoice the trust accordingly.</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider should ensure that the registered provider should ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Response by registered provider detailing the actions taken: Current recording system now updated to take account of standard 14:10</p>
<p>Recommendation 5</p> <p>Ref: Standard 2.2</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider should ensure that the content of the home's standard agreement is compared with 2.2 of the Care Standards for Nursing homes. (Having done so, each service user should be provided with an individual written agreement which sets out their individual, up to date fee details and financial arrangements).</p> <p>Response by registered provider detailing the actions taken: Current standard agreement takes into account standard 2.2.</p>
<p>Recommendation 6</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 14 April 2017</p>	<p>The registered provider should 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 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>Response by registered provider detailing the actions taken: Copy of letter authorising purchases on behalf of patient has been requested. Personal allowance received to the home from the trust has been requested to cease as to date personal allowance has not been spent on behalf of identified resident.</p>

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



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