

# Unannounced Finance Inspection Report 02 January 2019



## Domnall

**Type of Service: Nursing Home**  
**Address: 48-50 Old Dundonald Road, Belfast, BT16 2EH**  
**Tel No: 028 9041 9796**  
**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 52 beds that provides care for older patients, or those patients with a physical disability other than sensory impairment. On the day of inspection, there were five permanent patients residing in the home.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager:</b> Kerrie Wallace
<b>Person in charge at the time of inspection:</b> Kerrie Wallace	<b>Date manager registered:</b> 03 March 2018
<b>Categories of care:</b> Nursing Home (NH) I -Old age not falling within any other category PH - Physical disability other than sensory impairment	<b>Number of registered places:</b> 52

### 4.0 Inspection summary

An unannounced inspection took place on 02 January 2019 from 12.10 to 14.30 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
- a written safe record was in place
- the existence of a separate patient bank account and comfort fund bank account
- records of income, expenditure and reconciliation (checks) were available including supporting documents
- arrangements were in place to support patients with their monies
- mechanisms were available to obtain feedback from patients and their representatives
- detailed written policies and procedures were in place to guide financial practices in the home and
- there were mechanisms in place to ensure that patients experienced equality of opportunity

Areas requiring improvement were identified in relation to ensuring that:

- patients' personal property records are reconciled and signed and dated by two people at least quarterly

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>	0	1

Details of the Quality Improvement Plan (QIP) were shared with the home administrator 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 none of these incidents related to patients' money or valuables. 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 registered manager and the home administrator.

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
- A sample of patients' "financial assessment" documentation
- 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 home administrator at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 18 December 2018

The most recent inspection of the home was an announced estates inspection. The quality improvement plan from the inspection will be validated by the estates inspector at the next estates inspection.

### 6.2 Review of areas for improvement from the last finance inspection dated 28 May 2015

The home received a finance inspection on 10 July 2014, the findings from which were not brought forward to the inspection on 02 January 2019.

## 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 registered manager confirmed that adult safeguarding training was mandatory for all staff in the home; the home administrator had received this training in February 2018.

Discussions with the registered 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 on deposit.

A written safe contents record "FSHC Valuables record" was in place to detail the contents of the safe; this had been reconciled and signed and dated by two people in December 2018.

### 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 a written safe contents record.

### 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 registered manager established that no person associated with the home was acting as appointee for any patient. For a small number of patients, monies for patients’ personal expenditure or to pay for additional goods and services not covered by the weekly fee were deposited with the home by family members. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people. The majority of patients in the home were using intermediate or interim beds and therefore no money was being managed by the home on those patients’ behalf.

Records of income and expenditure were available for the small number of patients for whom the home held any money on deposit, 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 in all cases.

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 November 2018 month-end. Weekly cash and cheque sheets signed by two people were maintained on an on-going basis.

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. The account had been reconciled by two people in November 2018.

Hairdressing and chiropody treatments were being facilitated within the home and a sample of these treatment records was reviewed. The sampled records routinely detailed the information required to be recorded by the care standards, including the signature of the person delivering the treatment and the signature of a member of staff to verify that the identified patients had received the treatment detailed.

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 for two patients. Both patients had a record of personal property on their files entitled “Schedule of personal effects”, however neither of these had been signed nor dated. There was no evidence presented to identify that they had been reviewed and updated over time.

Ensuring that each patient’s record of their furniture and personal possessions is reconciled and signed and dated by two people at least quarterly was identified as an area for improvement.

The person in charge confirmed that the home operated a comfort 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 November 2018 month-end.

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 were available including supporting documents.

### Areas for improvement

One area for improvement was identified during the inspection in relation to patients' personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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.**

Discussion with the registered 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. Arrangements for patients to access money outside of normal office hours were discussed with the person in charge. 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
<b>Total number of areas for improvement</b>	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.**

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including, the home’s safe security, the management of patients’ personal allowance monies, the reconciliation of patients’ monies and the management of patients’ valuables.

Individual patient agreements were discussed with the registered manager and home administrator and a sample of two patients’ finance files were requested for review. A review of the information established that each patient had a signed individual written agreement with the home. In addition, annual updates to each patient’s original agreement with the home were held on each patient’s file. These amendment documents detailed the changes to the (regional) fees over time and had been shared for signature with patients or their representatives. Good practice was observed in this regard.

A review of the information on file for the two patients whose files were sampled, identified that where the home held money on behalf of the individual patients, documents entitled “financial assessment part 3” were in place. These documents detailed the express authority granted to the home to spend the patient’s money on identified goods and services.

The inspector discussed with the registered manager the arrangements in place in the home to ensure that patients experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The registered manager was able to describe examples of the way this was achieved within the home, such as equality and diversity training for staff members and a comprehensive “getting to know you” assessment.

**Areas of good practice**

There were examples of good practice found: detailed written policies and procedures were in place to guide financial practices in the home and there were arrangements in place to ensure patients experienced equality of opportunity.

**Areas for improvement**

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

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

## **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 home administrator, 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 Care Standards for Nursing Homes (April 2015)

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 14.26</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 16 January 2019</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></p> <p>Records held for all long term residents has been updated and signed/dated. Dates for quarterly review have been diarised and staff advised of the rationale for this to be ongoing.</p> <p>A record of personal effects for Intermediate Care patients is generated electronically on admission. As these patients are generally short stay, they would not be remaining in the Home long enough for quarterly review. However, if this was the case, a further review could be maintained.</p>

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



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