

Unannounced Finance Inspection Report 10 November 2017



Ard Mhacha House Care Centre

Type of Service: Nursing Home
Address: Desert Lane South, Armagh, BT61 8AR
Tel No: 028 3752 6462
Inspector: Briege Ferris

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 nursing home with 74 beds that provides care for older service users, or those living with dementia or physical disability other than sensory impairment.

3.0 Service details

Registered organisation/registered provider: Runwood Homes Ltd / Gavin O'Hare-Connolly	Registered manager: Norma McAllister
Person in charge of the home at the time of inspection: Aoife Corr (Nurse in Charge)	Date manager registered: 23 October 2015
Categories of care: NH-DE, NH-I, NH-PH, NH-PH(E), RC-DE	Number of registered places: 74

4.0 Inspection summary

An unannounced inspection took place on 10 November 2017 from 10.15 to 15.15 hours.

This inspection was underpinned by Nursing Homes Regulations (Northern Ireland) 2005 and the 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.

Evidence of good practice was found, for example: the nurse in charge confirmed that adult safeguarding training was mandatory for staff; each (sampled) service user had a personal property record on their file; there were mechanisms in place for the home to obtain feedback from service users and written policies and procedures were in place to guide financial practices in the home.

Areas requiring improvement were identified, for example: the introduction of a written safe record, income and expenditure and reconciliation records, the arrangements to ensure that cheques for service users' personal monies are cashed efficiently, individual service user agreements and personal monies authorisations.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	10

Details of the Quality Improvement Plan (QIP) were shared with Norma McAllister, 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.

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 service 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; the care inspector was also contacted prior to the inspection.

The inspector met with the nurse in charge, the home administrator and the home's receptionist. The registered manager was not on duty on the day of inspection; the findings from the inspection were subsequently shared with the registered manager.

The following records were examined during the inspection:

- Written policies and procedures including:
 - "Finance Policy Incorporating Residents personal Accounts Home's Petty Cash and Amenity Fund"
 - "Complaints and Comments Policy and Procedure"
 - "Whistleblowing Policy"
- A sample of income and expenditure records
- Evidence of the reconciliation of service users' monies and valuables
- A sample of treatment records for services facilitated within the home which attract an additional charge
- Four records of service users' personal property (in their rooms)
- Three service users' finance files
- Two service users' individual written agreements

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 October 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP from the inspection is due to be returned to RQIA on or before 01 December 2017. 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 dated 24 October 2007

The home received a finance inspection on 24 October 2007, which was carried out on behalf of RQIA. The QIP from this inspection was not brought forward to the inspection on 10 November 2017.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users and clients from the care, treatment and support that is intended to help them.

The inspector met with the nurse in charge who confirmed that the registered manager was not on duty on the day of inspection. She advised that adult safeguarding training was mandatory for all staff on an annual basis.

Discussions with the nurse in charge 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.

A safe place was available in the home for the deposit of money and valuables and both were contained in the safe place on the day. The inspector was satisfied with the location of the safe place and the persons with access. It was noted that home did not have a written safe record to record the contents of the safe place. The safe record should be reconciled and signed and dated by two people at least quarterly.

This was identified as an area for improvement.

Areas of good practice

The home had a safe place available for the deposit of money or valuables, access was limited to authorised persons. The home administrator was familiar with controls in place to safeguard service users' money and valuables.

Areas for improvement

One area for improvement was identified during the inspection, this related to the introduction of a written safe record.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussions with the home administrator identified that no representative of the home was acting as nominated appointee for any service user. The home was in direct receipt of the personal allowance monies from a HSC trust in respect of one identified service user and from a Solicitor in respect of two additional service users. For the majority of other service users, family representatives deposited cash or cheques for personal allowance monies with the home. There is discussion regarding cheque management/banking arrangements below.

For those representatives depositing cash (to pay for the cost of goods or services for which there was an additional charge, such as hairdressing, toiletries, podiatry or other sundries), it was noted that the home provided a receipt for the deposit. A review of a sample of previous deposit receipts identified that these were routinely signed by two people.

A sample of the records for income and expenditure incurred on behalf of service users was reviewed. It was noted that the home maintained records for each service user; a review of a sample of records established that transactions were not routinely signed by two people. It was highlighted that this was a basic control to protect both service users and staff members handling service users' monies.

This was identified as an area for improvement.

The inspector traced a sample of transactions and was able to evidence the relevant documents; for example, a receipt for an item of expenditure or a receipt for a lodgement which had been made to the home.

A review of a sample of the service users' income and expenditure records identified that reconciliations were routinely signed by the home administrator (solely) or by the home administrator and the home's receptionist. It was highlighted that in accordance with the Care Standards for Nursing Homes, 2015, two people must sign a reconciliation, one of whom should be a "senior member of staff".

This was identified as an area for improvement.

The administrator confirmed that the home did not operate a bank account on behalf of any individual service user or service users jointly. A review of a sample of the service users' income and expenditure records identified that there were delays of up to three weeks between the lodgement of a cheque for personal monies and the availability of the corresponding cash for the service user. Records detailed that monies had been loaned from the service users' comfort fund and staff fund to individual service users to bridge the gap resulting from delays in cashing cheques received for service users' personal expenditure. This finding was also confirmed by the home administrator who noted that the issue had been raised with the organisation's head office, which was cashing the cheques.

However the deputy manager, who returned to the home later in the inspection, spoke with the inspector and informed her that a meeting had been held with the bank that day. She advised that this was to pursue the possibility of opening a local bank account to facilitate cheques being cashed more quickly. This matter is further discussed in section 6.7 of this report.

Hairdressing and podiatry treatments were being facilitated within the home. A sample of recent treatment records for these services was reviewed. Hairdressing records detailed the majority of the information required by the Care Standards for Nursing Homes (2015); however they did not detail the signature of the hairdresser to confirm they had provided the treatment (signatures were in place only to evidence payment had been made to the hairdresser).

Recent podiatry treatment records were reviewed which again identified that most of the information required by the Care Standards for Nursing Homes (2015) had been recorded. However the cost of the treatments was not consistently detailed nor did records detail (in one place), the signature of the person providing the treatment and a member of staff to verify the treatment had been provided.

This was identified as an area for improvement.

The inspector discussed how service users' property (within their rooms) was recorded and requested to see the completed property records for four randomly sampled service users. A review of the four service users' care files established that each service user had a property record on their file. However, it was noted that the records were not maintained in line with the Care Standards for Nursing Homes (2015). Two of the records had only been signed by one person and one of the records was not dated. There was no evidence that the records had been updated, on at least a quarterly basis, as required.

This was identified as an area for improvement.

The home administrator confirmed that the home had a service users' comfort fund. Records of income and expenditure from the fund were provided for review. There was evidence that reconciliations of the records were taking place on a regular basis. The records identified a number of transactions where money from the comfort fund had been loaned to both the home's petty cash and to individual service users (as referred to above). Discussion with the home administrator identified that this practice was because of the delay in receiving cash from the organisation's head office. Addressing the delays in service users' having access to their own money has been identified as an area for improvement above.

A review of a sample of the service users' comfort fund records identified expenditure where it was not clear how this expenditure benefited the body of service users in the home nor was there any written evidence regarding the rationale and decision making in respect of these purchases; transactions included expenditure on lamps and a table. It was noted that expenditure from the service users' comfort fund should be reviewed as far back as records will allow to ensure that it has been consistent with the home's policy and procedure and RQIA should be advised of the outcome of the overall review.

This was identified as an area for improvement.

Areas of good practice

A sample of income and expenditure records identified that supporting evidence was available in respect of the transactions recorded and a sample of service users had a property record on their file detailing the furniture and other personal possessions which they had brought into their rooms.

Areas for improvement

Five areas for improvement were identified during the inspection. These related to recording two signatures consistently within income and expenditure records, reconciliation records, the details on treatment records, ensuring that records of service users' furniture and personal possessions/property are appropriately updated and reviewing expenditure from the service users' comfort fund for appropriateness.

	Regulations	Standards
Total number of areas for improvement	0	5

6.6 Is care compassionate?

Service users and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The arrangements to support service users with their money on day to day basis were discussed with the home administrator. She described how discussions regarding the arrangements to store money safely in the home or pay fees would be discussed with the service user or their family around the time of admission to the home.

Discussion with the nurse in charge established that the home used methods such as ongoing discussion, questionnaires and online mechanisms to obtain feedback from service users and their representatives.

Arrangements for service users to access money outside of normal office hours were discussed with the home administrator and the nurse in charge. It was confirmed that there was no access to any monies outside of normal office hours. A review of the home’s “Finance policy incorporating residents personal accounts Home’s petty cash and amenity fund” policy detailed that the home should “provide a secure box for storage of monies received out of hours, together with a float of up to £100 for emergency funds required by residents this to be reconciled monthly.” Discussion established that this arrangement, as described in the home’s policy and procedure, was not in place on the day of inspection. The homes out of office hours arrangements should be reviewed to ensure that these meet the needs of the service users in the home and that they are consistent with the home’s policy and procedure.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice identified in relation to obtaining feedback from service users.

Areas for improvement

One area for improvement was identified during the inspection. This related to ensuring that the home’s out of office hours arrangements are reviewed to ensure that these meet the needs of the service users in the home and that they are consistent with the home’s policy and procedure.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Written policies and procedures were available and easily accessible by staff. A sample was reviewed including those in respect of service users’ monies, complaints and comments and

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

Four service users were sampled in order to review the individual written agreements in place with the home. Only three service user files were provided, as it was reported by the home's receptionist that there were no records held for one service user in the sample.

A review of one file established that there was no agreement on that service users' file. Therefore for two of the four service users sampled, there was no evidence available to identify that they or their representatives had been provided with a written agreement setting out the terms of their residency in the home.

This was identified as an area for improvement.

A review of the two remaining service user files identified that the two patients had a signed agreement on their file; however, neither of the two agreements reflected the up to date terms and conditions (including the fees payable). Service user agreements should be kept up to date with any changes agreed in writing by the service user or their representative.

This was identified as an area for improvement.

A review of the three files sampled identified that personal monies authorisations were in place providing the home with authority, in particular, to spend the individual service users' money on identified goods and services or to set out any particular financial arrangement in place between the home and the service user. However a comparison of two of the personal monies authorisations identified that the home was making purchases of goods and services for those service users for which permission had not been granted.

It was noted that any personal monies authorisations which have not been completed or require updating are shared with service users or their representatives to be completed appropriately.

This was identified as an area for improvement.

As noted in section 6.5 of this report, a review of a sample of service users' income and expenditure records identified that there were delays of up to three weeks between the lodgement of a cheque for personal monies by a family member or other representative and the availability of the corresponding cash. Records detailed that monies had been loaned from the service users' comfort fund and staff fund to individual service users to bridge the gap resulting from delays in cashing cheques for service users. This finding was also confirmed by the home administrator who noted that the issue had been raised with the organisation's head office.

As noted above, the deputy manager advised that the home was in discussion with a local bank to pursue the possibility of opening a local account to facilitate the timelier cashing of cheques.

The governance arrangements in respect of banking for service users should be reviewed and improved to ensure that cheques for service users' personal monies are cashed efficiently to avoid service users falling into arrears or having to borrow from the service users' comfort or other funds.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of the availability of written policies and procedures to guide financial practices.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to ensuring that each service user is provided with an individual written agreement which should be kept up to date; ensuring that personal monies authorisations are developed or reviewed and updated for service users as appropriate, and ensuring that the governance arrangements in respect of banking for service users are reviewed and improved.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were shared with Norma McAllister, 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 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 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/to RQIA office for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland (2005))

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1)</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2017</p>	<p>The registered person shall ensure that each individual service user has a written agreement in place with the home which sets out the individual, up to date terms and conditions in respect of their residency in the home. Individual agreements should be kept up to date.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Written agreements have been updated for all service users. Record has been maintained of all the agreements sent out and returned.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 01 December 2017</p>	<p>The registered person shall ensure that a safe record is in place to record money or valuables coming into or out of the custody of the home on an ongoing basis. Records of monies or valuables held on behalf of service users should be reconciled at least quarterly.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Written safe agreement is in place to record management of money transactions. Contents of the safe are also recorded. Contents are checked by two people and by management quarterly.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2017</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for service users. 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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Transactions are clearly and accurately recorded with a description of money received and payments that have been made. Signatures of two people are in place to verify these transactions. The details also include date, description of the entry, lodgement or withdrawal, amount and running balance.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2017</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 service user 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 service user.</p> <p>Ref: 6.5</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2017</p>	<p>Response by registered person detailing the actions taken: Treatment records are maintained recording and verifying the treatments and cost to each service user. A triple signed receipt is attached for each transaction.</p> <p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of service users is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A reconciliation of money and valuables held and accounts managed on behalf of the service user is carried out quarterly by a senior member of staff. Reconcillations are managed by two signatories following each transaction.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2017</p>	<p>The registered person shall ensure that an inventory of property belonging to each service user 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>Response by registered person detailing the actions taken: Inventory of property of each service user has been updated. The records have been checked and signed by both staff member and senior member of staff. This will be reviewed quarterly. Next due March 2018</p>

<p>Area for improvement 6</p> <p>Ref: Standard 14.29</p> <p>Stated: First time</p> <p>To be completed by: 08 December 2017</p>	<p>The registered person shall ensure there is evidence that any expenditure paid from the service users' comfort fund is used for the benefit of the body of service users at the home and does not fund any items which should be paid for by the home or by individual service users.</p> <p>Expenditure from the service users' comfort fund should be reviewed as far back as records will allow to ensure that it is has been consistent with the home's policy and procedure and RQIA should be advised of the outcome of the overall review.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Money had been raised by members of staff and each unit requested what they wanted for their units. The team leader from the Bard unit requested these purchases and the money was made available for that choice to be made.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be completed by: 01 December 2017</p>	<p>The registered person shall ensure the home's out of office hours arrangements should be reviewed to ensure that these meet the needs of the service users in the home in respect of access to money and that arrangements are consistent with the home's policy and procedure.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: A secure box for storage of monies received out of hours and a float of up to £100 for emergency funds is in place and is managed by the Nurse in Charge of the home.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 35.4</p> <p>Stated: First time</p> <p>To be completed by: 08 December 2017</p>	<p>The registered person shall ensure that the governance arrangements in respect of banking and service users having timely access to their monies are reviewed.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Community account has been opened with Barclays and cheques are lodged at the local post office. Money can be withdrawn so that money is available for service users.</p>

<p>Area for improvement 9</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2017</p>	<p>The registered person shall ensure that personal monies authorisations providing authority for the home to make purchases of goods or services or to set out any particular financial arrangement in place between the home and each service user are updated.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Personal monies authorisation and agreement are in place for the service user. This is for the personal use of the service user in relationship for purchases or services such as podiatry or hairdressing. There is evidence of personal allowance agreements</p>
<p>Area for improvement 10</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2017</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the service user or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the service user or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any changes to the individual agreement are agreed in writing by the service user or their representative. Where the service user or representative is unable to or chooses not to sign the revised agreement this is recorded. Our contract for the service user is with the local authorities Trust. All our service users are funded through the Trust.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care