

Unannounced Finance Inspection Report 19 May 2017



Larne Care Centre

Type of Service: Nursing Home
Address: 46-48 Coastguard Road, Larne BT40 1AU
Tel No: 02828277979
Inspector: Briege Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Larne Care Centre took place on 19 May 2017 from 10:25 to 16:00 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 for service users to deposit money and valuables for keeping and staff were familiar with controls in place to safeguard service users' money and valuables. No areas for improvement were identified during the inspection.

Is care effective?

Controls to ensure service users' money and valuables were safeguarded were found to be in place; however three areas for improvement were identified during the inspection. These related to ensuring that a reconciliation of money and valuables held and accounts managed on behalf of service users is carried out at least quarterly; ensuring that the registered provider amend the name on the bank account used to hold service users' comfort fund money to reflect that the money in the account belongs to service users, not to the home; and ensuring that where any service is facilitated within the home, 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.

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 two areas for improvement were identified during the inspection. These related to ensuring that in accordance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005, an up to date agreement must be provided to each service user which details the fees payable, the method of payment of the fees and the person(s) by whom the fees are payable and ensuring that any change to a service user's agreement is agreed in writing with the service user or their representative (including any change to fees or financial arrangements).

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 Larne Care Centre which provides both nursing and residential care.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the quality improvement plan (QIP) within this report were shared with Leslie Stephens, 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

There has been no previous finance inspection of the home.

2.0 Service details

Registered organisation/registered person: Larne Care Centre/ Colin Nimmon & Frederick Michael Stewart	Registered manager: Leslie Stephens
Person in charge of the home at the time of inspection: Leslie Stephens	Date manager registered: 3 October 2014
Categories of care: RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E), NH-TI, NH-LD(E), NH-DE, NH-LD	Number of registered places: 85

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 inspector met with Leslie Stephens, the registered manager and the home administration manager. 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 statement of purpose
- A sample of written policies in respect of handling service users' monies, valuables and possessions (policies dated between February 2016 and April 2017)
- The record of safe contents book/safe register
- HSC trust payment remittances in respect of care and accommodation fees
- A sample of income and expenditure records for service users
- Evidence of the reconciliation of service users' monies
- A sample of treatment records for hairdressing and chiropody services facilitated in the home
- A sample of bank statements for the account used to hold service users' money and for the service users' comfort fund monies
- A sample of charges to service users or their representatives for care and accommodation
- Two signed individual service user agreements
- Four records of service users' personal property (in their rooms)
- Three "Finance authorisation slip" documents

4.0 The inspection

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

The most recent inspection of the home was an unannounced care 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

As noted above, there has been no previous finance inspection of the home.

4.3 Is care safe?

The home had a full time administration manager and the registered manager confirmed that she had received adult safeguarding training. The administration manager was able to describe the home's controls in place to safeguard service users' money and valuables in the home.

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.

The home had a safe place available for the deposit of cash or valuables belonging to service users; the inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was lodged with the home for safekeeping, no valuables belonging to service users were being held.

The home's written safe contents record was provided for review, this evidenced that at the end of each month, the individual balances held for service users were noted in the book in full and this record was signed by the administration manager (the inspector noted that the home were also reconciling service users' monies on a monthly basis (this is further discussed in section 4.4).

Advice was provided to the registered manager in respect of how best to record the contents of the safe place. It was also highlighted that on at least a quarterly basis, the safe record should be reconciled and signed and dated one person and countersigned by a senior member of staff.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Arrangements in place for the home to receive the personal monies of any service user directly were discussed. Discussion established that no representative of the home was acting as nominated appointee for any service user. However, it was noted that the home directly received the personal monies for a number of service users. Evidence was available which identified that the home made requests to the HSC trusts and the Office of Care and Protection in order that identified service users' had sufficient monies available in the home for their personal expenditure. This evidenced that the home engaged in a timely manner with other stakeholders in order to ensure that money was available for relevant service users. It was also noted that a number of service users signed for their own money and spent this as they wished. Where money was identified as being signed over to a service user or their representative, it was noted that the person receiving the money either obtained a double-signed receipt or alternatively, signed against the transaction in the service user's income and expenditure record.

Discussion also established that the home was in receipt of money lodged by family members to pay for goods or services for which there was an additional charge mainly hairdressing, chiropody, or other sundries.

It was noted that the home had a range of options available to service users or their representatives in order that the cost of additional goods and services in the home be met. For instance, in some cases, the cost of hairdressing services or toiletries which the service user had benefited from in a particular month would be added to the service users' charges for care and accommodation and would be identified on the relevant period's invoice.

In other cases, the cost of these services would be taken from cash deposited with the home. The home operated a "shop" which held a range of items commonly requested by service users. Discussion with the registered manager established that service users enjoyed visiting the shop, which opened once a week.

A sample of the records for income and expenditure incurred on behalf of service users was reviewed. It was noted that these records had not previously been routinely signed by two people, however this was now practice within the home and this was confirmed by the registered manager.

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. There was evidence that records of personal monies held on behalf of service users were reconciled and signed and dated by two people on a monthly basis.

The home also had a service users' bank account in place which was appropriately named in favour of the service users. Evidence was available which identified that a monthly check of the bank statement was carried out and these were routinely signed by the administration manager and the registered manager. Evidence was also available which identified that another representative of the organisation (based at head office) had signed the most recent bank statement.

The home had a service users' comfort fund, a written policy and procedure existed to guide the administration of the fund. It was noted that "donations acceptances records" were maintained to record income to the fund. A sample of records was reviewed and it was noted that entries were routinely signed and dated by two people.

A bank account was operated for the comfort fund. It was noted that the account was named "Larne Care Centre No 2 account". It was highlighted that a bank account used to hold the service users' comfort fund 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 the service users' comfort fund money is amended to reflect that the money in the account belongs to service users, not to the home.

The records identified that the administrator carried out a reconciliation of the bank account, however this was not countersigned. It was noted that any bank accounts managed on behalf of service users (including the comfort fund) should be reconciled and be signed and dated by the person carrying out the reconciliation and be countersigned by a senior member of staff.

A recommendation was made to 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.

Discussion established that hairdressing and chiropody treatments were being facilitated within the home and records were in place to evidence the service users treated on any given day and the cost of the respective treatments. The information detailed on hairdressing treatment records (as required by DHSSPS Minimum Standard 14.13) was being consistently recorded for hairdressing treatments; however this was not consistently the case for chiropody treatments. A chiropody treatment record book was in place for each of three units in the home. A review of a sample of the entries in each book identified inconsistency in respect of the record keeping; for instance, in all three units the chiropodist had signed the records, yet only in one unit was the record countersigned by a member of staff. The cost of the treatments was not detailed in the records, as is required by Minimum Standard 14.13.

A recommendation was made to ensure that where any service is facilitated within the home, 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.

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. Each of the service users selected had a "Client Property Audit" form in place. It was noted that the template on which the records had been made stated "This audit will be carried out every 3mths". The dates the records had been audited were reviewed and it was noted that there had been a gap in excess of a three month period between the previous and most recent audits. The registered manager acknowledged this during feedback from the inspection.

A review of the records evidenced that items including "Television x 1" and "DVD player" had been recorded. Advice was provided to the registered manager in respect of the importance of recording the detail of items including make, model and estimation of size etc. The inspector also noted that the template only had headings for additions, and including a heading for disposals was suggested.

During the inspection, the registered manager confirmed that the home did not provide transport to service users.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that the registered provider ensure that the name on the bank account used to hold the service users' comfort fund money is amended to reflect that the money in the account belongs to service users, not to the home; ensuring that a reconciliation of money and valuables held and accounts managed on behalf of service users is carried out at least quarterly and is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff and ensuring that where any service is facilitated within the home, 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.

Number of requirements	0	Number of recommendations	3
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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 and the administration manager.

A number of service users' files were reviewed during the inspection and it was evident that there had been engagement with service users' representatives and/or their HSC trust care management representatives to ensure that arrangements in place to support the individual service users with their monies were transparent and had been agreed to.

The administration manager explained how the home's 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.

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.

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. Discussion with the administration manager established that she was clear on how to deal with the receipt of a complaint or escalate any concerns under the home's whistleblowing procedures.

There was a clear organisational structure within the home, as detailed in the home's statement of purpose. 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 with the administration manager. She reported that individual service user agreements were held on a memory stick which was secured within the safe place in the home. She noted that it may not be completely up to date and that her colleague at head office would be able to supply agreements which she noted were presently being updated.

The agreements for five randomly selected service users were requested. The administration manager returned with a bundle of documents.

On review, it was identified that only two service users had a signed agreement (these were signed in 2012 and 2013 respectively).

Agreements for the remaining three service users were reviewed, these were either unsigned by either party to the agreement or signed only by a representative of the home and all but one did not reflect the correct fee rates or payment arrangements for the service users sampled.

These findings were shared with the registered manager and it was noted 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.

A requirement was made to ensure that in accordance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005, an up to date agreement must be provided to each service user which details the fees payable, the method of payment of the fees and the person(s) by whom the fees are payable.

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 with the registered manager and it was noted that the content of the home's standard agreement should be compared with Standard 2.2 of the Care Standards for Nursing homes prior to issuing updated individual agreements to service users.

In respect of the signed agreements which were dated 2012 and 2013, it was noted that any change to a service user's agreement should be agreed in writing with the service user or their representative (including any change to fees or financial arrangements).

A recommendation was made in respect of this finding.

A sample of service users' records were reviewed to identify whether written personal monies authorisations between the service user/their representative and the home were in place. (These 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 home used "Finance authorisation slip" documents to detail these arrangements. Each service user sampled had a completed document on their records. Additional evidence in the form of email correspondence from the home to the HSC trust to clarify arrangements identified appropriate engagement from the home in respect of specific arrangements in place for individual service users.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that: in accordance with Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005, an up to date agreement must be provided to each service user which details the fees payable, the method of payment of the fees and the person(s) by whom the fees are payable and ensuring that any change to a service user's agreement is agreed in writing with the service user or their representative (including any change to fees or financial arrangements).

Number of requirements	1	Number of recommendations	1
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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 shared with Leslie Stephens, 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: 19 June 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: Each service user or their representative is now provided with a written agreement setting out the terms and conditions of their residency in the home. The agreement now states the method of payment, and the person(s) by whom the fees are payable.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p> <p>To be completed by: 19 June 2017</p>	<p>The registered provider should ensure that the name on the bank account used to hold service users' comfort fund 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: We are in the process of changing the name on the bank account to state it contains residents comfort fund monies.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 2 June 2017</p>	<p>The registered provider should 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>Response by registered provider detailing the actions taken: Presently we are completing this monthly, which we will continue to do as it is best practice. Head office also complete a reconciliation on a quarterly basis. This will be signed by two staff members.</p>

<p>Recommendation 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by:20 May 2017</p>	<p>The registered provider should 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> <hr/> <p>Response by registered provider detailing the actions taken: This procedure is now in place, all treatment records will be signed and counter signed with prices detailed.</p>
<p>Recommendation 4</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by:19 June 2017</p>	<p>The registered provider should 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> <hr/> <p>Response by registered provider detailing the actions taken: We will ensure that any changes to the individual agreement is agreed in writing, and updated to reflect any increases in charges payable. We will keep a record of any service users who have not signed the revised agreement.</p>



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