



Unannounced Finance Inspection Report 18 October 2018



Cregagh

Type of Service: Nursing Home
Address: 2a Graham Gardens, Belfast, BT6 9FB
Tel No: 028 9045 1300
Inspector: Briega Ferris

www.rqia.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 which provides care for 36 older patients, or those with a physical disability other than sensory impairment or those patients who are terminally ill.

3.0 Service details

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| Organisation/Registered Provider: Spa Nursing Homes Ltd Responsible Individual(s): Christopher Arnold | Registered manager: Gail Chambers |
| Person in charge at the time of inspection: The deputy manager | Date manager registered: 13 April 2018 |
| Categories of care: NH- Nursing Home I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH (E) – Physical disability other than sensory impairment – over 65 years TI – Terminally ill | Number of registered places: 40 |

4.0 Inspection summary

An unannounced inspection took place on 18 October 2018 from 10.45 to 12.45 hours.

This inspection was underpinned by The 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.

There were examples of good practice found in relation to: the home administrator participating in adult safeguarding training; records were in place detailing hairdressing treatments provided for which there was an additional charge (a sample reviewed had been signed by the hairdresser and a member of staff); mechanisms to obtain feedback and views from patients and their representatives were in place; and the home had arrangements in place to ensure that patients experienced equality of opportunity.

Areas requiring improvement were identified in relation to: ensuring that each patient has a written record of the furniture and personal possessions which they have brought into their room; ensuring that these records are kept up to date and are signed and dated by two people at least quarterly; ensuring that income and expenditure records are maintained for the patients' comfort fund; ensuring that there is evidence that each patient or their representative has been provided with an up to date written agreement; ensuring that patient agreements are updated to reflect any changes, with the changes agreed in writing with the patient or their representative; ensuring that personal expenditure authorisation documents are in place for all relevant patients and ensuring that written policies and procedures to guide financial practices are reviewed on at least at three-yearly basis.

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 |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 4 |

Details of the Quality Improvement Plan (QIP) were shared with the deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent finance inspection dated 19 May 2014

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 May 2014.

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 a 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 deputy manager and the home administrator. The registered manager attended for part of the inspection; however she was not rostered to be on duty on the day of the inspection. Feedback from the inspection was provided to the deputy manager. A poster detailing that the inspection was provided for display in a prominent position in the home, however no relatives or visitors chose to meet with the inspector.

The inspector provided to the deputy manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position in the home so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback about their experience of the home.

The following records were examined during the inspection:

- The resident guide.
- A sample of hairdressing treatment records.
- A sample of patients' written agreements with the home.
- A sample of income, expenditure records and reconciliations (checks).
- A sample of written financial policies and procedures:
 - "Control of residents personal property/valuables/monies" March 2015
 - "Handling clients money" February 2014

- “Accounts and financial control” February 2016
- “Complaints procedure” October 2015
- “Management of resident comfort fund” December 2012

The findings of the inspection were shared with the deputy manager as part of the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 July 2018

The most recent inspection of the home was an announced premises inspection.

6.2 Review of areas for improvement from the last finance inspection dated 19 May 2014

As noted above, a finance inspection of the home was carried out on 19 May 2014, however the findings were not brought forward to the inspection on 18 October 2018.

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

Discussions with the deputy 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.

Discussions with the registered manager established that the home had a safe place available to enable patients to deposit any monies or valuables for safekeeping; the inspector was satisfied with the location of the safe place. On the day of inspection, only cash belonging to patients was held within the safe place. A trace of a sample of balances held agreed to the records maintained.

Areas of good practice

There were examples of good practice found for example, the home administrator participating in adult safeguarding training and the availability of a safe place in the home for patients to deposit money or valuables.

Areas for improvement

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

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

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

Discussion with the registered manager established that no person associated with the home was acting as appointee for any patient. She also confirmed that the home was not in direct receipt of the personal monies for any patient. For the majority of patients in the home, family members deposited cash for expenditure on behalf of their relative. Discussion established that the person making a deposit received a receipt and a duplicate receipt book was in place to record these details. Two signatures were routinely recorded on the receipts.

For those patients for whom the home engaged in transactions for goods or services, records detailing records of income and expenditure were available for individual patients. A review of a sample of the records identified that two signatures had been recorded against individual transactions and supporting evidence was available in respect of expenditure on hairdressing services. Records reflected that two people had carried out a check of the records and balances on a regular basis. The most recent check was dated 8 October 2018

As noted above, hairdressing treatments were being facilitated within the home. A sample of hairdressing treatment receipts were reviewed, which were found to detail the date, the name of the resident, the treatment received (and the cost) the signature of the hairdresser and routinely, the signature of two representatives from the home.

The inspector discussed how residents' property (within their rooms) was recorded and requested to see the property records for three residents, however the finance records for the selected patients which were provided by the registered manager did not contain any property records. The inspector subsequently asked the deputy manager to check the care files for the patients selected, however she returned to report that no records could be located on those files either. Each patient is required to have a written record of the furniture and personal possessions which they have brought to their rooms.

Ensuring that each patient has a written record of their property was identified as an area for improvement. (These records are required to be checked and signed and dated by two people at least quarterly).

The registered manager confirmed that the home operated a patients' comfort fund, however no income and expenditure records were maintained in respect of the funds. The registered manager noted that if any payments were made from the comfort fund monies held in the safe place, a receipt would be written. The inspector highlighted that records for the administration of the comfort fund monies should be maintained in the same manner as if the monies belonged to an individual patient. That is, a standard financial ledger format should be used with a regular check of the balance carried out and recorded by two people at least quarterly. As noted above, this practice was in place for individual patients in the home.

Ensuring that the comfort fund records are maintained in this manner was identified as an area for improvement.

Discussion with the home administrator established that no bank accounts were managed on behalf of residents either individually or jointly. The administrator also noted that the home did not operate a transport scheme.

Areas of good practice

There were examples of good practice found in relation to the information recorded on treatment records, the availability of income, expenditure records and records of regular checks which had been carried out by two staff members.

Areas for improvement

Two areas for improvement was identified in relation to ensuring that a record is maintained of the furniture and personal possessions which each patient has brought into their room (these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis) and ensuring that income and expenditure records which follow a standard financial ledger format are introduced to record transactions in respect of the patients' comfort fund.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 1 | 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.

Day to day arrangements in place to support residents were discussed with the registered manager. She described a range of examples of how the home supported patients with their money.

Discussion with the deputy 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. This included ongoing feedback from patients and relatives, HSC trust care reviews and feedback from relatives in the form of thank you cards.

Areas of good practice

There were examples of good practice found in respect of the 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 |
|--|-------------|-----------|
| Total number of areas for improvement | 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.

The resident guide detailed general information about the home including the organisational structure and reference to key policies. It also provided some information regarding the management of valuables within the home, and the availability of a visiting hairdresser.

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including the management of patients' money and property, the management of the patients' comfort fund and complaints. The policies which were provided by the registered manager were all dated or reviewed beyond the three-year time period ie: policies were dated between December 2012 and March 2015. The inspector requested that the deputy manager double check that the copies provided were the most up to date versions; she returned to confirm that the home administrator had checked this and these were the most up to date copies.

Ensuring that written policies and procedures addressing financial practices in the home are reviewed and updated as necessary was identified as an area for improvement.

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

Patient agreements and personal allowance authorisation documents (providing authority to purchase goods and services on behalf of patients) were requested for a sample of three patients' records. The registered manager provided the records for only two of the three patients selected as part of the random sample. The registered manager noted that there was no agreement for the third patient.

The home must have evidence that each patient has been provided with a written agreement setting out the terms and conditions of the residency in the home. This was identified as an area for improvement.

A review of the remaining two records established that both patients had a written agreement on their files; however these had not been updated in the last year to reflect the change in the regional care fees which are applicable from April of each year.

The home is required to ensure that each patient's agreement is updated to reflect any change to the agreement (including fees and financial arrangements) and to share the agreement with the patient or their representative to agree the change in writing. This was also identified as an area for improvement.

For the two patients whose agreements were reviewed, each of the patients had a signed personal monies authorisation document in place, providing the home with authority to spend the patient's personal monies on identified goods or services. This document formed part of the individual written agreement. The patient who did not have a written agreement therefore did not have this document in place.

Ensuring that personal monies authorisation documents are provided for signing by the patient or their representative was identified as an area for improvement.

The inspector discussed with the deputy 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 residents. The deputy manager was able to describe examples of the way this was achieved in the home.

Areas of good practice

There were examples of good practice found: the resident guide detailed information about the home including the management of valuables and the arrangements to access hairdressing services in the home, the home administrator's was confident on handle the receipt of a complaint or escalate a concern under the home's whistleblowing procedures and the deputy manager was able to describe specific examples of how patients experienced equality of opportunity.

Areas for improvement

Four areas for improvement were identified during the inspection. These related to ensuring that written policies and procedures addressing financial practices in the home are reviewed and updated as necessary; ensuring that each patient has been provided with a written agreement setting out the terms and conditions of the residency in the home; ensuring that each patient's agreement is updated to reflect any change to the agreement and to share the agreement with the patient or their representative to agree the change in writing and ensuring that personal monies authorisation documents are provided for signing by the patient or their representative.

| | 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 the deputy 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 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 Nursing Homes Regulations (Northern Ireland) 2005

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| <p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p> | <p>The registered person shall ensure that a record is maintained of the furniture and personal possessions which each patient has brought into the room occupied by him.</p> <p>(The Care Standards for Nursing Homes (2015) state that these records should be kept up to date and be reconciled and signed and dated by two people on a quarterly basis).</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has addressed this issue and all furniture and personal possessions belonging to each resident on admission has been updated .This will be signed and reconciled on a quarterly basis.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 5 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p> | <p>The registered person shall ensure that each patient is provided with an individual written agreement setting out the terms and conditions of their residency in the home.</p> <p>Ref: 6.7</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has issues all residents with an individual written agreement of terms and conditions of residency in the home.</p> |

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

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| <p>Area for improvement 1</p> <p>Ref: Standard 14.28</p> <p>Stated: First time</p> <p>To be completed by: 18 November 2018</p> | <p>The registered person shall ensure that money donated to or collected for the home specifically for the benefit of patients is accounted for separately from the home's other income and expenditure accounts.</p> <p>A standard financial ledger format should be introduced with the balance checked against cash held and reconciled by two people at least quarterly.</p> <p>Ref: 6.5</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has implemented that any money donated or collected for the home in relation to the resident comfort fund is accounted for seperately from the home's other income and expenditure accounts. A separate ledger has been implemented with the balance check on the ledger against cash held and reconciled by two senior staff members at least quarterly.</p> |

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| <p>Area for improvement 2</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p> | <p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the patient or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the patient or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p> | <p>The registered person shall ensure that written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the patient 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>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that written authorisation is obtained from each resident or their representative to spend the resident's personal allowances to pre-agreed expenditure limits. The written authorisation will be retained on the resident's records and updated as required. If any resident or their representative chooses not to sign the agreement this will be recorded.</p> <p>The Registered Manager will ensure that any resident that is managed by a HSC Trust and does not have any family to act as their representative. the authorisation about their personal monies will be shared with the HSC Trust care manager.</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 36.4</p> <p>Stated: First time</p> <p>To be completed by: 18 December 2018</p> | <p>The registered person shall ensure that policies and procedures are subject to a three yearly review at a minimum (and more frequently if required), and the registered person ratifies any revision to (or the introduction of new) policies and procedures.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that policies and procedures are subject to a three yearly review and the Registered Manager will ratify</p> |

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| | and revision to or introduction to any new policies and precedures. |
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****Please ensure this document is completed in full and returned via Web Portal****



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