

Unannounced Finance Inspection Report 11 October 2018



Lisburn Intermediate Care Centre

Type of Service: Nursing Home (NH)
Address: 119b Hillsborough Road, Lisburn, BT28 1JX
Tel No: 028 9266 9523
Inspector: Briega Ferris

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 63 beds that provides care for older patients, those with a dementia or physical disability other than sensory impairment or those patients who are terminally ill.

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual(s): Maureen Claire Royston	Registered Manager: See box below
Person in charge at the time of inspection: Alfie Corvera, Acting Manager	Date manager registered: Temporary management arrangements in place.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. 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: 63 There shall be a maximum of 12 patients accommodated within category of care NH-DE and located within the designated dementia unit (lower ground floor).

4.0 Inspection summary

An unannounced inspection took place on 11 October 2018 from 10.50 to 14.00 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; the existence of a separate patient bank account and comfort fund bank account; records of income, expenditure and reconciliation were available including supporting documents; 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 was identified in relation to ensuring that the home administrator participates in adult safeguarding training; ensuring that a check of the safe contents is carried out and recorded by two people at least quarterly; ensuring that patients' personal property records are reconciled and signed and dated by two people at least quarterly; ensuring that each patient is provided with an individual written agreement, ensuring that there is evidence that any changes to patients' agreements have been shared by the home with the patient or their representative for signing and ensuring that personal expenditure authorisation forms are in place for all relevant patients.

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	1	5

Details of the Quality Improvement Plan (QIP) were provided to the manager of the home 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 one of these incidents related to patients' money or valuables. Discussion with the manager established that the appropriate steps had been taken to address this incident. 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 manager, the home administrator was on leave.

The inspector provided to the 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:

- A sample of income, expenditure and reconciliation (check) records
- 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 manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP from the inspection was returned and approved by the care inspector. The 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 29 April 2014

A finance inspection of the home was carried out on 29 April 2014; the findings from which were not brought forward to the inspection on 11 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 manager confirmed that adult safeguarding training was mandatory for all staff in the home; however since the home administrator had joined the home she had not participated in adult safeguarding training. Ensuring that the home administrator participates in this training was identified as an area for improvement.

Discussions with the 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 and valuables were being held for patients.

A written safe contents record "FSHC Valuables record" was in place to detail the contents of the safe. A review of the record identified that a check of the safe contents to the written records had most recently been carried out and recorded by two people in March 2018. Ensuring that a check is carried out and recorded at least every quarter was identified as an area for improvement.

Areas of good practice

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.

Areas for improvement

Two areas for improvement were identified as part of the inspection. These related to ensuring that the home administrator participates in adult safeguarding training and making sure that a check of the safe contents is carried out and recorded by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the manager and home administrator established that no person associated with the home was acting as appointee for any patient. It was noted that the home was not in direct receipt of the personal monies for any patient. For the majority 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.

Records of income and expenditure were available for patients, 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. Evidence was in place identifying that those depositing monies routinely received a receipt which was signed by two people.

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 cash and bank checks available in the home was in respect of the August 2018 month-end.

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 had most recently been reconciled in respect of the August 2018 month-end.

Hairdressing, barbering 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 for Nursing Homes (2015).

The inspector discussed with the manager how patients' property (within their rooms) was recorded and requested to see a sample of the property records maintained. The manager provided the records for three patients and it was noted that each patient had a record of personal property on their file entitled "Schedule of personal effects". Each of the records had been signed by two people, as is required, however only one of the records had been dated (February 2017). These findings were discussed with the manager and it was noted that these records should be reconciled on a quarterly basis by a member of staff and countersigned by a senior member of staff as per standard 14.26 of the Care Standards for Nursing homes, 2015. As this evidence was not available, this was identified as an area for improvement.

The manager confirmed that the home operated a comfort fund and a policy and procedure was in place to administer the 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 March 2018 month-end. As noted in section 6.4 of this report above, an area for improvement has been made to ensure that any patients’ monies or valuables are checked and signed and dated by two staff at least quarterly.

The manager confirmed that 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 ensuring that patients’ personal property records are reconciled and signed and dated by two people at least quarterly.

	Regulations	Standards
Total number of areas for improvement	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.

Day to day arrangements in place to support patients were discussed with the manager. Discussion established that arrangements to appropriately support patients with their money would be discussed with the patient or their representative at the time of the patient’s admission to the home.

Discussion with the 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 the home’s “Quality of Life” initiative, and ongoing feedback from patients and their representatives.

Arrangements for patients to access money outside of normal office hours were discussed with the manager. 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
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.

Written policies and procedures were in place to guide financial practices in the home. Policies were in place addressing areas of practice including general record keeping, complaints and the management of patients' personal monies.

Individual patient agreements were discussed with the manager and a sample of four patients' finance files were requested for review. A review of the information established that three patients had a signed individual written agreement with the home, however one patient did not have a signed agreement on file; only a blank amendment to the patient's agreement was on file.

Ensuring that each patient is provided with an individual written agreement setting out the terms of their residency in the home was identified as an area for improvement.

The three remaining "update" documents on file were dated 2014 and 2016 respectively. These documents detailed the changes to the (regional) fees over time and had been shared for signature with patients or their representatives.

Ensuring that each patient's agreement is updated and shared for signature with the patient or their representative was identified as an area for improvement.

A review of the information identified that documents entitled "financial assessment part 3" should be in place setting out the express authority granted to the home to spend the patient's money on identified goods and services. Only one of the four patients had this document on their file. Ensuring that each patient for whom the home engages in purchases of goods or services has a written detailed template completed was identified as an area for improvement.

The inspector discussed with the manager the arrangements in place in the home to ensure that residents experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of patients. The manager was able to describe examples of the way this was achieved within the home. She noted in particular that patients benefitted from the open –door policy in the home.

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

Two areas for improvement were identified as part of the inspection in relation to ensuring that each patient is provided with an individual written agreement setting out the terms of their

residency and ensuring that each patient’s agreement is updated and shared for signature with the patient or their representative.

	Regulations	Standards
Total number of areas for improvement	1	2

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 manager of the home, 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 Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 5 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2018</p>	<p>The registered person shall ensure that there is evidence available that each patient or their representative has been 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: Terms and Conditions for identified resident have been issued, received back as completed by their representative on 17.10.18, and a copy is held on file, along with all other relevant documentation pertaining to this resident.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 13.11</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that the home administrator participates in adult safeguarding training.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: Home Administrator still remains on sick at present, Vulnerable adult e-learning module will be completed on return to work.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2018 and at least quarterly thereafter</p>	<p>The registered person shall ensure that a reconciliation of money and valuables held and accounts managed on behalf of residents 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: 6.4</p>
	<p>Response by registered person detailing the actions taken: The safe content register has been updated, checked, signed and dated by two staff members, going forward this will be considered on a monthly basis.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 11 November 2018</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>Response by registered person detailing the actions taken: All resident inventory records has been updated to reflect residents valuable items held within own room. These records have been verified by two staff members and are signed and dated. Going forward this will be reviewed and updated on a quarterly basis.</p>
<p>Area for improvement 4 Ref: Standard 2.8 Stated: First time To be completed by: 11 December 2018</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident 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: Outstanding agreements have been issued and will be followed up accordingly with a follow up letter and where there is no return, a final letter will be issued stating that "as we have not received any objections or queries on the terms and conditions, we must assume that you are happy with them, and that they will now form the basis of our contractual relationship going forward. Copies of these letters will be held on file with copy of initial contact issued.</p>
<p>Area for improvement 5 Ref: Standard 14.6, 7 Stated: First time To be completed by: 11 December 2018</p>	<p>The registered person shall ensure that where a home is responsible for managing a resident's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each resident or their representative to spend the resident's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the resident's records and updated as required. Where the resident or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where the resident is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Financial 3 Spending Policy has been issued and will be followed up accordingly for return of same. Any families not wishing to avail of the Financial 3 Spending Policy will be documented with notification held on file.</p>

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



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