

# Unannounced Finance Inspection Report 12 January 2017



## Geannann Care Centre

**Type of Service: Nursing Home**  
**Address: 31 Ballygawley Road, Dungannon BT70 1NH**  
**Tel no: 02887750101**  
**Inspector: Briege Ferris**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Geanann Care Centre took place on 12 January 2016 from 10:30 to 16:20 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 and staff members were familiar with controls in place to safeguard service users' money and valuables; no areas for improvement were identified.

### **Is care effective?**

Controls to ensure service users' money and valuables were safeguarded were found to be in place; however two areas for improvement were identified during the inspection. These related to ensuring that: any service users' personal monies are not held in the home's business bank account and are withdrawn from the business account no later than four weeks following the monies being paid in; and ensuring that each service user's record of personal property is kept up to date and is reconciled by two people, at least quarterly.

### **Is care compassionate?**

Discussion with staff members evidenced an empathic response to ensuring service users' money and valuables were appropriately safeguarded. No areas for improvement were identified.

### **Is the service well led?**

Governance arrangements were found to be in place however three areas for improvement were identified during the inspection. These related to ensuring that: each service user has an individual written agreement which sets out the terms and conditions of their residency in the home; the individual written agreement should set out the individual financial arrangements and fees and be provided to each of the current service users in the home; and ensuring that a written authorisation is provided obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and be updated as required.

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 Geanann Care Centre which provides both nursing and residential care.

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the quality improvement plan (QIP) within this report were discussed with Michelle Devlin, 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**

A finance inspection of the home was carried out on 24 November 2009 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 12 January 2017.

**2.0 Service details**

<b>Registered organisation/registered person:</b> Runwood Homes Ltd/John Rafferty	<b>Registered manager:</b> Michelle Devlin
<b>Person in charge of the home at the time of inspection:</b> Michelle Devlin	<b>Date manager registered:</b> 23 March 2015
<b>Categories of care:</b> NH-I, NH-DE, RC-DE	<b>Number of registered places:</b> 54

**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 care inspector was also contacted prior to the inspection.

During the inspection, the inspector met with Michelle Devlin, the registered manager, and the home's administrator. 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.

One service user and their relative spoke to the inspector and advised that they "couldn't be happier" with the care that had been received during the service user's stay in the home.

The following records were examined during the inspection:

- The home's service user guide
- The "safe contents book"
- The home's "Finance policy incorporating residents personal accounts homes petty cash and amenity fund"
- A sample of income and expenditure records
- A sample of records for hairdressing and podiatry services facilitated in the home
- Four service user finance files
- Four records of service users' personal property (in their rooms)

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 13 September 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This 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 dated 24 November 2009

As noted above, a finance inspection of the home was carried out on 24 November 2009 on behalf of RQIA. The findings from the inspection were not brought forward to the finance inspection on 12 January 2017.

### 4.3 Is care safe?

The home had one full time administrator and evidence was reviewed which confirmed that he had received training on the Protection of Vulnerable Adults (POVA). The administrator was familiar with the controls in place to safeguard service users' money and valuables in the home. It was noted that there had been a change in ownership of the home in the previous months; discussion with the registered manager and the home administrator identified that day to day procedures to handle service users' money and valuables had changed in light of this. Both staff members acknowledged that staff in the home and service users' relatives were adjusting to the new arrangements.

Notwithstanding these challenges, both the registered manager and the home administrator were clear about how service users' money and valuables was recorded and the records to be held in respect of any income and expenditure recorded on behalf of service users.

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 were lodged with the home for safekeeping; no valuables were being held.

The home had a written “safe contents book” to record the contents of the safe place, including any items held for safekeeping on behalf of individual service users. The record had most recently been reconciled, signed and dated by the registered manager and the home administrator in January 2017.

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.4 Is care effective?

Discussion with staff established that no representatives of the home were acting as nominated appointee for any service user in the home. The home was, however, in direct receipt of the personal monies for four service users from a HSC trust. The home administrator reported that the home did not have a service users’ bank account in place and that personal allowance monies received on behalf of the four service users were deposited in the business bank account until required by each service user. The inspector spoke with the organisations finance manager by telephone during the inspection to clarify these arrangements. The finance manager confirmed that the above arrangements (as described by the home administrator) were accurate and reported that a record was held at head office of the separate amounts received on behalf of the identified service users. It was also clarified that the organisation’s head office did not administer a service users’ bank account.

The inspector noted that any service users’ personal monies should not be held in the home’s business bank account. Personal monies belonging to the service user should be withdrawn from the business account no later than four weeks following the monies being paid in.

The home should make the necessary arrangements to ensure that the transfer of monies belonging to the identified service users is accounted for clearly and that monies belonging to the service users are appropriately safeguarded on their behalf.

A recommendation was made in respect of this finding.

In the majority of cases, the home was in receipt of money from the family/friends of service users to pay for additional services facilitated within the home which had an additional charge, such as hairdressing, newspapers, podiatry or other sundries. Routinely, those making deposits or withdrawing from service users’ balances signed the ledger sheet along with a member of staff in the home.

A sample of the records of income and expenditure maintained on behalf of service users was reviewed. Records were made on “Residents personal money sheets”. Entries were routinely signed and dated by two people and where possible, cross-referenced to the corresponding expenditure receipt.

A sample of the records identified that over time, “audit” and the date had been written in the margins of a number of the sheets. The home administrator advised that he had checked the records from time to time, however this was not a formal process and he advised he had done this on his own initiative. It was noted that a formal reconciliation record was available at the

front of the “Residents personal money sheets” file. This was dated 9 January 2017, the detailed balance held for each service user was recorded and it was signed and dated by the registered manager and the home administrator.

The inspector traced a sample of transactions written in the records and was able to locate the relevant documents; for example, a receipt for expenditure or treatment record for hairdressing or podiatry services facilitated in the home.

The inspector discussed how service users’ property (within their rooms) was recorded and requested to see a sample of the completed property records for four service users.

Each of the four service users had a written record of property on their file. Three of the service user’s records were made on a “Resident’s property record” template, while the remaining service user’s record was made on a “Countrywide” template and called “Updated inventory of possessions”. Each of the four records sampled had been signed only by one member of staff. Within the sample, there was evidence that a number of the records had been updated as new items had been added; there was no evidence that the records had been reconciled on a regular basis.

The DHSSPS Care Standards for Nursing Homes recommend that each service user’s record of personal property is kept up to date and reconciled by two people at least quarterly. It was noted that the registered manager had begun to develop a template to carry out such reconciliations and this was shown to the inspector; however at the time of the inspection, this had not yet been implemented in the home.

A recommendation was made in respect of the above finding.

The registered manager noted that home had a recently started to operate a service users’ comfort fund, however no records were yet maintained in respect of the administration of the fund. The registered manager also confirmed that the home did not provide transport to service users.

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that: any service users’ personal monies are not held in the home’s business bank account and are withdrawn from the business account no later than four weeks following the monies being paid in; and ensuring that each service user’s record of personal property is kept up to date and is reconciled by two people, at least quarterly.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
-------------------------------	---	----------------------------------	---

### 4.5 Is care compassionate?

Day to day to day arrangements in place to support service users were discussed with the registered manager and the administrator. Staff described specific examples of how the home supported a range of service users with their money. Discussion also established how arrangements to safeguard service users’ money were discussed with the service user or their representative at the time of the service user’s admission to the home. It was also noted that the change in ownership of the home had resulted in changes in day to day arrangements to

support service users with their monies. It was acknowledged that this had resulted in discussion with relatives regarding these changes, some of which were ongoing.

A range of files were reviewed and these identified evidence of engagement with other professional stakeholders to ensure individual service users’ monies were appropriately safeguarded on their behalf or that service users had sufficient money lodged with the home to ensure that each service user could purchase additional goods or services if they wished.

Discussion with the registered manager established that the home had a range of methods in place to encourage feedback from families or their representatives in respect of any issue. The service user guide contained a range of information for a new service user including information on fees and bringing personal possessions into the home.

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.

**Areas for improvement**

No areas for improvement were identified during the.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

**4.6 Is the service well led?**

The home had a range of written policies and procedures addressing matters relating to safeguarding money and valuables, record keeping requirements; and other relevant issue, such as complaints and whistleblowing.

There was a clear organisational structure within the home; 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 and a sample of four service user files were selected for review. The review evidenced that only one of the service users had a signed agreement on their file; this had been signed in 2011 and had not been kept up to date to reflect changes to the terms and conditions, including the yearly change in the regional fee rate.

A requirement was made to ensure that each service user is provided with an individual written agreement which sets out the terms and conditions of their residency in the home.

Within the sample of files reviewed, one service user’s agreement reflected that a HSC trust was acting as nominated appointee for the service user. The service user had an agreement on file which had been signed by the registered manager in 2015. The service user’s file did not evidence that the home had attempted to contact the HSC trust in order to share the service user’s agreement. In another case, it was noted that the service user’s agreement had been updated in 2014 and had been annotated “will not sign”; meaning that the next of kin refused to sign the agreement.

These findings were discussed with the registered manager and it was acknowledged making the above mentioned note was good practice; however, the agreement had not been updated in

the following two years and therefore any attempts by the home to update the agreement in light of the annual change in the regional fee was absent from the file.

A recommendation was made to ensure that any changes to the individual written agreement (with service users) are agreed in writing by the service user or their representative. The individual agreement should be 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 should be recorded.

The review of the four service users' files selected evidenced that only two of the four service users had a personal monies authorisation on their files. The two personal monies authorisations reviewed were dated 2012 and 2011 respectively. Given the management of the personal monies which had been reviewed for these two service users earlier in the inspection, it was clear that the personal monies authorisations should be brought up to date and be shared with the appropriate individuals in each case.

A recommendation was made to ensure that a clear, written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation should be retained on the service user's records and updated as required.

**Areas for improvement**

Three areas for improvement were identified during the inspection. These relating to ensuring that: each service user has an individual written agreement which sets out the terms and conditions of their residency in the home; the individual written agreement should set out the individual financial arrangements and fees and be provided to each of the current service users in the home; ensuring that a written authorisation is obtained from each service user or their representative to spend the service user's money to pre-agreed expenditure limits. The written authorisation must be retained on the service user's records and updated as required.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	2
-------------------------------	---	----------------------------------	---

**5.0 Quality improvement plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Michelle Devlin, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 **the web portal** 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

#### Requirement 1

**Ref:** Regulation 5 (1)  
(a) (b)

**Stated:** First time

**To be completed by:**  
23 February 2017

The registered provider must provide to each patient, by not later than the date on which he becomes a patient, a statement specifying – (a) the fees payable by or in respect of the patient for the provision to the patient of any of the following services (i) accommodation, including the provision of food, and (ii) nursing and except where a single fee is payable for those services, the services to which each fee relates; (b) the method of payment of the fees and the person by whom the fees are payable.

**Response by registered provider detailing the actions taken:**

Resident agreement forms have been forwarded to all service users representatives for review and signature..

### Recommendations

#### Recommendation 1

**Ref:** Standard 14.4

**Stated:** First time

**To be completed by:**  
23 February 2017

The registered provider should ensure that any service users' personal monies are not held in the home's business bank account. Personal monies belonging to the service user should be withdrawn from the business account no later than four weeks following the monies being paid in.

The home should make the necessary arrangements to ensure that the transfer of monies belonging to the identified service users is accounted for clearly and that monies belonging to the service users are appropriately safeguarded on their behalf.

**Response by registered provider detailing the actions taken:**

Personal monies belonging to the service users are withdrawn from the business bank account no later than 4 weeks following monies being paid in. All monies belonging to each service user is accounted for clearly.

#### Recommendation 2

**Ref:** Standard 14.26

**Stated:** First time

**To be completed by:**  
23 February 2017

The registered provider should ensure that an inventory of property belonging to each resident 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.

**Response by registered provider detailing the actions taken:**

The inventory of service users property is held in the home, it is updated quarterly by two members of staff.

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 2.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 February 2017</p>	<p>The registered provider should ensure that any changes to the individual written agreement (with service users) 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><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.6, 14.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 February 2017</p>	<p><b>Response by registered provider detailing the actions taken:</b> A schedule to record changes in fees payable and payment method is issued to service users or their representatives for their review and signature when changes occur. It is confirmed that where the service user or their representative cannot or chooses not to sign this will be recorded.</p>
	<p>The registered provider should ensure that written authorisation is obtained from each service user or their representative to spend the service users' personal monies on pre-agreed expenditure.</p> <p>The written authorisation should be retained on the service user's records and updated as required.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> A personal allowance agreement is sent to each service user or their representative for their authorisation to spend the service users personal monies. All records will be updated as required.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews