Unannounced Care Inspection Report
2, 5 & 7 May 2019

Owen Mor Care Centre

Type of Service: Nursing Home
Address: 167 Culmore Road, Londonderry BT48 8JH
Tel No: 028 7135 3631
Inspectors: Lyn Buckley, Michael Lavelle, Judith Taylor & Joseph McRandle

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a registered nursing home which provides care for up to 81 patients.

3.0 Service details

Organisation/Registered Provider: East Eden Limited **Responsible Individual:** Dr Una McDonald – (acting)	**Registered Manager and date registered:** Jean Browne Registration pending
Person in charge at the time of inspection: 2 May 2019 – Jean Browne, manager 5 May 2019 – Helen Keys , deputy manager initially then Jean Browne, manager. 7 May 2019 – Jean Browne, manager	**Number of registered places:** 81 comprising: 68 – NH- DE 7 - NH- LD and LD (E) accommodated in Strule Unit 6 – NH-MP and MP(E) accommodated in Erne Unit A maximum of 68 patients in category NH-DE; 24 accommodated in the Foyle/Faughan Unit, 13 accommodated in the Roe Unit, 10 accommodated in the Derg Unit, 10 accommodated in the Mourne Unit and 11 accommodated in the Finn Unit.
Categories of care: Nursing Home (NH) DE – Dementia MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years LD – Learning disability LD(E) – Learning disability – over 65 years	**Number of patients accommodated in the nursing home on the day of this inspection:** 2 May 2019 – 81 5 May 2019 - 77

4.0 Inspection summary

An unannounced medicines management inspection was conducted on 2 May 2019 to follow up on the areas for improvement identified at the last medicines management inspection on 6 August 2018. Serious concerns were identified regarding the management and administration of patients' medicines. As a result, an unannounced care inspection was undertaken on 5 May 2019.

At the care inspection serious concerns were identified in relation to the quality of management and governance arrangements in the home; health and welfare of patients, in particular the record keeping; and the competency and capability of registered nursing staff. These deficits had the potential to impact on the quality of care delivered in the home.

RQIA also conducted an unannounced finance inspection on 7 May 2019. This inspection did not result in enforcement action being taken. However, areas for improvement were identified and can be viewed in section 6.2.4 and in the quality improvement plan (QIP) issued.

RQIA shared the findings from the inspections with the Western Health and Social Care Trust (WHSCT) on 5 May 2019 initially and at a meeting on 7 May 2019. RQIA received assurances and an action plan from the WHSCT who were taking action to ensure Trust staff were in the nursing home on a daily basis to support the manager and staff.

As a consequence of the inspection findings RQIA invited the responsible individual (acting) to attend a meeting in RQIA on 13 May 2019 with the intention of issuing four failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005, in relation to Regulation 10 (1) regarding the quality of management and governance in the home; Regulation 13 (1) regarding the health and welfare of patients; Regulation 13 (4) regarding the management and administration of medicines and Regulation 20 (1) (a) – staff training, knowledge, competency and capability.

The meeting was attended by Dr Una McDonald, Responsible Individual (acting) and Ms Jean Browne, Manager.

They submitted an action plan and RQIA received some assurance that they were working closely with the WHSCT to drive the necessary improvement. However, the representatives were unable to offer RQIA full assurance and it was decided that four failure to comply notices under Regulation 10 (1); Regulation 13 (1) (a) and (b); Regulation 13 (4) and Regulation (20 (1) (a) would be issued, with the date of compliance to be achieved by 26 June 2019.

Despite the enforcement action being taken, the inspection- identified areas of good practice in relation to staff knowledge of patients care needs, staff interactions with patients, the delivery of personal care and responding in a timely manner to patients care needs. The finance inspection also identified satisfactory practices in relation to the recording of patients valuables held in the safe place, transactions undertaken on behalf of patients, including retention of receipts, recording of patients' personal possessions brought into the home and the recording of fees received from patients.

Patients able to voice their opinion described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in the home and in their interactions with others including staff.

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	4

Details of the Quality Improvement Plan (QIP) for each inspection undertaken were discussed with Jean Browne, manager and Dr Una McDonald, responsible individual (acting), as part of the inspection processes.

Enforcement action resulted from the findings of the medicines management and care inspections. Four failure to comply notices were issued under The Nursing Homes Regulations (Northern Ireland) 2005 as follows:

FTC Ref: FTC000035 with respect to Regulation 10(1)
FTC Ref: FTC000036 with respect to Regulation 13(1) (a) and (b)
FTC Ref: FTC000039 with respect to Regulation 13(4)
FTC Ref: FTC000040 with respect to Regulation 20(1) (a)

The enforcement policies and procedures are available on the RQIA website.

https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

Enforcement notices for registered establishments and agencies are published on RQIA's website at https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity with the exception of children's services.

4.2 Action/enforcement taken following the most recent inspection dated 26 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 26 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included previous inspection findings for care, estates, pharmacy and finance issues; registration information and any other written or verbal information received; for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

The following records were examined during the inspection:

- samples of medicines received records; personal medication records; medicine administration records; medicines disposed of or transferred; medicines storage temperatures
- controlled drug record books
- a sample of patient incident and accident records
- a sample of patient care records in relation to the management of bedrails, wounds/pressure ulcers, weight loss and nutrition, falls, enteral feeding
- three patients' finance files, including copies of written agreements

- actual monies held on behalf of three patients and records of monies held
- samples of records of reconciliations between patients monies held and records of monies held; records of personal allowance monies and fees forwarded to the home from the Health and Social Care Trust on behalf of patients; records from the service provided by the hairdresser including payments; records from purchases undertaken on behalf of four patients, including receipts; bank statements; records of income for fees for four patients; records pertaining to patients valuables held in the safe place; the recording of transactions undertaken on behalf of patients, including retention of receipts; records of patients' personal possessions brought into the home and records indicating fees received from patients and financial policies and procedures
- two patients' records of personal property
- a sample of governance audits/records
- a sample of reports of visits by the registered provider/monthly monitoring reports (delete as required) from 1 January 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. None of the previous areas for improvement were met and have been subsumed into the Failure to Comply Notices issued by RQIA on 15 May 2019.

Areas of improvement identified at previous finance inspection have been reviewed. All of the areas for improvement were met.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement one was met and four were subsumed into the Failure to Comply Notices issued by RQIA on 15 May 2019.

6.2 Inspection findings

6.2.1 Staffing

On Sunday 5 May 2019 we observed that nursing and care staff were working well as a team and that the care needs of the patients were being met in a timely manner. Staff spoken with said that they had time to care for patients.

We observed patients to be relaxed and comfortable in their surroundings. With support from staff some patients were enjoying activities which included attendance at a religious service and others were relaxing in one of the lounges or in their bedroom as was their choice. We saw that patients' needs and requests for assistance were met in a timely and caring manner. We saw staff responding to nurse call bells; assisting patients in their bedroom and providing support to patients during the lunchtime meal.

On arrival at the home the deputy manager confirmed staffing levels and explained that one care assistant had not arrived for duty that morning. Arrangements had been put in place given the short notice and 'cover' had been arranged for the afternoon shift.

The manager, who came on duty after we arrived to facilitate the inspection, confirmed the planned number and the skill mix of staff on duty for the whole home and for each unit within the home. We discussed how absences from work were managed. The manager confirmed that, as per the home's policy, staff would be required to attend a return to work meeting with her or the deputy manager. The manager said that absenteeism was not an issue for the home and that the home operated a 'bank' of staff who could be called upon at short notice to help cover shifts.

We saw that staff were available in the lounges and in the dining room during the lunchtime meal to provide assistance as required.

As stated previously we saw that patients were comfortable and relaxed; patients were also well groomed in clean matching attire and we saw staff ensuring patients received their food and fluids.

In discussion with some of the nursing staff and review of identified patient care records it was evident that care records did not reflect the care needs of patients; and records contained conflicting information which had the potential to compromise the delivery of safe and effective care. This was particularly identified in relation, to the management of falls, bed rails, enteral feeding, nutrition and wound and pressure ulcer descriptions. For example, in one patient's care record nursing staff did not describe the location of a pressure ulcer correctly and a communication book stated that an identified patient's bed rails were not to be deployed yet the patient's care plan stated that they should. In addition, when we discussed the incidences and grading of pressure ulcers within the home with one identified registered nurse, they were unable to grade a patient's pressure ulcer in accordance with the national pressure ulcer classification system known as NPUAP/EPUAP.

During feedback it was confirmed that since the manager had commenced her role, competency and capability assessments of registered nurses and care staff had not been reviewed. Based on the inspection findings, this was concerning particularly in relation to any registered nurse who took charge of the nursing home in the absence of the manager.

The outcomes of the medicines management inspection undertaken on 2 May 2019 and care inspection on 5 May 2019 raised concerns regarding registered nurses' knowledge and understanding of their professional responsibility and accountability. For example, staff advised that a patient had been woken to be administered a sleep inducing medicine and one other medicine. This demonstrated a limited understanding of the patient's needs.

The actions required to address the concerns identified are part of the failure to comply notices issued to the nursing home on 15 May 2019 under Regulation 20 (1) (a) and Regulation 13 (1) (a) and (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.2 Health and Welfare

On 5 May 2019, as stated previously, we reviewed patients' care records regarding: the management of falls, bed rails, enteral feeding, nutrition, wounds and pressure ulceration. We evidenced that an identified number of care records did not accurately reflect the care needs of patients and contained conflicting information which had the potential to compromise the delivery of safe and effective care.

There was no accurate overview of the number and type of wounds or pressure ulcers occurring in the nursing home. In addition, as stated previously registered nursing staff did not accurately record the position of pressure ulcers and there was a lack of knowledge in relation to the national pressure ulcer grading system.

There was no accurate overview of patients' weight loss. In addition we identified one patient who had not had their weight recorded from 14 February to 30 April 2019. The patient had lost weight during this period of time requiring a referral to the dietician. We were concerned that regular screening of patients' weight was not being adhered to in keeping with best practice guidance.

Accident records evidenced gaps in recording and lacked accuracy regarding details of the actions taken by registered nurses at the time of the accident or subsequently. For example, we compared one identified patient's accident report with the daily record within the patient's notes. The registered nurse had recorded two different times for when the accident occurred and two different statements regarding the impact of the fall/injury sustained; there was no accurate record of this accident. Review of this and other accident records raised concerns regarding the day to day management of falls/accidents occurring in the nursing home.

RQIA had identified an area for improvement regarding the recording of neurological observations and post fall action for a second time in November 2018. This area for improvement has not been met and has been subsumed into part of the failure to comply notice issued to the nursing home on 15 May 2019 under Regulation13 (1) (a) and (b).

We reviewed the management of bed rails for one identified patient. Care staff spoken with stated their concerns regarding the use of bed rails for the patient and showed the inspectors entries in a communication book for 23 April and 4 May 2019 instructing staff that bedrails were "not to be used" and "not to be up" for this patient. Review of the patient's risk assessments and care plan to manage the safe use of bed rails confirmed that registered nurses had reviewed the use of bed rails at least monthly and they acknowledged that the patient "may have the ability to get out of bed independently" (30 January 2019) and that "bedrails to be used with caution" (10 February 2019). However, the care plan, for sleeping, reviewed on 9 April 2019 stated: "ensure bed rails and bumpers are insitu if required…" We also went to the patient's bedroom and saw that bed rails and bumpers were in place with the rail nearest to the wall locked into the upright position. It was clearly evident that bed rails were not being managed safely or effectively.

We reviewed the management of enteral feeding for an identified patient. Records were not accurately maintained in relation to the daily intake targets and the patient had three care plans in place which gave conflicting information.

We reviewed the management of nutrition. Not all the staff spoken with were aware of the changes to the food and fluid modification descriptors and records, such as, menus and care plans pertaining to food and fluids had yet to be updated to the new descriptors (International Dysphagia Diet Standardisation Initiative – IDDSI),despite national implementation to be achieved by 1 April 2019.

We compared the notifications received by RQIA, in line with Regulation 30, with the accident records we reviewed. RQIA had raised an area for improvement regarding the notification of all head injuries in November 2018. It was evident that there was a failure to notify RQIA of incidents in accordance with regulations and this area for improvement has been subsumed into part of the failure to comply notice issued to the nursing home on 15 May 2019 under Regulation13 (1) (a) and (b).

The actions required to address the concerns identified are part of the failure to comply notices issued to the nursing home on 15 May 2019 under Regulation 13 (1) (a) and (b) and Regulation 20 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.2 Environment

The home's environment was comfortably warm throughout. We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

However, we saw evidence that the general cleanliness of the home was not well managed. For example, brushes and dustpans left in lounges were in need of cleaning due to a build-up of dust and debris. Storage of various items in bathrooms was not in keeping with good infection prevention and control practices. In addition, we raised concerns during feedback in relation to staff practices. For example, we saw staff walking through the home wearing their aprons and gloves. When we asked why, staff confirmed they had been delivering care to a patient. We also raised concerns with a registered nurse who was observed setting blood monitoring equipment on the lid of a bin. We directed the staff involved to ensure these concerns were managed safely. These and other matters identified had the potential to impact on the overall infection prevention and control measures (IPC).

We raised concerns with individual staff regarding the management of substances hazardous to health (COSHH). For example, cleaning chemicals were left unattended on a domestic trolley in the corridor. We directed the staff involved to ensure these concerns were managed safely.

During discussion staff were aware of the practice requirements for IPC and COSHH and how to respond to any concerns or risks. However, it was evident that staff had failed to put this knowledge into practice and there was a lack of robust quality assurance processes to identify or address these deficits. This was concerning and details were provided to the manager during feedback. Actions to address these issues are included in the failure to comply notice issued to the home on 15 May 2019 under Regulation 13 (1) (a) and (b).

The actions required to address the concerns identified are part of the failure to comply notices issued to the nursing home on 15 May 2019 under Regulation 13 (1) (a) and (b) and Regulation 20 (1) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.3 Management of medicines

We reviewed the processes for ensuring that patients had a continuous supply of their prescribed medicines. Staff advised of the ordering process and how shortfalls in medicines were identified and followed up with the prescriber and community pharmacist. However, we observed three instances where patients had missed doses of their medicines as records indicated the supply was not in stock. These related to one patient who missed six doses of one medicine and nine doses of another medicine; and one patient who missed two doses of one medicine. There was no supply of one medicine at the time of the inspection and this was due to be delivered on day of inspection. Two of these omitted medicines were medicines used for pain relief. The supply issues had not been reported to the manager nor recognised by registered nurses as medication incidents.

As part of the stock control in the home, it is expected that robust systems are in place for the management of limited shelf life medicines. We identified four eye preparations which remained in use after their expiry date had been reached. There was overstock of three bottles each of two eye preparations; and two eye preparations which required cold storage; however these were stored at room temperature.

Controlled drugs were stored safely and securely and stock balances were checked at each shift change. Examination of the controlled drug records books indicated that one record required binding, as pages had become loose, one shift check book was ripped and parts of pages were ripped and one page was partly missing. In relation to administration, one dose was not signed by two staff, two doses of a transdermal patch were not recorded in the controlled drug record book and stock balances of five discontinued controlled drugs were not brought to zero. For two of these medicines, we could not determine if the controlled drug had been 'denatured' and disposed of appropriately. These findings indicate that there was no clear audit trail to evidence that controlled drugs were being administered as prescribed and being denatured and disposed of appropriately.

We examined a sample of medicine related records. Records for the receipt of medicines and personal medication records were well maintained.

However, the records regarding administered medicines were not fully and accurately maintained. There was evidence of several occasions where staff had not used the correct codes to indicate that the medicines had been administered as prescribed. We also identified differences in registered nurses recording practices regarding two 'acute' medicines and we were unable to determine if the patient had received these medicines. Issues regarding administration records had been raised by RQIA previously during inspections on 27 April 2017 and 6 August 2018.

The areas for improvement identified at the last medicines management inspection have been subsumed into a Failure to Comply Notice issued by RQIA on 15 May 2019 under Regulation 13 (4) of the Nursing Homes Regulations (Northern Ireland) 2005.

6.2.4 Management of patient finances

During the finance inspection on 7 May 2019 we found the following areas were satisfactory:

- recording of patients valuables held in the safe place
- recording of transactions undertaken on behalf of patients, including retention of receipts
- recording of patients' personal possessions brought into the home
- recording of fees received from patients

A review of records showed that personal allowance monies were received on behalf of a number of patients from the Health and Social Care Trust. Discussion with the home's administrator confirmed that the monies were credited to the bank account used to retain patients' monies. Records for one of the patients showed that a substantial amount of the monies was credited against the patient's name, the amount credited corresponded to the amount forwarded by the Trust. It was noticed however, that an adjustment was made to significantly reduce the amount credited to the patient. No explanation could be provided for the adjustment. A review of the patient's bank account evidenced that the amount was still held within the account. An area for improvement has been identified within the QIP of this report in relation to this finding.

Discussion with staff confirmed that the home have recently been authorised to act as an appointee for one patient. A review of the patient's file evidenced that the required documents where yet to be received from the Social Security Agency. The file did not retain a record of the name of the person authorised to act as the appointee. This was identified as an area for improvement.

A review of three patients' files evidenced that copies of signed written agreements were retained within all three files. One agreement reviewed did not show the current amount of fees paid by, or on behalf of, the patient. This was identified as an area for improvement.

A review of a sample of statements from the patients' bank account showed that the name of the account did not identify that the monies retained within the account belonged to patients. Discussion with staff and a review of records confirmed that the monies held within the bank account were not included in the regular reconciliations of patients' monies. This was identified as an area for improvement.

Areas for improvement

Areas for improvement were identified in relation to financial arrangements

	Regulations	Standards
Total number of areas for improvement	1	4

6.2.5 Management and governance arrangements

Since the last inspection to the home in November 2019 there has been no change to the manager of the home. Dr Una McDonald was approved by RQIA as the acting responsible individual for the registered provider East Eden Limited in March 2019.

The unannounced medicines management inspection undertaken on 2 May 2019 raised concerns regarding the overall governance arrangements and medicines management within the home. The audit outcomes indicated that registered nursing staff were not checking which medicines required administration. This is unacceptable practice and had also resulted in the poor completion of administration records.

As we had evidenced that patients did not have a continuous supply of some of their medicines at the last medicines management inspection which had not been recognised or reported to management or RQIA, it is concerning that this has not been addressed effectively.

During the unannounced care inspection undertaken on 5 May 2019, we identified deficits in the oversight, monitoring and governance arrangements in the home. Due to ineffective audit processes there was a failure to drive improvement resulting in a lack of compliance with the quality improvement plan (QIP) following the care inspection on 26 November 2018. The monthly monitoring reports provided to RQIA, by the manager, did not evidence that the home had identified appropriately the concerns raised by RQIA during this inspection. For example, the lack of effective auditing of the home's environment, record keeping and the delivery of care in accordance with best practice guidelines.

In relation to the medicines, only one of the areas for improvement had been addressed effectively and no areas for improvement had been met in relation to the care inspection. The need to ensure that the governance arrangements are reviewed to enable robust systems was reiterated. The QIP should form part of the auditing process to ensure improvement is made and sustained.

The actions required to address the concerns identified are part of the failure to comply notice issued by RQIA on 15 May 2019 under Regulation 10(1) of the Nursing Homes Regulations (Northern Ireland) 2005.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Jean Browne, manager, and Dr Una McDonald, responsible individual (acting), 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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	
Area for improvement 1 **Ref:** Regulation 14 (4) **Stated:** First time **To be completed by:** 7 June 2019	The registered person shall ensure that a review is undertaken of the system used to record the amount of monies held on behalf of patients. The outcome of the review should provide an explanation for the significant reduction in the amount held for the patient identified during the inspection. Any monies owed to the patient should be refunded immediately following the review. RQIA should be informed of the outcome of the review and the amount refunded to the patient. Ref: 6.2.3
	Response by registered person detailing the actions taken: A Review of residents monies highlighted a paper error relating to monies, the actual money was lodged into the residents personal allowance account
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 14.21 **Stated:** First time **To be completed by:** 7 June 2019	The registered person shall ensure that a record confirming the name of the person authorised to act as appointee, for the patient identified during the inspection, is retained within the patient's file. Written authorisation from the Social Security Agency for the Registered Person or staff member to act as an appointee should also be retained within the file. Ref: 6.2.3
	Response by registered person detailing the actions taken: Written Authorisation from the social Security Agency for the registered person/ staff member to act as appointee is retained within the residents file
Area for improvement 2 **Ref**: Standard 2.2 **Stated:** First time **To be completed by:** 7 June 2019	The registered person shall ensure that the written agreement for the patient identified during the inspection is updated to show the current fee paid by, or on behalf of, the patient. A copy of the updated agreement should be retained within the patient's file. Ref: 6.2.3

	Response by registered person detailing the actions taken: A copy of an updated agreement is retained within the resident file to show fee paid by or on behalf the resident
Area for improvement 3 **Ref**: Standard 14.4 **Stated:** First time **To be completed by:** 7 June 2019	The registered person shall ensure that the name of the bank account used to retain patients' monies is updated to show that monies held within the account belongs to patients. Ref: 6.2.3
	Response by registered person detailing the actions taken: The name of the bank account used to retain residents monies is updated and named under the named Residents Personal Allowance Account
Area for improvement 4 **Ref**: Standard 14.25 **Stated:** First time **To be completed by:** 31 May 2019	The registered person shall develop and implement a system to ensure that monies held in the patient's bank account are included in the reconciliations of patients' monies and valuables held at the home. Ref: 6.2.3
	Response by registered person detailing the actions taken: The registered person has implemented a system to ensure monies held in the resident bank account include the reconciliations of residents monies held at home level

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

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