



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment: Clandeboye

Establishment ID No: 1072

Date of Inspection: 21 July 2014

Inspector's Name: Briege Ferris

Inspection No: 18038

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Clandeboyne Nursing Home
Address:	35 Cardy Close Bangor BT19 1AT
Telephone Number:	0289127 1011
E mail Address:	clandeboyne@fshc.co.uk
Registered Organisation/ Registered Provider:	Mr James McCall Four Seasons Health Care
Registered Manager:	Mrs Joanne Roy
Person in Charge of the Home at the Time of Inspection:	Mrs Joanne Roy
Number of Registered Places:	52
Number of Service Users Accommodated on Day of Inspection:	49
Date and Time of Previous Finance Inspection:	None
Date and Time of Inspection:	21 July 2014 10.00 – 14.00
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

3.0 Purpose of the Inspection

This is a report of an announced finance inspection to assess the quality of services being provided. The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure compliance with regulations and standards, but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager and other members of staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Statement 3: A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Statement 4: Arrangements for providing transport services are transparent and agreed in writing with the service user/their representative

The registered provider and the inspector have rated the home's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Clandeboye Care Home is situated in a residential area on the outskirts of Bangor. It provides single room accommodation for 52 patients. All patient facilities are on the ground floor and easily accessible.

The home is registered to provide nursing care for people with dementia type illnesses, NH - DE. The home is divided into two units, the Stewart Suite which accommodates 33 patients and the Dufferin Suite which accommodates 19 patients. The more physically dependent patients are cared for in the Dufferin Suite.

There are two enclosed courtyards and a number of lounges and quiet rooms available throughout the home.

7.0 Summary of Inspection

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

On examining the sample of four service users' files, the inspector noted the following:

- One service user did not have an agreement on file
- Three service users had an agreement on file which was out of date and did not reflect the current fee arrangements
- For one service user sampled who was in receipt of a nursing contribution from the HSC trust, this was not reflected in the service user's agreement

There was no evidence that all service users/their representatives had been informed in writing at least 28 days in advance of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.

The home has achieved a compliance level of moving towards compliance for this theme.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and up to date records exist to support income and expenditure for service users. The inspector noted that a representative of the home had used a loyalty card to gain points when making a purchase on behalf of a service user.

The home did not have written authorisation in place from all service users/their representatives for the home to spend service users' money on identified goods or services.

Records examined established that there are good controls in place around the recording of income and expenditure; however, a sample of records evidenced that treatment records provided by the podiatrist were not signed by the podiatrist and that staff had recorded an "x" where a signature should have been recorded.

The home has achieved a compliance level of moving towards compliance for this theme.

Statement 3: A safe place is provided within the home for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

A safe place is available within the home.

Records examined established that the last number of reconciliations had gaps of more than the recommended three months. In addition, it was noted that some of the records of valuables deposited did not reflect the full date of the deposit or reflect the signature of two persons to verify the entry.

The home has achieved a compliance level of moving towards compliance for this theme.

Statement 4: Arrangements for providing transport to service users are transparent and are agreed in writing with the service user/their representative

At the time of inspection, the home did not provide a transport service to service user. The home has arrangements in place to support service users to avail of other means of transport.

The home has achieved a compliance level of not applicable for this theme.

Statement 1	
The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care:	
Criteria Assessed: <ul style="list-style-type: none"> • The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment; • Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property; • The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Provider is compliant with all contents of statement 1. Clandeboye Care Home is not responsible for undertaking any financial transaction on the service user's behalf.	Compliant
Inspection Findings:	
The inspector was provided with a copy of Four Seasons' service user guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and associated appendices. The inspector noted that the guide contained information for service users on the home's scale of charges and an appendix detailing the costs of additional services such as hairdressing and podiatry. The inspector noted good practice in regard to	Moving towards compliance

the transparency and detail provided both within the Four Seasons guide and also the home's own appendices.

The inspector discussed the individual financial circumstances of service users in the home with the home's administrator and regional administrator; and selected four service users' files and associated records for further examination.

On examining the sample of four service users' files, the inspector noted the following:

- One service user did not have an agreement on file
- Three service users had an agreement on file which was out of date and did not reflect the current fee arrangements
- For one service user sampled who was in receipt of a nursing contribution from the HSC trust, this was not reflected in the service user's agreement

This indicated to the inspector that the home needed to improve the way that existing financial arrangements were recorded on each service user's agreement. The home would also be required to ensure that the details on the agreements were accurate for all service users in the home.

Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of the above.

A review of a sample of the records established that the home had not previously notified all service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.

The inspector explained to the registered manager present that when there was any change in the amount to be paid in respect of the service user's care or accommodation, including the level of any contribution from the service user's social security benefits, the home is required to inform the service user/their representative in writing of the up to date arrangements and update the service user's agreement accordingly.

Requirement 2 is listed in the QIP in respect of the above.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 2

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances;
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the home acts as nominated appointee for a service user, the arrangements

COMPLIANCE LEVEL

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user’s agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement. 	
<p>Provider's Self-Assessment:</p>	
<p>Clandeboyne is fully compliant with Statement 2. Clandeboyne Care Home only acts as appointee for one resident. All our clients are incapable of managing their own finances and property as Clandeboyne is a care home for residents with Dementia, therefore all the other resident's Next of Kin are appointee for their own relative. This is always reviewed at least annually in Care Review with Care Manager if not before.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the records evidenced that copies of the trust remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>Discussion with the home’s administrator and regional administrator and a review of the records evidenced that regular reconciliations of the amount received from the trust against the home’s own records of fees receivable are performed.</p>	<p>Moving towards compliance</p>

The home has a detailed and effective method of ensuring that the portion of service user benefits which are owed to home by way of the service users' contributions is transferred over to the home and clear records exist to substantiate the amount and the timing of these transfers.

Discussions with the home's administrator and regional administrator and a review of the records established that the home receives monies from service users' representatives to be spent by the home on the service users' behalf.

A review of a sample of the service users' records established that of four records examined, only two personal allowance authorisations were in place to provide the home with the necessary written authorisation to purchase goods and services on behalf of each service user. The remaining two service users did not have written authorisations in place at the time of inspection. This indicated to the inspector that the process of ensuring that records were in place consistently for all service users was not being managed well.

Requirement 3 is listed in the QIP in respect of this finding.

Discussion with the home's administrator and regional administrator revealed that a representative of the home is acting as nominated appointee for one of the service users in the home. The inspector noted that there was no written evidence to confirm the rationale for the arrangement being in place. Whilst the registered manager was able to explain the rationale for the arrangement, the inspector highlighted the importance of obtaining written agreement from the service user/their representative in respect of the establishment of this financial arrangement. The inspector stressed that where no family representative is available for any service user, the manager should liaise with the service user's HSC Trust care manager with regards to any financial arrangements. The inspector was unable to locate any written confirmation from the Social Security Agency detailing the name and date of appointment of the nominated appointee.

Requirement 4 is listed in the QIP in respect of this finding.

A review of the documentation evidenced that the home has a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as hairdressing, podiatry etc.

As noted above, balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular basis and the inspector was able to obtain evidence of this process on the day of inspection. Good practice was observed.

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users and noted that the home maintain clear records on “personal allowance account statements” detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or shop receipt for expenditure. The inspector traced a sample of transactions and was able to evidence the all of the relevant documents.

Within these records, the inspector noted that a representative of the home had used a personal loyalty card to benefit from a purchase made on behalf of a service user. The inspector discussed this with the registered person who confirmed that it was she who had made the purchase. The registered manager stated that she was aware that personal loyalty cards were not to be used however on the occasion in question, the card had been used unintentionally. The inspector reinforced the importance of ensuring that staff do not benefit in any way from such transactions.

The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.

Requirement 5 is listed in the QIP in respect of this finding.

In reviewing a sample of the records for hairdressing treatments, the inspector noted that the home retain treatment records detailing the treatment provided and the cost which are signed by both the hairdresser and a member of staff. In reviewing a sample of the records for private podiatry services, the inspector noted that the podiatrist had not signed the treatment and in addition, staff had recorded an “x” under the staff signature part of the treatment record. The inspector noted that this was not acceptable as staff were expected to verify that the service user in question had received the treatment. The inspector highlighted that to record an “x” would make it extremely difficult, if not impossible to establish the staff member who had verified these details.

Requirement 6 is listed in the QIP in respect of this finding.

The inspector also reviewed the records in respect of the service users' comfort fund which is normally funded from contributions from the community, service users' family/friends and from internal fundraising by the home. The inspector noted that home has a transparent policy and procedure in place for the administration of the comfort fund. A review of the records for expenditure from the comfort fund established that the controls as outlined within the policy and procedure were being adhered to.

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>
<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

Statement 3

A safe place is provided within the home premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; ▪ Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; ▪ Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; ▪ Service users are aware of the safe storage of these items and have access to their individual financial records; ▪ Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan; ▪ A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures. 	
Provider's Self-Assessment:	
<p>Clandeboye Care Home is fully compliant with Statement 3. A reconcilliation of money and valuables held by the home is carried out on a monthly basis.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector requested the inventory/property records for three service users. The inspector noted that only two of the three records were available. Of these records, the inspector noted that one had not been completed, one record had not been signed or dated. Two days after the inspection, the inspector was provided with a property record for the service user for whom the record was not available on the day of inspection. This record was completed in 2011 and was signed by one person.</p> <p>The failure to have the relevant records completed for service users and available on their files at all times coupled with the absence of basic record keeping controls including signing and dating of the records indicated to the inspector that the process of recording service users' inventory was not being managed well by the home.</p> <p>Requirement 7 is listed in the QIP in respect of this finding.</p> <p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector undertook reviewed the record of service users' valuables which had been deposited for safekeeping. The inspector noted that the last number of reconciliations had gaps of more than the recommended three months. In addition, it was noted that some of the records of valuables deposited did not reflect the full date of the deposit or reflect the signature of two persons to verify the entry.</p> <p>Requirement 8 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 4

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

Criterion Assessed:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the home’s policies and procedures;
- Written agreement between the service user and the home is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual’s Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place; • Ownership details of any vehicles used by the home to provide transport services are clarified. 	
<p>Provider's Self-Assessment:</p>	
<p>Clandeboye Care Home is fully compliant Statement 4. although there are a few areas that are not applicable to Clandeboye as we do not provide a transport scheme, we can however provide our service user with a copy of our transport policy.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide a transport service to service users. The home has arrangements in place to support service users to avail of other means of transport.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL Not applicable</p>
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Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joanne Roy as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

Briege Ferris
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN
ANNOUNCED FINANCE INSPECTION

CLANDEBOYE

21 JULY 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Joanne Roy either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user or their representative currently accommodated in the home. A full copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with their HSC trust care manager.</p> <p>The registered person must ensure that all service users written agreements comply with requirements under Regulation 5 of the Nursing Homes Regulations (NI) 2005 and meet Standard 4 of the DHSSPS Minimum Standards for Nursing Homes, 2008.</p> <p>The registered person must provide individual written agreements to any new service user (or their representative) not later than the day of admission.</p>	Once	<p>As from the date of inspection the Registered Manager adheres to the Regulation 5 (1) (a) (b) in providing individual written agreements to any new service user upon admission to the home.</p> <p>Where there is no NOK or person able to act as the resident's representative the home has discussed and agreement made with evidence of same with the HSC trust. This evidence is held on the residents file.</p> <p>The registered person has ensured that all residents written agreement set out terms & conditions including the services provided adhering to the Regulation 5 of the NHR & Minimum Standards for Nursing Homes 2008.</p> <p>The registered person ensures letters of T&C/Contracts are prepared for admission for NOK/representative to read and</p>	25 August 2014

2	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>sign.</p> <p>As from the day following inspection the Registered Manager has issued a written notice to each service users representative informing them of the increase in fees.</p> <p>Any changes to the individual service user's agreement are agreed in writing by the service user or their representative. Where the service user or their representative is unable, or chooses not to sign the agreement, this is recorded.</p>	From the date of the next change
3	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required.</p> <p>The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement,</p>	Once	<p>On admission to the home the Registered Person obtains written authorisation from service user or representative to spend personal monies on pre-agreed expenditure. This written authorisation is retained on the service user's records.</p> <p>Following inspection any representative of a service user (including care Manager/NOK) has signed a document for the home on behalf of the service user the name and relationship to the service user are clearly stated on the document.</p> <p>Following inspection any service user or representative who is</p>	25 August 2014

		this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.		unable or chooses not to sign the agreement is being recorded in the service user's records.	
4	22 (3)	<p>The registered person must obtain written evidence to confirm that a representative of the home has been authorised by a service user or their representative or care management to approach the Social Security Agency to act as 'nominated appointee' for the individual service user. This evidence must be available in the service user's records.</p> <p>The registered person must have documentary evidence in place from the Social Security Agency to confirm those persons working in the home acting as appointee for a service user.</p> <p>The registered person must ensure that the individual service user's agreement with the home accurately reflects these arrangements and records to be retained.</p>	Once	<p>The Registered person has sent a letter to the Social Security Agency informing the home will act as 'nominated appointee' for the individual service user 825, awaiting response. Written authorisation has already been obtained from Care Manager and retained in service user's records.</p> <p>Awaiting return of documented evidence</p> <p>Following inspection agreements have been up-dated and accurately reflect the arrangements made and retained in service user's records.</p>	1 September 2014
5	14 (4)	The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.	Once	The registered person has ensured personal loyalty cards will not be used when purchases made on behalf of the residents in the home.	From the date of inspection
6	19 (2) Schedule 4 (9)	The registered person is required to ensure that the person providing podiatry services in the home signs the treatment record. Staff must also	Once	The private podiatrist receives a list of residents who require this service and staff signature along with the	From the date of inspection

		initial or sign the record where prompted to record that the service user has received the treatment; staff must be advised not to record an "x" or any other generic mark under the staff signature part of the treatment record.		podiatrist is documented as to which resident receives the service with the date. .	
7	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</p> <p>All inventory records should be updated on a regular basis.</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	Once	<p>All belongings such as clothing, electronic devices, personal valuables on admission are well recorded and dated on inventory form.</p> <p>Following inspection all inventory records are up-dated on a regular basis.</p> <p>Following inspection all entries either additional or disposal are dated & signed by two members of staff at the time. PAT testing is carried out as required.</p>	25 August 2014
8	19 (2) Schedule 4 (9)	The registered person is required to ensure that records of items deposited for safekeeping are regularly reconciled to the items held (reconciliations should be carried out at least quarterly). The record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the	Once	Following the inspection the registered person can ensure the records of items deposited for safe keeping are regularly reconciled to the items held. Again these records are signed by two persons. If any items are returned to the service	From the date of inspection

		service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.		user/representative this is recorded by two staff (signatures, date & who returned to).	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Joanne Roy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

CAROL COUSINS - DIRECTOR OF OPERATIONS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>[Signature]</i>	<i>26/09/14</i>
B.	Further information requested from provider	<input type="checkbox"/>	<input type="checkbox"/>		