



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Dunlady House
RQIA Number:	1078
Date of Inspection:	24 November 2014
Inspector's Name:	Briege Ferris
Inspection ID:	20583

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:	Dunlady House
Address:	18 Dunlady Road Dundonald Belfast BT16 1TT
Telephone Number:	02890481002
E mail Address:	dunladyhouse@o2.co.uk
Registered Organisation/ Registered Provider:	William Hugh Wilson Dunlady House
Registered Manager:	Lilian Jane O'Neill
Person in Charge of the Home at the Time of Inspection:	Lilian Jane O'Neill
Number of Registered Places:	68
Number of Service Users Accommodated on Day of Inspection:	63
Date and Time of Inspection:	24 November 2014 10.00 - 16.15
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

Dunlady House is situated approximately one mile from the Ulster Hospital, close to the village of Dundonald. It is a 17th century house, which has been renovated and extended to provide nursing care to 68 patients.

The home is within a residential area. Most local amenities are in Dundonald Village. This home is a two-storey building with single and double rooms, some of which are en suite. There are two large day rooms and a dining room on the ground floor, and a small dining and lounge area on the first floor. The home provides 24-hour general nursing care.

The home is registered to provide care under the following categories:

NH-I - Nursing care to persons over pension age.

NH-PE - Nursing care to persons with a physical disability under pension age.

NH-PH (E) - Nursing care to persons with a physical disability over pension age.

NH-TI - Nursing care to persons with a terminal illness.

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

The home provides an individual agreement to each service user admitted to the home; however this is not updated to reflect new fees and financial arrangements over time. The agreement in use by the home at the time of inspection did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

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 administrator and receptionist had not received protection of vulnerable adults training.

The service could demonstrate a convincing plan for full compliance by the end of the Inspection year.

Three requirements have been made.

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

A review of a sample of records relating to amounts charged to a number of service users contributing to their fees identified that the correct amounts were being charged by the home.

A representative of the home was acting as nominated appointee for one service user in the home; written confirmation from the Social Security Agency was retained on the service user's file. The inspector highlighted that transfers of money received on behalf of an identified service user must be made more frequently, ideally every month.

The home receives cash from the representatives of a number of service users' to be spent on the service users' behalf, such as on hairdressing and chiropody treatments. Discussions identified the home did not have written authorisations in place to spend these monies on identified goods and services.

The home maintain computerised records detailing income and expenditure; the inspector noted that if the home wished to continue recording transactions on computerised records, these should be retained in addition to handwritten records. Each transaction should be supported by receipts and signed by two persons.

A review of records of cash lodged on behalf of a sample of service users identified some lodgements where a receipt was not available. A review of the documentation recorded for hairdressing treatments identified that hairdressing records were not routinely countersigned by a representative of the home.

The inspector noted that the home had a fundraising group, the activity of which was not overseen by the home. The inspector noted that while the administrator had advised the group operated outside of the oversight of the home; there remained a responsibility on the part of the home to ensure that appropriate oversight and governance arrangements were in place.

The home could demonstrate a convincing plan for full compliance by the end of the Inspection year.

Six requirements have been made.

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

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a record of cash deposited and used on behalf of service users, however the record identified that these records were not reconciled at least quarterly.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified inconsistency in recording items; one of four records sampled had not been signed or dated. The inspector noted that the template in use to record items made it challenging to record items clearly or provide adequate space for the records to be updated.

The home could demonstrate a convincing plan for full compliance by the end of the Inspection year.

Two requirements have been made.

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 users.

No requirements or recommendations have been made.

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:

- 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:

On admission each resident receives a contract detailing terms and conditions, charges, services and method of payment. Generally the only involvement the home has in resident's' finances is for small daily expenses such as hairdressing and chiropody and these arrangements are described in the contract. It is not always possible to notify fee increases in advance as notification by the Trust is often late but when possible this is done.

Compliant

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide and brochure contained information on the home's scale of charges, the arrangements for service users to bring personal possession with them to the home and the range of additional services facilitated within the home such as hairdressing and chiropody, together with the current charges for these services.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator and receptionist; and selected four service users' files and associated records for further review.</p> <p>On reviewing the sample of four files, the inspector noted the following: three individual service user agreements did not reflect the current fees payable, while one individual service user agreement did reflect the current fee payable. The inspector noted that while this service user's individual agreement reflected the correct fee, there was two elements to the service users' fees which were payable by different parties; this was not reflected in the agreement.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted individual service users; the inspector noted that this agreement did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2. Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the date of admission of the service user to the home; the duration of the service user's stay; arrangements for the management of the service users' valuables; a copy of the home's complaints procedure and the itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing and chiropody and their associated costs).</p> <p>Requirement 1 is listed in the QIP (Quality Improvement Plan) in respect of this finding.</p> <p>The inspector noted a number of service users were in receipt of a nursing contribution from the commissioning HSC trust; the inspector noted that these details should be outlined within the individual agreement for any relevant service user, including the date the payment commenced and the amount of the nursing contribution. Requirement 1 in respect of providing up to date agreements to each service user (including current fees and financial arrangements) has been listed above.</p>	<p>Moving towards compliance</p>

Discussion with staff identified that the home had not consistently notified all service users in the home in advance of any increase in the fee payable or variation in the method of payment or person(s) by whom the fees are payable.

Requirement 2 is listed in the QIP in respect of this finding.

The inspector noted that home had a number of policies and procedures in place regarding service users' money and valuables. The inspector noted that these documents were written in clear, everyday language and were easy to understand. The inspector also noted that they were reviewed on a regular basis, good practice was observed.

Discussion with the home's administrator and receptionist identified that they had not received protection of vulnerable adults (POVA) training. The inspector noted that it was important that they receive this training as a priority and that they are included in the mandatory POVA training schedule in future.

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

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>Support from the home in managing finances is not applicable to our residents. All financial transactions are fully recorded as described in the resident's contract. For record purposes cash transactions are kept to a minimum and the majority of transactions are dealt with by invoice and cheque payments. Service users have access to their money upon request however most services are paid for in advance by the home and then invoiced to the service user. All transactions are reviewed on a monthly basis.</p> <p>There is only one resident for which we collect allowance and the home owner is the appointee in this case. All necessary signed agreements and records are in place. As a matter of practice the home no longer collects allowance or acts as appointee for residents however this resident has been with us for a long time.</p> <p>This resident is also the only one who has been formally assessed as incapable of managing their finances. The care manager is notified of the amount of money in his account at the care management review.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>A review of the records identified that copies of the HSC trust payment 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 a number of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>Discussion with the registered manager and the home's administrator identified that a representative of the home was acting as nominated appointee for one service user in the home. Both members of staff were able to describe why this arrangement was in place for the individual service user identified. The inspector reviewed documents on file which identified that the arrangement had been in place since 2003; there was written confirmation from the Social Security Agency detailing the name and date of appointment of the nominated appointee.</p> <p>The inspector noted that the service user's individual written agreement should provide details of the appointee and the records to be kept. She stressed that where no family representative was available for the service user, the service user's individual written agreement must be shared with the service user's HSC trust care manager to ensure that there was appropriate oversight of the service user's financial arrangements.</p> <p>Requirement 1 is listed in the QIP in respect of this finding.</p> <p>As a representative of the home is acting as nominated appointee for one service user, the home is in receipt of the social security benefits for this service user. A system exists to ensure that the portion of the benefits owed to the home (i.e.: the service users' contribution) are retained, with the remaining monies owed to the service user transferred to the home's personal allowance account on behalf of the service user. The home's administrator advised the inspector that neither bank account was interest bearing. The inspector reviewed the bank statements for the personal allowance bank account and noted that no interest had been paid into the bank account over time.</p> <p>The inspector reviewed the records of this process over a period of time and noted that transfers of the monies belonging to the service user were being made approximately six-monthly. The inspector highlighted that these transfers must be made more frequently, ideally every month.</p>	<p>Moving towards compliance</p>

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

As well as acting as nominated appointee for one service user, the home receives cash from the representatives of a number of service users' to be spent by the home on the service users' behalf, such as on hairdressing and chiropody treatments. The inspector noted that if the home were purchasing goods or services on behalf of service users, it was necessary to have written authorisation from the service user or their representative to do so. Discussions with the home's administrator identified the home did not have these written authorisations in place on the day of inspection.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing and chiropody. The inspector noted that the home maintain computerised records detailing income and expenditure; the inspector noted that a written financial ledger should be used to clearly and accurately detail every transaction recorded on behalf of a service user. Each transaction should be supported by receipts and signed by two persons. The inspector noted that if the home wanted to retain computerised records, this should be in addition to the handwritten records.

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

The inspector reviewed the records of cash lodged for spending on behalf of a sample of service users and noted that there were some lodgements where a receipt was not available. The registered manager and other staff present explained that it was a challenge to ensure that staff obtained a countersigned receipt particularly when family representatives visited outside of office hours and office staff were not available. The inspector highlighted that the home would be required to introduce appropriate measures to address lodgements made outside of normal working hours and to ensure that staff members were updated on the relevant procedures to follow.

Requirement 7 is listed in the QIP in respect of this finding.

A review of the documentation recorded for hairdressing treatments identified that the hairdresser and the chiropodist leave receipts for each treatment day. The inspector noted that hairdressing records were signed by the hairdresser; however, a representative of the home had not countersigned the treatment record. The inspector highlighted the significance of this control in verifying that the service user has been treated and had

received the specific treatment recorded. The inspector noted a similar practice was in place regarding chiropody treatments provided in the home.

Requirement 8 is listed in the QIP in respect of this finding.

The inspector noted that the home had a fundraising group, the activities of which were not overseen by representatives of the home. The home's administrator advised that the group arranged fundraising opportunities outside of the home, the money from which was paid into a bank account. The administrator also advised that copies of the bank statements were received by the home. Then inspector reviewed the bank statements and noted that the bank account was called "Dunlady House Ltd Residents Account". The inspector queried as to whether there was any policy in place regarding the fundraising and was informed that there was not. The inspector noted that there should be a clear statement of the aims and objectives of the fundraising group, including details of the beneficiaries of its activities.

The inspector also noted that there remained a responsibility on the part of the home to ensure that appropriate oversight and governance arrangements in place.

Requirement 9 is listed in the QIP in respect of this finding.

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

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

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:

- 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
- A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed

COMPLIANCE LEVEL

Provider's Self-Assessment:	
<p>A safe is available for storage of money and valuables. The safe is locked at all times and located in a locked office which only authorised employees have access. to. A signed log is kept of all items and this is reviewed on a regular basis. Use of this service is minimal. Furniture and personal possessions in a residents room are recorded in a property book.</p>	Substantially compliant
Inspection Findings:	
<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 a count of the cash balances deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection. The inspector noted that the book used to record cash or valuables deposited had been in use for some time; all but two entries in the book related to cash or valuables which had been returned to service users or their representatives. A review of the records identified that when items were deposited or returned, these entries had been dated and signed by two persons, good practice was observed.</p> <p>The inspector noted that commencing a new safe record book would help to make the record of existing cash balances in the safe clear. On reviewing the record, the inspector noted that the safe record did not identify that reconciliations of cash or valuables deposited for safekeeping had been carried out at least quarterly.</p> <p>Requirement 10 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for four service users and was provided with the existing property records for all of the service users in the home. The inspector noted that the home used pre-printed template books to record service users' property. The inspector noted that the template incorporated valuables deposited for safekeeping, personal possessions and clothing and other items. The inspector noted that all of these details were recorded on A4 size paper. The inspector noted that the size of the one page record made it challenging for staff members to record the relevant details clearly and with sufficient detail.</p> <p>A review of the sample of four service users' records identified that there was some inconsistency in the way in which items had been recorded; there was a significant variance in the level of description recorded across the four records. In two of the records, the box for 'TV' had been ticked, one record identified the make of the TV,</p>	Moving towards compliance

while the other did not. The inspector noted that there was insufficient description provided in both these cases. One record reflected that the service user had a number of items of furniture; these were detailed within the section recording clothing and other items. Items of furniture were not grouped together.

The inspector noted that of the four records sampled, three had been signed by two persons; one record had not been signed or dated.

The inspector noted that staff members recording varying levels of detail of the service users' possessions created an inconsistency which could lead to errors or omissions from the records and may undermine their reliability. The inspector also noted that the template in use did not lend itself to recording items clearly or provide adequate space for the record to be reviewed and updated.

Requirement 11 is listed in the QIP in respect of this finding.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially 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>No transport scheme in place.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide a transport service to service user.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not applicable</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not applicable</p>

8.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Lilian Jane O'Neill 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.

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

DUNLADY HOUSE

24 NOVEMBER 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 Lilian Jane O'Neill 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)	The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A 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 the HSC trust care manager.	Once	The contract has been updated with fees and terms now detailed on a separate appendix which can be personalised to the individual service user and updated annually or when required. Admission date and proposed duration of stay has also been added.	Six weeks: 5 January 2015
2	5 (2) (a) (b)	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	Once	The appendix which has been added to the contract specifically deals with fees and terms of	From the date of the next change

		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 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.		payment and this will be reviewed annually or when necessary and given to the service user or their representative for agreement and signature. Notification will be given in advance when possible subject to being informed in time by the Trust.	
3	14 (4)	The registered person is required to ensure that the home's administrator and receptionist receive protection of vulnerable adults (POVA) training. Any other staff members who should have received this training should be identified and also included in the training. The home's administrator, receptionist and any other identified member of staff should be included in the POVA mandatory training schedule in future.	Once	The administrator and receptionist have now completed vulnerable adults training and have been added to the training schedule.	Two weeks: 8 December 2014
4	19 (2) Schedule 4 (3)	The registered person is required to ensure that money belonging to the service user identified during the inspection is transferred to the personal allowance bank account on a monthly basis. A review/reconciliation of the total monies received on behalf of and the monies transferred to the service user should be carried out and recorded at least quarterly. Two persons must sign and date the reconciliations.	Once	As discussed this service user has now been referred to the Trust for financial management. In the meantime personal allowance will be transferred on a monthly basis.	From the date of inspection
5	19 (2) Schedule 4 (3)	The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal	Once	A form has now been created to allow service users to authorise the home to pay for specified expenses	Six weeks: 5 January 2015


		<p>monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. 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 personal monies authorisation should be shared with the HSC trust care manager.</p>		<p>on their behalf for personal monies they have deposited. This will be kept in the resident's file and updated when necessary.</p>	
6	19 (2) Schedule 4 (9)	<p>The registered person must ensure that a standard financial ledger format is used to clearly and accurately record income and expenditure for service users.</p> <p>This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement of cash or a withdrawal, the amount; the running balance of the service user's cash total held and the signatures of two persons to verify the entry in the ledger.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p>	Once	<p>This written ledger is now being kept at point of contact in addition to the computer records.</p> <p>The relevant staff have been made aware of the correct procedures for handling income and expenditure for service users and on using the ledger.</p> <p>Reconciliations will be carried out as stated.</p>	Three weeks: 15 December 2014

		A reconciliation of the money held on behalf of service users must be carried out and recorded at least quarterly; two persons must sign and date the reconciliation.			
7	19 (2) Schedule 4 (9)	The registered person is required to ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home. The registered person must ensure that there are robust arrangements in place outside of normal working hours when office staff are not available.	Once	A triplicate receipt book is now in place and nursing staff have been made aware of procedures for receiving money during weekends and evenings.	From the date of inspection
8	19 (2) Schedule 4 (9)	The registered person must ensure that both the hairdressing or chiropodist and a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	All treatments are now checked and signed by nursing staff and hairdresser/chiropodist.	From the date of inspection
9	19 (2) Schedule 4 (9)	The registered person is required to ensure that a policy statement is drafted which clarifies the aims and objectives of the fundraising group. This policy should provide details of the beneficiaries of the group's activities and what oversight and governance arrangements are in place.	Once	A policy has now been written to clarify the aims and objectives of the residents group.	Four weeks: 22 December 2014
10	19 (2) Schedule 4 (9)	The registered person is required to ensure that a reconciliation of cash or valuables deposited for safekeeping is carried out and recorded in the safe record at least quarterly. The record should	Once	Reconciliations will be carried out as stated and a policy is in place to ensure compliance.	From the date of inspection

		be signed and dated by two persons at the time of the reconciliation.			
11	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.</p> <p>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. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</p> <p>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> <p>The registered person must consider reviewing the current template in use to record service users' furniture and personal possessions to ensure that it is fit for purpose.</p>	Once	Inventory now placed in residents' files and updated as required. Staff have been made aware that it is necessary to continuously monitor and update the inventory and trained so that inventory details are recorded consistently.	Six weeks: 5 January 2015

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	Lily O'Neill
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Andrew Wilson

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			23/12/14
B.	Further information requested from provider				