



Announced Finance Inspection

Name of Establishment:	Carlingford Lodge
RQIA Number	11102
Date of Inspection:	30 September 2014
Inspector's Name:	Briege Ferris
Inspection ID::	18050

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Carlingford Lodge Care Home
Address:	76 Upper Dromore Road, , Warrenpoint BT34 3PN
Telephone Number:	02841759200
E mail Address:	karenmcelherron@priorygroup.com
Registered Organisation/ Registered Provider:	Mrs Caroline Denny Priory (Warrenpoint) Ltd
Registered Manager:	Mrs Karen McElherron
Person in Charge of the Home at the Time of Inspection:	Mrs Karen McElherron
Number of Registered Places:	75
Number of Service Users Accommodated on Day of Inspection:	73
Date and Time of Inspection:	10 June 2014 10.00 – 16.00
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

Carlingford Lodge Care Home is a purpose built two-storey nursing home. The home is situated in a quiet rural area in close proximity to Warrenpoint town. The local community, shopping areas, and community services are located nearby.

The home offers bright and spacious accommodation for a maximum of 75 patients.

The bedrooms are all single rooms with en-suite shower facilities and are of varying sizes. Each bedroom is furnished with a profiling bed and a range of furniture providing storage for patients' personal possessions. Six electrical sockets are available in each bedroom as well as a television aerial socket and telephone point, and a call bell is available from which patients may summon assistance.

In addition, assisted bathrooms and shower facilities are available on both floors of the home, ensuring that bathing facilities are available to meet all patients' needs. A range of clearly identified communal toilets are also located throughout both floors of the home.

Day lounges of various sizes are available on each floor. The lounges throughout the home are comfortably furnished and decorated with a wide range of seating, including recliner chairs.

Each floor has dining rooms available for patient use. To encourage socialization between patients, round tables have been provided. Half of the dining chairs are fitted with ski wheels for ease of movement. Facilities for making a cup of tea or a snack are also available.

The main kitchen is located on the ground floor.

A central treatment room is located on the ground floor and each floor has two clinical rooms.

A well-equipped laundry is also available.

A passenger lift ensures that facilities on the first floor are accessible to all patients and visitors.

An enclosed garden which can be accessed by patients is also provided.

The home is registered to provide care for seventy five patients under the following categories of care:

Nursing Care

IOld age not falling into any other category (maximum 41 patients)
DE Dementia care (maximum 34 patients).

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. The inspector noted that Appendix 1 of the home's current standard agreement should be amended to detail the actual breakdown of the fees receivable, by whom and by which method, respectively.

There was 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 'Substantially compliant' 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 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.

The inspector noted that records of podiatry treatment provided should be consistent with the approach used in the home to record hairdressing treatments.

The home has achieved a compliance level of 'Substantially compliant' 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 clear and regularly reconciled record of cash deposited and used on behalf of service users. A sample of the records of furniture and personal possessions brought into the service users' rooms identified some inconsistency regarding the signing and dating of the records. In addition, a sample of records examined did not provide sufficient description of items.

The home has achieved a compliance level of 'Substantially compliant' 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 provided transport services to service users at no charge. A policy and procedure regarding transport services was in place on the day of inspection.

The home has achieved a compliance level of 'Compliant' 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:	COMPLIANCE LEVEL
<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 	
Provider's Self-Assessment:	
<p>Carlingford Lodge issues a resident agreement on admission which details current fees and method of payment. This agreement details the weekly fees and services to be delivered in respect of these charges, it also details the method of payment.</p> <p>The arrangements and records to be kept are specified in the residents agreement page 2. All transactions are recorded on a triplicate receipt book and signed by 2 persons.</p> <p>FIN 03 Financial controls, OP25 Service user funds and FIN07 v 04 amenity funds (comfort funds) details the</p>	Compliant

appropriate arrangements that are in place to enable service users to manage their finances and property.

Head - office provides all necessary notification of fee increases - this information is not held at site level at present however we have requested a copy of the letter to be sent to the site and details of who sent to regarding the last fee increase. The arrangements for this is detailed in each services user agreements.

Inspection Findings:

The inspector was provided with a copy of the home's brochure and associated appendices. The inspector noted that the guide contained information for service users on: the safeguarding of service users' valuables, visiting services such as hairdresser podiatrist and fees, (in general).

The inspector discussed the individual financial circumstances of service users in the home with the home's 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 that three of the four files sampled contained a signed agreement; the remaining file did not contain a signed agreement. Of the three agreements, two detailed the correct fee arrangements.

The inspector noted that the available agreements contained an appendix providing a breakdown of fees payable in respect of the individual service user; however, the inspector noted that in the sample of files reviewed these did not clearly detail the exact fee arrangements. The inspector discussed this with the registered manager and administrator and advised that Regulation 5 (1) of the Nursing Homes Regulations (Northern Ireland) 2005 requires that individual service user agreements detail the fees payable, the method of payment and the person by whom the fees are payable.

The inspector pointed out that Appendix 1 of the home's current agreement was an attempt to achieve this but that the appendices examined remained inconsistent with the actual breakdown of the fees payable and additional input was required to amend the appendix to provide the necessary clarity.

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

Substantially compliant

A review of a sample of the records identified that the home had advised service users or their representatives of any increase in fees payable.	
--	--

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
	Substantially compliant

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 	
Provider's Self-Assessment:	
<p>Records are kept of all personal allowances paid in and out - this is evidenced by a triplicate receipt book which is signed/witnessed by 2 people. Any items over £50 is authorised by the home manager to allow for unexpected purchases.</p> <p>A weekly cash reconciliation is completed on all personal allowances, monthly statements are printed and reconciled back, safekeeping is reconciled at least quarterly.</p> <p>Company policy is that we don't hold appointeeships or bank accounts on behalf of residents.</p>	Compliant
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.</p> <p>The inspector reviewed the records relating to amounts charged to a selection of service users contributing to</p>	Substantially compliant

their fees and was satisfied that the correct amounts were being charged by the home. Discussion with the home's administrator and a review of the records evidenced that staff complete regular reconciliation of the amount received from the HSC trust against the home's own records of fees receivable.

A review of the documents 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 on hairdressing, toiletries etc. At the time of inspection, the bank account was being used to hold the personal allowance monies for a small number of service users identified on the day.

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.

Discussions with the home's administrator and a review of the records established that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does, however; receive 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 personal allowance authorisations to provide the home with the necessary written authorisation to purchase goods and services on behalf of each service user were not in place for all of the service users within the sample.

Requirement 2 is listed in the Quality Improvement Plan 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, podiatry, newspapers or other non-frequent sundry items. The inspector 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 hairdressers or shop receipt for expenditure. The inspector traced a sample of transactions and was able to identify the all of the relevant documents.

The inspector noted that the home use a clear template to record treatments provided to service users by a visiting hairdresser. The inspector noted good practice regarding the clarity of this record and that the signature

of both the hairdresser and a member of staff at the home had been recorded.

The inspector noted that the treatments to service users by a visiting podiatrist were not recorded in a manner consistent with the hairdressing records. While the inspector was able to trace receipts left by the podiatrist, the treatment provided was not detailed and it was not clear whose signature had been recorded on the receipt.

The inspector noted that there should be consistency across the records.

Requirement 3 is listed in the Quality Improvement Plan 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. The inspector noted that the home has a transparent policy and procedure in place for the administration of the comfort fund. A review of the records of expenditure from the comfort fund established that the controls as outlined within the policy and procedure were being adhered to.

Discussion with the home's administrator and subsequent review of the records established that staff completes regular reconciliations of cash and valuables held for safekeeping on behalf of service users.

The inspector spent a significant amount of time with the home's administrator discussing the processes in place within the home to safeguard service users' money and walking through the various financial arrangements in place with respect to a sample of service users. The inspector noted that the home's administrator was confidently able to explain arrangements and had a skilful and compassionate understanding of the relevant issues and the controls in place to support service users. The inspector noted that when discussing matters, the home's administrator reflected the key values linked to supporting service users to manage and safeguard their money and valuables.

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
	Substantially compliant

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 ▪ 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 	
Provider's Self-Assessment:	
The home has a safe which is coded and fixed to the building. Code is only know to the home administrator and	Compliant

<p>receptionist - if there is staff movement the code is changed.</p> <p>Items deposited for safekeeping are logged in a hard backed book and signed dated by 2 members of staff, this is reconciled quarterly and the envelope is sealed with the date, description also on it.</p> <p>Residents have access to their personal allowances and safekeeping during office hours. Monthly statements are printed and given to NOK on receipt of money.</p> <p>A record of all personal possessions is recorded on form AM19 and safekeeping is reconciled at least quarterly - any deficits are reported to the home manager/regional admin manager to investigate.</p>	
<p>Inspection Findings:</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 and the home's administrator carried out a reconciliation of all of the items deposited with the home for safekeeping. Records available agreed to the items held; the inspector noted that two staff perform regular reconciliations of the cash and valuables held within the safe place.</p> <p>The inspector requested the inventory/property records for five service users selected at random. The inspector noted that a template to record items was in place and had been used to record items. The home administrator advised the inspector that these records had recently been completed. Of the five records examined the inspector noted that four of the five records had been signed and dated by two persons, while the remaining record had been signed by one person but not dated.</p> <p>The inspector also noted that within the sample of records items such as "TV" and "oak unit" had been recorded. and that these entries did not provide sufficient description regarding model, size etc.</p> <p>While the inspector noted that significant effort had been put into capturing this information, the inspector noted that inadequate description or inconsistency in the level of detail recorded would undermine the reliability of the records themselves.</p> <p>Requirement 4 is listed in the Quality Improvement Plan in respect of this finding.</p>	<p>Substantially compliant</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
	Substantially compliant

Statement 4

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

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • 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 	

<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 	
Provider's Self-Assessment:	
<p>Carlingford Lodge does not charge for transport.</p> <p>Details of the insurance is displayed in the front foyer and the minibus is serviced yearly - last service was 26th May 2014 this is done by McGladry Commercials Ltd.</p>	Compliant
Inspection Findings:	
<p>On the day of inspection, a transport service was available for service users in the home. Discussion with the home's administrator and a review of the records identified that service users were not charged for transport services.</p> <p>The home has a written policy in respect of the provision of transport to service users.</p>	Compliant

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
	Compliant

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Karen McElherron 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

CARLINGFORD LODGE

30 SEPTEMBER 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 Karen McElherron 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 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.</p> <p>The current Appendix 1 within the individual service user agreements must be amended to reflect the specific details regarding the payment of fees for each individual service user, where these details are known.</p> <p>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 must be shared with the HSC trust care manager.</p>	Once	Appendix 1 amended as per report requirements, same returned to inspector.	18 November 2014

2	19 (2) Schedule 4 (3)	The registered person must ensure that a written authorisation is obtained from each remaining 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. 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 must be shared with the HSC trust care manager.	Once	Written authorisation is provided and copy of same retained in resident file	18 November 2014
3	19 (2) Schedule 4 (9)	The registered person must ensure that in order to have consistency across the records, the treatment record currently used to capture hairdressing treatments must adapted and used to capture treatments by the podiatrist who visits the service users in the home.	Once	Completed as per requirement	28 October 2014
4	19 (2) Schedule 4 (10)	The registered person must ensure that a review of the inventory records is carried out to provide the additional level of detail and description for items identified. Each record must be, must be signed and dated by two members of staff. 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.	Once	Completed ,staff advised of the importance of recording inventory details on all admissions. Example/make/model/size of TV	18 November 2014

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	Karen McElherron
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			05/12/14
B.	Further information requested from provider				