



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Bannview House Care Home

Agency ID No:	11103
Date of Inspection:	22 July 2014
Inspector's Name:	Briege Ferris
Inspection No:	18034

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:	Bannview House Care Home
Address:	23 Bannview Road Banbridge BT32 3RL
Telephone Number:	02840660110
E mail Address:	johnrafferty@priorygroup.com
Registered Organisation/ Registered Provider:	Mrs Caroline Denny Priory (Warrenpoint) Ltd
Registered Manager:	Mr John Rafferty
Person in Charge of the Home at the Time of Inspection:	Mr John Rafferty
Number of Registered Places:	80
Number of Service Users Accommodated on Day of Inspection:	79
Date and Time of Previous Finance Inspection:	None
Date and Time of Inspection:	22 July 2014 10.00 am -2.45pm
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

Bannview House Care Home is a purpose built nursing home. The home is situated in a quiet rural area in close proximity to Banbridge town. The local community, shopping areas, and community services are located nearby.

The home offers bright and spacious accommodation for a maximum of eighty patients provided on two floors. All bedrooms are single rooms with en-suite shower facilities and are of varying sizes. Each bedroom is appropriately furnished. There are assisted bathrooms and shower facilities available on both floors of the home, ensuring that bathing facilities are available to meet all patients' needs. A range of toilets are also located throughout both floors of the home.

Three lounges of various sizes are available on each floor and designated lounges have a feature fireplace. A range of seating including recliner chairs is also available. Each floor has a large and a smaller dining room available for patient use. To encourage socialization between patients round tables have been provided. Eighteen sets of coloured crockery have been provided to assist patients with dementia. Facilities for making a cup of tea or a snack are also available.

The main kitchen is located on the ground floor adjacent to the large dining room. A treatment room is also located on the ground floor and each floor has two clinical rooms available. A suitably 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 provided. The home also has its own mini bus transport.

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

Nursing Care

NH - I	Old age not falling into any other category
NH - PH	Physical disability other than sensory impairment
NH - DE	Dementia

Residential Care

RC-I	Old age not falling into any other category
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7.0 Summary of Inspection

The inspector met jointly with the registered manager, regional administrator and home administrator on the day of inspection. Throughout the report the above persons are referred to as staff unless specifically identified.

The inspector would like to thank members of staff for their co-operation throughout the inspection process.

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

Agreements were in place with service users on the day of inspection, however they were not fully compliant with the relevant regulations. There was no evidence that 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 detail 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 some purchases from the service users' comfort fund.

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 routinely signed by a representative of the home to confirm that the service charged for had been delivered.

The home had written authorisation in place from service users/their representatives for the home to spend service users' money on identified goods or services.

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. The record of reconciliation established gaps of more than the recommended three months between reconciliations.

Records of furniture and personal possessions brought into the service users' rooms were available and up to date; however, these had only been completed and signed by one person.

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

On the day of inspection, a transport service was available for service users in the home. Discussion with staff and a review of the records established that service users were not charged for transport services.

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. 	<p></p>
Provider's Self-Assessment:	
<p>Bannview House has defined policies and procedures that are designed to support best practice. The Care Home maintains complete and up to date records. Systems are regularly audited internally to promote best practice. The finance systems were audited by the DHSSPSNI BSO auditor on the 27/06/2014 and practices were commended. Bannview House 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</p>	<p>Compliant</p>

<p>charges, it also details the method of payment. 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. FIN 03 Financial controls, OP25 Service user funds and FIN07 v 04 amenity funds (comfort funds) details the appropriate arrangements that are in place to enable service users to manage their finances and property. An appendix letter to the original resident agreement has been introduced which will detail updated fees – and this information is forwarded to residents/NOK when the fees are increased.</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed the individual financial circumstances of service users in the home with staff; and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted the following:</p> <ul style="list-style-type: none"> -All four agreements reflected the current total fee payable in respect of the service users selected -Appendices to the agreements were in place detailing (1) the costs of services facilitated within the home ie: hairdressing and podiatry (2) the home's complaints procedures -One agreement had been signed by a service user's representative in 2014 -Three agreements had been signed in 2011 (one by a service user and two by service user representatives) -Three of the service users were in receipt of a nursing contribution from a HSC Trust, this was not reflected in their individual agreement -None of the agreements detailed the persons by the whom the fees would be payable and the respective methods of payment <p>The inspector highlighted that the agreements did not reflect regulation 5 (1) and 5 (3) where relevant. Furthermore the inspector noted that if agreements are updated with the current fee rates, these changes must be supported by up to date signatures on the agreement.</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>A review of a sample of the records and discussion with staff 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</p>	<p>Moving towards compliance</p>

<p>person(s) by whom the fees are payable.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p>	
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<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 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>The HSC Key Worker completes a professional assessment of need, as part of this assessment will identify the capability issues of the patient in relation to financial management. Reviews are held by the Key Worker of the patients and financial issues will be reviewed during these reviews.</p> <p>The home maintains a record of all amounts received for each service user and this is maintained in line with all our financial procedures. eg. triplicate receipts and 2 staff signatures.</p> <p>The arrangements for receiving and spending service users' monies on their behalf are transparent and have been authorised and the appropriate records maintained. Service users representatives are always involved in this process where applicable.</p> <p>Written contractual arrangements are in place and retained in relation to verifying expenditure and safeguarding of service users finances.</p> <p>The home has financial systems in place which allows quick and rapid access to money.</p> <p>The care home maintains all records of receipts of all transactions when undertaken by staff for each service user.</p> <p>A reconciliation of all monies held by the home for all service users is carried out monthly to promote best</p>	<p>Compliant</p>

<p>practice and to safeguard valuables of all service users. Contents of the safe are audited externally quarterly to add another layer of protection for service users valuables. The home does not operate a nominated appointee system. Where bank accounts are maintained on behalf of service users, best practice is in place to safeguard the service users' finances. If the service user becomes incapable of managing their finances and property, the Home Manager reports the matter immediately to the Key Worker of the referring Trust. Where a service user has been formally assessed and is incapable of managing their finances and property good practice will be that our systems are in operation to report relevant information to the Key Worker/Stakeholders in relation to the service user of monies held by the home. The South Health and Social Care Trust are developing systems to support this and these systems are in the final stages of completion.</p>	
<p>Inspection Findings:</p>	
<p>A review of the records evidenced that HSC trust payment remittances confirming the weekly fee for each service user are available in the home detailing the amount to be contributed by each service user, where relevant. The inspector reviewed the records for service users (or their representatives) contributing top-up fees and noted that the correct amounts were being charged by the home.</p> <p>Discussions with staff 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.</p> <p>Discussion with staff and a review of a sample of the records established that the home had personal allowance contracts in place with the service users/their representatives providing the necessary written authorisation to purchase goods and services on behalf of service users. Good practice was observed.</p> <p>The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing and podiatry. 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 receipt for expenditure. The inspector traced a sample of transactions and was able to evidence all of the relevant documents. The inspector also noted that the reconciliation of monies, signed by two members of staff is carried out on a regular basis</p>	<p>Moving towards compliance</p>

within the home.

The inspector also reviewed a sample of the records in respect of the service user comfort fund which is funded from contributions from the community, service users' family/friends and from internal fundraising by the home. The inspector noted that the home maintain an events and community involvement record which provides clear detail on the activities of the home which includes how service users have benefited from comfort fund monies.

A review of the comfort fund records established a small number of items which the inspector advised should have been paid for by the home. The inspector noted that these related mainly to soft furnishings and décor. The inspector also noted that the purchase of these items was not consistent with the home's amenity funds policy and procedure which precludes the purchase of items such as "general decoration...furniture and furnishings".

The inspector noted that a review of the comfort fund expenditure by the home would be necessary. The inspector noted that this may identify any other items which should have been paid for from the home's own funds and that having identified these items; the cost of same should be repaid to the comfort fund.

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

On reviewing the comfort fund records, the inspector noted that a representative of the home had used a personal loyalty card when making a number of purchases with the comfort fund monies. The inspector noted that this was not acceptable practice and highlighted the importance of reemphasising this with the relevant staff.

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

In reviewing a sample of the records for hairdressing services facilitated within the home, the inspector noted that these records were normally signed by both the hairdresser and a representative of the home to confirm that the service user had received the treatment and incurred the relevant cost. However, the inspector noted a number of occasions where a representative of the home had failed to countersign the treatment record.

In reviewing a sample of the records for private podiatry services facilitated within the home, the inspector noted that these records were not routinely countersigned by a representative of the home. The inspector stressed the importance of these controls in confirming the treatment received by the service user and the associated cost.

<p>Requirement 5 is listed in the QIP in respect of this finding.</p>	
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<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>A safe is maintained within the home for storage of monies and valuables deposited for safekeeping by service users. Policies and procedures are in place which promote protection and safeguarding of all residents' monies and valuables.</p>	Compliant

<p>Robust controls are in place to audit the contents of the safe and related activities as regards the use of the safe. Appropriate records are maintained for valuables that are held in the safe for service users. Service users are aware of the monies and valuables that have been stored and have access to these records. On the rare occasion where a service user experiences restrictions to monies or valuables appropriate protection plans or care plans are in place to safeguard the service users' money and valuables. A reconciliation of service users' money is done monthly and valuables held in safe are reconciled quarterly. If there were any discrepancies or untoward events the care home operates clear reporting procedures internally and externally, and this information would be reported to the RQIA. The event would be reported to the PSNI and would come under our Protection of Vulnerable Adults procedures.</p>	
<p>Inspection Findings:</p>	
<p>Discussion with staff and a review of the records evidenced that staff at the home had recently created a property record for every service user. The inspector noted however, that only one member of staff had been responsible for this task. The inspector noted that the template which was used reflected that two persons were expected to record these items and that this had not therefore been completed. The inspector noted the dual protection of having two members of staff complete this record in providing a reliable record and in providing protection for staff members.</p> <p>Requirement 6 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>Staff spoken with displayed a high degree of familiarity with the controls in place to safeguard service users' monies particularly around the home's internal audit/reconciliation processes. The inspector reviewed the record for reconciliations which had taken place and noted that there were gaps of longer than the recommended three months. The regional administrator advised the inspector that a full reconciliation had taken place in the previous month however there was no written record of same available on the day of inspection.</p> <p>Recommendation 1 is listed in the QIP 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:

- 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>The care home provides transport for service users, this service is free of charge. Residents are not charged for the use of transport at any time. The care home provides a bus which meets all relevant legal requirements and is regularly serviced.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>On the day of inspection, a transport service was available for service users in the home. Discussion with staff and a review of the records established that service users were not charged for transport services.</p>	<p>Compliant</p>

<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>Compliant</p>

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr John Rafferty 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

BANVIEW HOUSE CARE HOME

22 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 John Rafferty 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) 5 (3) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which comply with requirements under Regulation 5 (1) and 5 (3) 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.</p> <p>Where the home is in receipt of a nursing contribution for any service user, these details should be outlined within the individual agreement with the service user, including the date the payment commenced and the amount of the nursing contribution.</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. The agreements must reflect that the signatories have agreed to the up to date terms and conditions as set out within the body of the agreement.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>All resident agreements have been reviewed and ammended as discussed to meet the Minimum Standards for Nursing Homes 2008 within the identified timescale. Nursing contributions have been included and itemised as required within the residents agreement. Agreements have been signed by the appropriate person to verify satisfaction with the agreement. A record will be maintained if the resident or their representative do not sign the agreement. This information will also be shared with the referring Trust Professional.</p>	2 September 2014

		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.			
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 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.	Once	This requirement has been added to our local procedures and will be implemented when there is a change in fee rates. There has been no changes to the fee structure since the Finance inspection.	From the date of the next change
3	27 (2) (d)	The registered person must ensure that any expenditure paid from the service users' comfort fund is used for the benefit of the body of service users at the home and does not fund any items which should be paid for by the home. The rationale for any purchase made from the comfort fund must be clear. The record of previous purchases of any items from the service users' comfort fund must be scrutinised, and the cost of any items which should have been paid for by the home be repaid to the service users' comfort fund. RQIA should be informed in writing, of the outcome of the review of previous comfort fund purchases.	Once	This requirement has been implemented in full into all local procedures following the inspection and within the identified timescale. A memo has been issued to all staff about local procedures and policies to be implemented.	2 September 2014

		The registered person should ensure that relevant staff are reminded of the guidance included within the home's policies and procedures regarding the amenity/comfort fund.			
4	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	Immediately after the inspection a memo was issued to all staff informing them that when purchasing items for residents they must not use their own personal loyalty store card. Adherence to this requirement is being monitored by the Administrative Officer when purchase receipts are returned for the records.	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the hairdressing and podiatry services and the service user or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	This requirement has been put into practice immediately following the inspection and records will be maintained for inspection.	From the date of inspection
6	19 (2) Schedule 4 (10)	The registered person must ensure that a second member of staff verifies the accuracy of the records of inventory recently updated for all service users.	Once	The new inventory records of furniture in all rooms have been verified and signed off by either the resident, the residents representative or a staff member within the identified timescale.	2 September 2014


RECOMMENDATIONS

These recommendations are based on Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15.12	It is recommended that the record of service user valuables held for safekeeping at the home is reconciled to valuables held at least quarterly.	Once	Safe contents of valuables held for safekeeping are checked and monitored to ensure that the records maintained are accurate and a true reflection of the safe contents. Safe contents have been placed in transparent folders for ease of verification and checking. This was completed on the evening of the inspection.	From the date of inspection

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	John Rafferty
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	✓			8 September 2014
B.	Further information requested from provider				