



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Edenvale Care Home
RQIA Number:	1182
Date of Inspection:	9 March 2015
Inspector's Name:	Briege Ferris
Inspection ID:	21193

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Edenvale Care Home
Address:	1-7 Edenmore Road Limavady BT49 0RF
Telephone Number:	02877722055
E mail Address:	edenvale.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare
Registered Manager:	Mrs Carol Craig
Person in Charge of the Home at the Time of Inspection:	Mrs Carol Craig
Number of Registered Places:	55
Number of Service Users Accommodated on Day of Inspection:	50
Date and Time of Inspection:	9 March 2015 09.55 - 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, regional administrator and home administrator
- 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

The home, which is purpose built, is situated in its own grounds on the Edenmore Road, Limavady.

The home is registered to provide care for 55 patients under the following categories:

Nursing Care

Nursing Care_(maximum 55 patients)

DE	Dementia care (21 patients)
I	Old age not falling into any other category
PH (E)	Physical disability other than sensory impairment over 65 years
MP 65	Mental disorder excluding learning disability or dementia under 65 years (2 patients)
MP (E)	Mental disorder excluding learning disability or dementia over 65 years (2 patients)
PH	Physical disability other than sensory impairment under 65 years (4 patients)
TI	Terminally ill (6 patients)
LD	Learning disability (1 patient)

7.0 Inspection Findings:

The inspector met with the registered manager at the home and subsequently met with the home's administrator and regional administrator.

The inspector also met with one service user who is supported by representatives of the home to manage their money. The service user described how they were very satisfied with current arrangements in place for them to access their money and they were able to describe the types of things they liked to purchase. The service user also noted that they did not want the current arrangements which were in place to change.

The inspector would like to thank all of those who participated in the inspection for their co-operation.

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. On sampling a range of service users' files, the inspector noted that some agreements were missing information required under Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

A review of the records held identified that the home had not consistently notified service users/their representatives of any increase in the fees payable. Delays in notifying service users of increases in fees payable were noted; while updated fee rates have been in place since approximately April 2014, three of four individual service user agreements had been signed within three weeks of the inspection, two of these agreements had been signed four days before the inspection.

Two 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 amounts charged to a selection of service users contributing to their fees identified that the correct amounts were being charged by the home.

Initial discussions with administrative staff established that no representative of the home was acting as nominated appointee for any service user, this was later identified to be inaccurate or a mis-interpretation. The inspector noted that there was a lack of clarity around who was actually appointed and why the arrangement was in place in the first place. The most recent HSC trust care reviews for the two service users were reviewed and did not reference the arrangement. The inspector highlighted how crucial it was to have absolute clarity around these arrangements and requested that a detailed written note about these arrangements be drafted and shared with the relevant representatives including the respective HSC trust care managers.

There is a detailed template in place to secure the agreement of the service user (or their representative) for the home to administer the personal monies of the service user; of four files reviewed; all four had the completed written authorisation template in place.

A pooled bank account is operated which is used exclusively for the safekeeping of service users' personal monies received for expenditure on the

service users' behalf such as on hairdressing, toiletries etc. There are clear and updated records of the individual balances forming the total balance within the pooled bank account.

The inspector reviewed the records of money received directly by the organisation on behalf of two identified service users and noted that records stated these service users were eligible to receive the winter fuel payment. It was not clear whether the service users had been eligible to receive this money in previous years; the amounts had not been credited to the service users' balances. The inspector requested that this be reviewed and a record made in the service users' records of the outcome.

Clear and regularly reconciled records of income and expenditure are maintained by the home which are supported by countersigned lodgement receipts and receipts for expenditure.

The home has a comfort fund for the benefits of service users in the home; records are retained by the home detailing money received and expenditure made. A separate bank account is in place which is regularly reconciled and named in favour of the service users in the home. One item of electrical equipment purchased from the monies in the last year could not be physically verified, however an item fitting the description was identified which did not match the make of the item detailed in the record. The inspector noted how this highlighted starkly, the importance of accurate record keeping.

A hairdresser visits the home to provide treatments; a comprehensive template in place to allow the hairdresser to record treatments. Both the hairdresser and a representative of the home routinely sign each treatment record.

Two requirements and one recommendation have been made.

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 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 safe record was in place which detailed that on the day of inspection, no non-cash items were lodged for safekeeping.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified shortcomings in record keeping and inconsistency in the records available. One service user's physical record of property was not available on the day of inspection.

One requirement has been made.

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 did not provide transport to service users. The home has arrangements in place to support service users to access other forms of transport.

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:**

Provider is compliant with all contents of statement 1. Edenvale Care Centre is not responsible for undertaking any financial transactions on the service user's behalf.

Compliant

Inspection Findings:

The inspector was provided with a copy of Four Seasons' service user guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and associated appendices. The inspector noted that the guide contained information for service users on: fees (in general) and the management of service users' personal monies and insurance.

Moving towards compliance

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

On examining the sample of four service users' files, the inspector noted that all four service users had a signed agreement on file.

The four signed agreements which were on file included the correct weekly fee for the service users and provided a breakdown of the persons contributing to the payment of the weekly fee. The inspector noted that the method of payment on one service user's agreement was incorrect. Administrative staff later advised that this was a typing error. Two other agreements did only partially detail the respective methods of payment of the fees for these service users. The fourth service user sampled had two agreements in place, one for their weekly fee (excluding a third party top up payable) and a separate agreement in respect of the third party top up. The inspector noted that one of these agreements reflected the correct method of payment, while the other agreement did not contain any details as to the method of payment of the fees.

The inspector explained to the registered manager and both administrative staff that all of these details were required in their entirety, in order to comply with Regulation 5 of the Nursing Homes Regulations (NI) 2005.

The inspector advised that in keeping with DHSSPS Nursing Homes Minimum Standard 4.2, individual agreements between service users and the home were required to include an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing and the associated costs). The inspector noted that the agreements reviewed on file for the four sampled service users did not include this information.

The inspector also noted that a person associated with the home is acting as nominated appointee for two identified service users in the home. The inspector noted that DHSSPS Nursing Homes Minimum Standard 15.10 requires that where this is the case, these arrangements are noted in the service user's agreement. The inspector selected the two identified service users as part of the sample to review and noted that their individual agreements with the home did not contain this information.

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

Further discussion on Appointeeship is included under Statement 2 of this report.

A review of the records identified that the home had not consistently notified all service users of an increase in the fees payable. The inspector also noted that while updated fee rates had been in place for many months, the agreements for three service users (who were not recently admitted) had only been signed a matter of days before the inspection. The inspector noted that once new fee rates were advised to the home, there must not be any unnecessary delay in advising service users or their representatives of the increase in the fees payable.

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

The inspector noted that the home has a number of financial policies and procedures detailing procedures for staff to follow.

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 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>compliant with Statement 2. Edenvale Crae Centre does not act as any clients nominated appointee . If a client is incapable of managing their finances and property this would be reported in wrting at the annual care review ..</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<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 selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>In initial discussions during the inspection, administrative staff advised that no representative of the home was acting as nominated appointee for any service user. A subsequent review of the records provided to the inspector confirmed that a representative of the home was acting as nominated appointee for two service users. When this was later discussed with staff, the inspector was advised that this was a corporate appointee not someone working at the home. The inspector noted that it was irrelevant whether the nominated appointee was</p>	<p>Substantially compliant</p>

a corporate person or a human person. The returned comments in the self-assessment above are therefore inaccurate.

The inspector reviewed the files for the two identified service users for whom a person associated with the home is acting as nominated appointee and therefore managing their social security benefits on behalf of the service users. The inspector noted that the official documents detailing the respective appointments as nominated appointee started the name of the current and former home administrator. The regional administrator confirmed that the nominated Appointeeship for the two service users was a corporate Appointeeship and that the home administrators were not personally appointed but were simply named on the documents as a point of contact.

The inspector highlighted that there was no other note of what the arrangements were for these appointments on the files for the service users to detail 1) why the arrangement was in place 2) who was appointed 3) when and how the arrangement would be reviewed etc.

The inspector also requested the most recent HSC trust care reviews for these service users and noted that the respective arrangements were not noted in either care review.

The inspector highlighted how crucial it was to have absolute clarity around these arrangements. The inspector noted that a detailed written note addressing the Appointeeship and any other arrangements in place in the home to support the service user with their money must be drafted and shared with the service user's HSC trust care manager and their family representative, if any. This note should set out in detail the rationale behind the arrangement, how it operates in practice, the controls in place to safeguard the service user's money at the point where it is received at head office level and at home level, what measures are in place to review the appropriateness of the arrangement, what records will be maintained in respect of this arrangement and any other factors deemed relevant for the individual service users identified.

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

The home also receives monies from service users' representatives to be spent by the home on the service users' behalf, such as on hairdressing treatments facilitated in the home. The inspector noted that the home has a detailed template in place to secure the agreement of the service user (or their representative) for the home to administer the personal monies of the service user. The inspector requested a sample of files to review and noted that of four files reviewed; all four had the completed written authorisation template in place.

Discussion identified that that home operates a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as hairdressing, toiletries etc. There are clear and updated records of the individual balances forming the total balance within the pooled bank account.

As noted above, balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular basis. Good practice was observed.

The inspector reviewed the records of money received directly by the organisation on behalf of two identified service users. The inspector noted that records noted that these service users were eligible to receive the winter fuel payment. The inspector noted that this amount had not been credited to the service users balance of monies received over the winter period; the inspector noted to staff that it is normally receivable in the month of February. The inspector requested the service users' records for February 2014 and noted that payments were also not received in January or February 2014. The inspector discussed this with the registered manager and administrative staff and noted that this matter should be reviewed. If the service users were entitled to the winter fuel payment in the current or in previous years, there should be a clear audit trail of where the payment has been received to so that monies can be appropriately safeguarded on behalf of the service users.

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

The inspector discussed the lodgement of money to the home by family representatives and noted that lodgement receipts are provided to those paying fees, which are signed by both the person lodging the money and a representative of the home.

The inspector reviewed a sample of the records for expenditure incurred on behalf of four service users such as that in respect of hairdressing, toiletries, newspapers etc. The inspector noted that the home maintain individual records for service users for whom they hold money which detail income and expenditure. Regular reconciliation of the monies held had been recorded and signed and dated by two persons. Good practice was observed.

The inspector sampled a number of transactions from the income and expenditure records and was able to trace these entries to the corresponding records to substantiate each transaction.

The inspector noted the home has a comfort fund for the benefits of service users in the home. The inspector noted that a broad range of activities are carried out and paid for from the comfort fund and it was clear from the records that there was an effort to ensure that as many service users as possible benefit from the activities undertaken. The inspector reviewed the administration of the comfort fund and noted that records were retained by the home detailing how the comfort fund money was being spent. A separate bank account is in place which is regularly reconciled and named in favour of the service users in the home. A policy and procedure is also in place to guide the administration of the comfort fund.

The inspector reviewed a broad sample of the expenditure incurred from the comfort fund monies and requested to physically verify two items purchased from the monies in the last year. One large item was physically verified, while the remaining item (a small item of electrical equipment) could not be physically verified on the day. During the inspection, the registered manager telephoned a member of staff to clarify where the item may be, the registered manager returned to say that the item was contained in the room with the activities equipment. The inspector had seen this item earlier in the inspection but noted that it was not the same make recorded in the comfort fund records. The registered manager advised that this was the item in question, which had been recorded incorrectly in the records. The inspector noted how this highlighted starkly, the importance of accurate record keeping.

The inspector noted that staff should be reminded of the importance of accurately recording all income and expenditure on behalf of service users.

Recommendation 1 is listed in the QIP in respect of this finding.

A hairdresser visits the home to provide treatments to service users. The inspector noted that the home have a comprehensive template in place to allow the hairdresser to record treatments. The inspector noted that the template details the name of the service user, the treatment provided and the associated cost. The inspector also noted that a representative of the home also signs each treatment record to confirm that the service users detailed have received the treatments recorded. Good practice was observed.

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:

- 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>Provider compliant with statement 3. A reconciliation of money and valuable held by the home is carried out on a monthly basis.</p>	<p>Compliant</p>
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 places and the persons with access.</p> <p>The inspector queried what controls were in place to ensure that the receipt of money was appropriately documented outside of office hours; the inspector was advised that service users' representatives are requested to lodge money for safekeeping within office hours.</p> <p>The inspector undertook a count of the pooled balance of money deposited for safekeeping on behalf of service users and the comfort fund monies held and noted that these agreed to the records held by the home. The home has a clear record of the individual service user balances forming the total balance held.</p> <p>A review of the records identified that regular reconciliations of the cash held on behalf of service users is carried out, recorded and signed and dated by two people. Good practice was observed.</p> <p>The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection.</p> <p>The inspector requested the inventory/property records for three service users. The inspector was provided with a file containing hard copies of the property records for service users, as well as a print out of computerised records of property for service users for the three service users selected.</p> <p>The inspector initially reviewed the file containing property records and noted that only two of three paper records were contained within the file, the inspector was not provided with an explanation as to why this service user's record was not in place. The remaining two service users' records had been made on a template and the inspector noted some inconsistency in the records reviewed. One of the records had been signed by one person, one had been signed by two people; neither of the records were dated making it impossible to tell when they had been made. There was no evidence on the records to suggest that they had been updated with the addition or disposal of items belonging to the service users over time.</p>	<p>Substantially compliant</p>

It was noted that one of the two records examined had detailed “no valuables”. The inspector noted that this contradicted the computerised record for this service user which included reference to eight items of valuables belonging to this service user. The inspector noted the importance of consistency in these records.

Requirement 5 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
	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>Provider is compliant with statement 4 but there are several areas that are not applicable to edenvale care centre as we do not provide a transport scheme at edenvale care centre We do however provide the service user with a policy.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to ensure that service users can access other forms of transport.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</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>

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carol Craig 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

EDENVALE CARE HOME

9 MARCH 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Carol Craig 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.

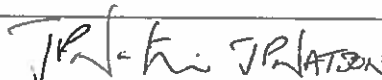
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.


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.

		Where a person associated with the home acts as an appointee, these arrangements must be noted in the service user's agreements.		representative. In the isolated case that a person associated with the home that acts as an appointee this arrangement will be noted in the service users agreement and the care manager will be made aware of same.	
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. The service user's individual agreement must be updated accordingly. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.	Once	When change of fees are implicated the registered manager will give written notice of same to the service user or the person by whom the fees are payable. Any changes that are made to the service users agreement this will be agreed in writing by the service user or their representative and this will be recorded. The service users individual agreement will be recorded and if service user or their representative is unable to sign or choose not to sign this also will be recorded.	From the date of the next change
3	19 (2) Schedule 4 (3) Minimum Standard 15.10	The registered person is required to ensure that for each of the two service users identified on inspection, a detailed written note addressing the Appointeeship and any other arrangements in place in the home to support each two service users with their money is drafted and shared with the service user's HSC trust care manager and the each service user's family representative, if any. This note should set out in detail the rationale behind the arrangement, how it operates	Once	A letter has been drafted and sent to the two service users that were identified on inspection and sent out to the family and care managers in relation arrangements in place in the home to support the two residents with their money and it indicates how their money is kept and when money is given and why it is given. Any money is given out	Four weeks: 6 April 2015

		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.		residents.items of significant importance will be highlighted on the inventory.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person/identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Carol Craig
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Jim McCall MANAGING DIRECTOR 30/4/15

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			09/06/15
B.	Further information requested from provider				