



The **Regulation** and
Quality Improvement
Authority

Announced Primary Finance Inspection

Name of Establishment:	Brookmount
RQIA Number:	1188
Date of Inspection:	22 January 2015
Inspector's Name:	Briege Ferris
Inspection ID:	21041

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:	Brookmount
Address:	4 Lower Newmills Road Coleraine BT52 2JR
Telephone Number:	0287032 9113
E mail Address:	a.bannister@apexhousing.org
Registered Organisation/ Registered Provider:	Apex Housing Association Gerald Kelly
Registered Manager:	Ann Bannister
Person in Charge of the Home at the Time of Inspection:	Ann Bannister
Number of Registered Places:	48
Number of Service Users Accommodated on Day of Inspection:	43
Date and Time of Previous Finance Inspection:	3 February 2010 9.50-14.30
Date and Time of Inspection:	22 January 2015 10.00 – 15.50
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
- 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

Brookmount Nursing Home is owned and managed by Apex Housing Association and is situated in a quiet residential area on the outskirts of Coleraine. It is within easy distance of the main bus and train routes and local public amenities. The premises share a site with Brookhill House which is also managed by North and West Housing Limited.

The home is registered by the Regulation and Quality Improvement Authority (RQIA) to provide nursing care (NH) for a maximum of 48 patients within the category of old age not falling into any other category (I).

Accommodation is provided in single rooms on both floors of the home. All areas of the home are accessible via the passenger lift or the stairs. There are adequate numbers of lounges, dining rooms, toilets, bathrooms and shower rooms throughout the home. The main foyer is spacious and offers alternative seating to the main lounges on both floors. Throughout the home, and in addition to the lounges, there are quiet seating areas where patients can relax with visiting friends and family if desired. A relatives' room which includes a small kitchen is also provided.

A garden with shaded and seating areas is available and accessed through the grounds of the home and from the ground floor dining room.

Mrs Ann Bannister is the registered manager for the home.

7.0 Summary of Inspection

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

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

There was 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.

One requirement has 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

The home has good controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded; however receipts for lodgements of cash to the home were not signed by the person making the lodgement. Clear and up to date records exist to support income and expenditure for service users.

The home did not have sufficiently detailed written authorisations in place from all service users/their representatives for the home to spend service users' money on identified goods or services. The authorisations examined did not provide adequate detail for the home on what expenditure to make on behalf of service users.

Comfort fund records demonstrated that expenditure made from the fund adhered to the home's policy and procedure; however cash book transactions were not signed by two people.

A sample of records identified that treatment records provided by the hairdresser and podiatrist were not routinely signed by both the person providing the service and a representative of the home to confirm that the service charged for had been delivered.

Four requirements have been made.

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

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

The home has a safe place 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. No valuables other than cash were lodged for safekeeping by the home on the day of inspection.

A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced poor record keeping: records had not been signed or dated; there was inconsistency in how possessions had been recorded and some records for service users were not available.

One requirement has been made.

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

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

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

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

8.0 Follow-Up on Previous Issues

No	Regulation Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	4. – (1) (c)	The Home Manager should ensure that individual agreements for the 9 patients noted are obtained and retained at the Home.	The inspector noted that individual agreements were provided to every service user. Further information on this issue is included in Section 9 of the report.	Compliant
2.	4. – (1) (c)	The Home Manager should ensure that the Patients' Guide contains a standard form of the contract.	The inspector reviewed the service user guide and noted that a copy of the standard form of contract was contained therein.	Compliant
3.	4. – (3) (9)	The Home should, as appointee, obtain regular statements from the Office of Care and Protection confirming that personal allowance amounts have been paid into the relevant patient's account as required.	At the date of inspection, no representative of the home was acting as nominated appointee for any service user.	Not applicable
4.	4. – (4)	The Home Manager should ensure that their contract with the Northern Trust is signed by a representative of the Home.	This had been actioned at the date of inspection.	Compliant

No	Minimum Standard Ref	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	15.12	Where items of value belonging to patients are placed in the safe these should be recorded in a Safe contents book. The book should be stored in a secure location away from the safe.	The inspector noted that the home have a safe book in place. On the day of inspection, no valuables belonging to service users were lodged for safekeeping with the home.	Compliant
2.	15 (General)	Monies owed to former patients of the Home should be repaid to them or their representatives promptly.	The inspector noted that the organisation have a policy and procedure in place which details the procedure to follow in the event that the home holds money on behalf of a former service user.	Compliant

9.0 Inspection Findings

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:

Every new service user is issued with a Nursing Care Agreement which outlines specific terms and conditions and details charges payable

Provider to complete

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide, the home's brochure and appendices. The inspector noted that the guide contained information for service users on: the provision of an individual service user agreement; the scale of charges within the home and how the fees payable will be assessed by the HSC trust and how the service user could complain. The inspector noted good practice in regard to the transparency and detail provided both within the guide and accompanying documents.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager; 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: all four service users selected had an individual agreement on file; two agreements detailed the correct fee for those service users, these service users had been admitted in 2014. The remaining two agreements did not reflect the current fee for those service users, these service users had lived in the home prior to 2014.</p> <p>The inspector discussed this with the registered manager who advised that while agreements were provided to individual service users on admission; it had not been the home's practice to update the original agreements to reflect increases in the fees payable over time. The inspector noted that agreements between the home and individual service users should provide the details of up to date fees and financial arrangements in place.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted service users and on review, the inspector noted that this agreement did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.</p> <p>Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the duration of the service user's stay in the home; a copy of the home's complaints procedure; the arrangements for any financial transactions undertaken on behalf of service users by the home and the records to be kept; the arrangements for the management of the service user's valuables, if any; the period of notice for terminating the agreement and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs).</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p>	<p>Moving towards compliance</p>

<p>Discussion with the registered manager and a review of the records established that service users/their representatives had previously been notified (by letter) of any increase in the fees payable over time. The inspector noted, however that the changes referred to in the notification letter, also had to be reflected in the required level of detail in the agreement in place with the individual service user/their representative and the home. Requirement 1 is listed above in respect of this finding.</p> <p>The home has a number of relevant policies in place to direct staff in the procedures to follow when handling service users' money.</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>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 home maintains a detailed record of all monies paid by each service user. Each transaction is signed and dated by the service user or their representative and a staff member, or where this is not possible by two staff members. The home operates a purse account for any service user who is unable to manage their own finances if they wish to avail of this service and details are formally agreed with their n.o.k. A detailed record of all transactions are kept and witnessed by two staff</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>The inspector noted that a statement of amounts payable by or in respect of service users is available detailing amounts charged and the subsequent receipt of payment against these amounts.</p>	<p>Substantially compliant</p>

The registered manager advised 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. The home has a template in place to detail the general arrangements for safekeeping of money on behalf of service users and to secure the signature of the service user or their representative to agree to these arrangements. The inspector noted that the template also requires the service user or their representative to detail the items which staff has the authorisation to purchase on behalf of the service user.

The inspector requested a sample of files to review and noted that of four files reviewed; only two had the written authorisation template in place. In addition, the inspector noted that one authorisation had been signed by the service user, their representative and the registered manager, however it had not been completed; the list of examples of items had been left blank. The second authorisation template had been completed by the service user's representative stating "whatever [the service user] wishes".

The inspector discussed these two examples with the registered manager and noted that if they were completed in the presence of the service user or their representative, staff must ensure that they are completed in such a way as to provide the home with the requisite authority and scope to make decisions about spending a service user's money. The inspector noted that the layout of the template could possibly be reviewed to prompt those completing the template to be more explicit about what authority was being granted for.

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

Discussion with the registered manager identified that that home does not operate a bank account on behalf of any service user or the service users as a group. The registered manager confirmed that the only money handled by the home is that which is deposited by family representatives to spend on hairdressing, podiatry, toiletries and other identified items, as noted above.

The inspector reviewed a sample of receipts written out for lodgements of money to the home. The inspector noted that the receipts were only signed by the person receiving the money and highlighted this to the registered manager. The inspector noted that two people must sign the receipt to confirm that both parties agree to the details which have been recorded on the receipt.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of four service users such as that in respect of hairdressing and podiatry services. The inspector noted that the home maintain individual records for service users for whom they hold money which details income and expenditure. The inspector noted that there good record keeping controls around maintaining these records. They were neat, kept up to date and contained all of the necessary information, including the signatures of two people for each entry. The records also reflected that there was very regular reconciliation of the monies held for each service user which were also signed by two people. Good practice was observed.

The inspector sampled a number of transactions from the records and was able to trace these entries to the corresponding records to substantiate each transaction, such as copy receipt for cash lodgement or the hairdresser's treatment record for a treatment recorded on the statement.

The inspector discussed the home's comfort fund with the registered manager. The manager described recent fundraising efforts by staff at the home. The inspector noted that the home has a comfort funds policy in place detailing the procedure to follow in respect of the management of the comfort fund. The inspector reviewed expenditure from the comfort fund and noted that this adhered to the scope of expenditure as set out within the homes policy and procedure. The inspector noted that receipts were available confirming lodgements made and invoices from purchases were available and being retained by the home to identify how the comfort fund money was being spent.

The inspector noted while lodgement and purchases receipts were available as above, the cash book maintained recording the cash income and expenditure did not have any signatures recorded against each transaction. The inspector noted that this was an important control to have in place, it was also noted that this was required by the comfort fund policy and procedure.

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

As noted above, a hairdresser and private podiatrist visit the home to provide treatments to service users. In reviewing a sample of the records for both hairdressing and podiatry, the inspector noted that the respective treatment records were not signed at the time of providing the service by both the hairdresser/podiatrist and a representative of the home. The inspector stressed the importance of both parties signing these records in confirming the treatment received by the service user and the associated cost.

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 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

<p>Provider's Self-Assessment:</p>	
<p>The home has a safe which is in a locked office. Only the manager and admin assistant have access to this office. A record is kept of all monies and valuables held in the safe and receipts are given on receipt and return of these to the service user or their rep. A reconciliation of these monies are kept and updated daily. A record of each service user's belongings is maintained and updated as necessary.</p>	<p>Provider to complete</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 undertook a count of a random sample of the cash balances and noted that these agreed to the records held by the home. The inspector also noted that staff perform regular reconciliations of the cash held within the safe place.</p> <p>A safe record book was in place to record any valuable items deposited for safekeeping by service users. On the day of inspection, there were no non-cash items belonging to service users lodged for safekeeping.</p> <p>The inspector requested the inventory/property records for four service users; none of the four records for the service users selected were available. The registered manager stated that these service users had lived in the home for a long time, but acknowledged that the absence of these records was not satisfactory. The registered manager provided four alternative records for review; all four records had been made using a template however there was inconsistency in the way items had been recorded. The inspector noted that one record contained significant detail of clothing and other items; it was noted that this record had been made in pencil, not pen.</p> <p>The inspector noted that the other records reflected much less information and only the number, not the description of items had been recorded. All four records provided were neither signed nor dated. This indicated to the inspector that the process of recording service user inventory was not being managed well.</p> <p>In discussing this issue with the registered manager, the inspector highlighted that it would be preferable if items of furniture or personal possessions other than clothing were distinctly recorded on the record for easy identification in future. The inspector also noted that staff members had to maintain consistency in recording items.</p>	<p>Moving towards compliance</p>

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

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

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

Statement 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 organisation has written policies and procedures in place regarding provision of transport for service users. This is not at the present time applicable to any of our service users.</p>	<p>Provider to complete</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 support service users to avail of other means of transport.</p>	<p>Not applicable</p>

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

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ann Bannister 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

BROOKMOUNT

22 JANUARY 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 Ann Bannister 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. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</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.</p> <p>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.</p>	Once	Currently under review. Draft to be forwarded to finance inspector .	Eight weeks: 19 March 2015

2	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required.</p> <p>Existing personal allowance contracts for service users should be reviewed to ensure that they are sufficiently completed and that any expenditure which the home is currently making on behalf of the service user exactly reflects the authorisation provided by each service user/their representative.</p>	Once	Actioned	Four weeks:19 February 2015
3	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that the receipts which are provided to family representatives when lodging cash and which are signed by a member of staff are also signed by the person who is making the lodgement.</p>	Once	Actioned	From the date of inspection
4	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that each transaction detailing income and expenditure from the comfort fund is signed and dated by two people.</p>	Once	Actioned	From the date of inspection
5	19 (2) Schedule 4 (9)	<p>The registered person must ensure that the treatment records for hairdressing and podiatry services provided are signed by both the person providing the treatment and a member of staff at the home to verify the treatment received and the associated cost to each service user.</p>	Once	Actioned	From the date of inspection

6	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records should be updated on a regular basis.</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</p> <p>The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	Once	Actioned	Four weeks:19 February 2015
---	------------------------	--	------	----------	-----------------------------

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Ann Bannister
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Helen Walsh Finance Officer

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			18/03/15
B.	Further information requested from provider				