



Announced Finance Inspection

Name of Establishment:	Lansdowne
Establishment ID No:	1263
Date of Inspection:	22 September 2014
Inspector's Name:	Briege Ferris
Inspection No:	16469

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:	Lansdowne
Address:	41-43 Somerton Road Belfast BT15 3LG
Telephone Number:	02890370911
E mail Address:	lansdowne.m@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Healthcare James McCall
Registered Manager:	Karen Agnew
Person in Charge of the Home at the Time of Inspection:	Karen Agnew
Number of Registered Places:	86
Number of Service Users Accommodated on Day of Inspection:	53
Date and Time of Inspection:	22 September 2014 10.00 – 14.00
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

3.0 Purpose of the Inspection

This is a report of an announced finance inspection to assess the quality of services being provided. The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure compliance with regulations and standards, but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager and other members of staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

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

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

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

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

The registered provider and the inspector have rated the home's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Lansdowne Care Home is situated on the Somerton Road, just off the Antrim Road, in North Belfast.

It is a large nursing home, registered for 86 patients. The accommodation is spread over three floors which are serviced by a passenger lift.

In April 2010, a nine bedded intermediate care unit was opened. This unit is situated on the first floor and is accessed via the main entrance to the home.

In September 2012 a dementia care facility with 11 beds was registered on the ground floor of the home.

The home is close to amenities such as shops and churches and is owned and managed by Four Seasons Healthcare.

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

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminal illness
DE	Dementia

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; which is updated to reflect new fees and financial arrangements over time. .

There was evidence that all service users/their representatives had been informed in writing of any increase in the fees or any variation in the method of payment of the fees or the person by whom the fees are payable.

The home has achieved a compliance level of 'substantially compliant' for this theme.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained

The home has clear controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Regularly reconciled records exist to support income and expenditure for service users.

The home has received or is awaiting the return of written authorisation 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 'substantially compliant' for this theme.

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

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a clear and regularly reconciled record of cash and other items deposited on behalf of service users. A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced good record keeping, records had been double signed and dated and reflected a clear description of items.

The home has achieved a compliance level of '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

The home does not provide transport services to service users.

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:**

The Home provides each service user with a Service User Guide on admission. This guide contains the Home's scale of charges and information on the cost of additional goods and services facilitated by the Home, such as hairdressing and chiropody. A residency agreement is completed post admission which includes all charges payable by the resident and the method of payment agreed.

The Home currently does not act as an appointee for any service user. The only financial transactions conducted on the Service Users behalf is payment for services such as hairdressing and chiropody. A separate bank account has been set up for Residents personal allowances, management of these moniees is covered in policy

Substantially compliant

<p>16, management and recording of personal allowances.</p> <p>Currently in Lansdowne Care Home all Residents fees are paid by the placement Trust. The placement Trust invoices the Service Users or their Representatives directly. Therefore the placement Trust notifies the Service User or their Representative of any increase of fees. The only exception to this is with third party contributions. Where this applies the Home would advise in writing of any increase within the agreed timescales. There have been no increases in third party top ups, therefore this has not been necessary.</p>	
<p>Inspection Findings:</p>	
<p>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), charging for additional services (including an appendix detailing the current charges for services within Lansdowne), and the management of service users' personal monies and insurance. The inspector noted good practice in regard to the transparency and detail provided both within the Four Seasons guide and also the home's own appendices.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator and business support administrator; 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: each service user or their representative had been provided with an agreement detailing the current fee payable. The inspector noted that one service user's agreement had been sent to the service user's representative for signature and had not yet been returned. However, the inspector noted that a copy of the papers sent to this service user's representative had been retained on file to confirm what had been sent out. There was also correspondence on this file identifying that the home had contacted the representative to follow up on returning the signed agreement. The inspector noted these actions as examples of best practice.</p> <p>The inspector noted that two of the four agreements identified that the service users or their representatives were required to make fee payments to the home. The inspector noted that the agreements in question did not clearly identify the person from whom the fees were receivable. That is, while the person's nominated representative and guarantor were identified, the inspector noted that the name of person should be clearly marked on the</p>	<p>Substantially compliant</p>

agreement beside the amount receivable.

It is recommended that representatives of the registered person completing the details on the individual service user agreements should explicitly record on the relevant section of the agreement, the name of the person by whom any fees are receivable by way of client contribution/third party top-up. These details should be recorded on the agreement irrespective of whether the person paying these amounts is also the “nominated representative” and/or “guarantor”.

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

The inspector noted that the costs of additional services facilitated within the home was also attached to the home’s standard terms and conditions. The inspector noted this as good practice.

A review of the records held established that the home had previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.

The inspector noted that home has a comprehensive set of policies and procedures in place for the administration of service users’ money.

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
	Substantially compliant

Statement 2

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

Criteria Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • 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, identified and recorded, at least quarterly • If a person associated with the home acts as nominated appointee for a service user, the arrangements 	

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement 	
Provider's Self-Assessment:	
<p>Generally the information provided by placement trusts pre admission does identify who will be responsible for the residents monies in broad terms rather than identifying individuals. The Home maintains a record of the receipt of all monies paid into the home by each Service User or their Representative. Each transaction is recorded in a computerised system. Receipts are issued to evidence amounts paid in. These receipts are signed and dated by two people, the receipt number is entered onto the computer system to identify the transaction and hard copies are retained within the Care Home. A reconciliation of transactions and money is completed on a monthly basis and report is sent to the Business Support Administrator.</p> <p>A written authorisation is in place for all Service Users signed either by themselves or their Representative to spend money on identified items or services. Receipts for goods purchased on behalf of the service user by home staff are retained.</p> <p>Lansdowne Care Home does not act as a nominated appointee or agent for any Service User. We do not operate a bank account on behalf of any Service User. In the event that it was felt the Service User was becoming unable to manage their finances, the Registered Manager would notify the referring Trust in writing.</p>	Substantially compliant
Inspection Findings:	

<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. 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>Discussion with the home's administrator and business support administrator and a review of the records identified that staff complete regular reconciliation of the amount received from the trust against the home's own records of fees receivable.</p> <p>Discussions with the above 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>A review of a sample of the records established that the home had personal allowance contracts in place with the service users/their representatives (or was awaiting the returned of the signed authorisations), providing the necessary written authorisation to purchase goods and services on behalf of service users.</p> <p>The inspector noted that the home are in receipt of the personal allowance monies for a number of service users and that these monies are paid into the pooled personal allowance monies bank account. 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 which are completed at regular intervals.</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, chiropody, toiletries or other non-frequent sundry items. The inspector noted that the home maintain clear records detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdressers or shop receipt for expenditure. The inspector traced a sample of transactions and was able to identify all of the relevant documents.</p> <p>Within the sample of transactions recorded for services by the hairdresser, and chiropodist; the inspector noted that a template was in use to make the task of recording visits more transparent and to capture the treatment provided, the associated cost and the signature of the hairdresser/chiropodist, and a member of staff to verify that the person had received the treatment recorded. Good practice was observed.</p>	Substantially compliant
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The inspector noted that within the sample of transactions examined, a representative of the home had used a personal shop loyalty card to gain points when making purchases for a service user.

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.

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

The inspector noted that the home had a comfort fund for the benefit of the service users. A separate bank account was in place and named "Lansdowne comfort fund". The inspector noted that the bank statements were addressed to a member of FSHC staff who was no longer based at Lansdowne and that the bank should be advised of the up to date addressee details.

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

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

Statement 3

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

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place ▪ Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions ▪ Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property ▪ Service users are aware of the safe storage of these items and have access to their individual financial records ▪ Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan ▪ A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures ▪ A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed 	
Provider's Self-Assessment:	
A safe is provided in the Administrators office for the storage of money and valuables. Two nominated members	Substantially compliant

<p>of staff hold keys.</p> <p>A record is retained of safe contents, in the event that items are removed or returned a record is made of the transaction, signed and dated by two people. Residents are aware that personal allowance monies are retained within the Home safe and approach the Administrator when they wish to make a withdrawal. A statement of account can be printed off at their request.</p> <p>A reconciliation of the safe contents is completed by the Home Manager and Administrator on a quarterly basis and records are retained within the Home. In the event that items should go missing this would be managed under the Home's safeguarding procedures.</p> <p>A retrospective record of all furniture and personal possessions brought into the Home is currently being completed, as audit indicated that these were out of date. It is expected this will be completed by 31 July 2014.</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 place and the persons with access.</p> <p>The inspector undertook a count of a random sample of the items deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector also noted that staff performs regular reconciliations of the cash and valuables held within the safe place.</p> <p>The inspector requested the inventory/property records for four service users. All four service user files identified that a record had been made of property which the service users had brought to the home on admission. In addition, the inspector noted that recently, an up to date record had been made for each of the service users which detailed items of value such as pictures, mirrors and electrical items, which were clearly described. The four recent records had been signed and dated by two persons. Good practice was observed.</p>	Compliant

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
	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 	
Provider's Self-Assessment:	
Lansdowne Care Home does not have a transport scheme.	Not applicable
Inspection Findings:	
The home does not provide transport services to service users.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Karen Agnew 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
LANSDOWNE
22 SEPTEMBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Karen Agnew 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	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	This issue has been addressed with the member of staff who used the loyalty card on the one receipt identified. This direction is reinforced with all staff who are allocated to complete shopping on the residents behalf	From the date of inspection

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	4	It is recommended that representatives of the registered person completing the details on the individual service user agreements should explicitly record on the relevant section of the agreement, the name of person by whom any fees are receivable by way of client contribution/third party top-up. These details should be recorded on the agreement irrespective of whether the person paying these amounts is also the "nominated representative" and/or "guarantor".	Once	Currently Four Seasons record the name of the person who pays the top up on the service user agreement separately by exception. ie if the payment comes from a person or trust who are not the nominated representative and/or guarantor. This recommendation is currently being considered.	From the date of the next change in fees or financial arrangements
2	25.16	The registered should contact the bank and advise of the updated addressee details for the service users' comfort fund bank account statements.	Once	This has been actioned and we are currently awaiting new banking documents	3 November 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Karen Agnew
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

CAROL COUSINS
DIRECTOR OF OPERATIONS

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>B.2.</i>	11/11/14
B.	Further information requested from provider				