



The **Regulation** and  
**Quality Improvement**  
Authority

## **Announced Primary Finance Inspection**

<b>Name of Establishment:</b>	<b>Loughview</b>
<b>RQIA Number:</b>	<b>1266</b>
<b>Date of Inspection:</b>	<b>7 October 2014</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>20563</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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**1.0 General Information**

<b>Name of Home:</b>	Loughview
<b>Address:</b>	68 Fortwilliam Park Belfast BT15 4AS
<b>Telephone Number:</b>	028 9077 1930
<b>E mail Address:</b>	loughviewhomes@btconnect.com
<b>Registered Organisation/ Registered Provider:</b>	Loughview Homes Ltd. Mr Michael Curran & Mr Paul Steele
<b>Registered Manager:</b>	Ms Margaret Lakehall
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Margaret Lakehall
<b>Number of Registered Places:</b>	36
<b>Number of Service Users Accommodated on Day of Inspection:</b>	29
<b>Date and Time of Inspection:</b>	7 October 2014 10.00- 15.45
<b>Name of Finance Inspector:</b>	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:

<b>Guidance - Compliance Statements</b>		
<b>Guidance - Compliance statements</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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 .
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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

Loughview Private Nursing Home was registered in 1992 when the home was extended to care for 36 patients. The home is situated on the corner of Fortwilliam Road and Lansdowne Road, Belfast, and is convenient to some local shops.

Car parking space is provided to the side and front of the home but it can be limited at times depending on staff cars and relatives visiting. There is a garden to the front of the home and a small area to the side shaded by trees.

The home has two main lounge areas and a small first floor room which can be used either by patients or their relatives. Downstairs some of the original features of the house have been maintained which helps to give the home its character.

The home is 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 under pension age
PH (E)	Physical disability other than sensory impairment over pension age
TI	Terminally ill

## 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. On examining the sample of four service users' files, the inspector noted that two individual service user agreements reflected the current fee arrangements, while the remaining two service users had an out of date agreement on file.

Two recently updated agreements included details of the personal allowance monies received by the home on behalf of the service users which did not agree to the actual amounts received by the home.

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

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

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and up to date records exist to support income and expenditure for service users. The inspector noted that a representative of the home had used a loyalty card to gain points when making some purchases on behalf of service users.

The home had written authorisation in place from service users/their representatives for the home to spend service users' money on identified goods or services; however, it was noted that this was a general authority and did not define the scope of the goods or services which the home could purchase on behalf of service users.

Records examined established that there are good controls in place around the management of a bank account used to administer the personal monies of a number of service users.

A sample of records identified that treatment records provided by the hairdresser/chiroprapist did not provide all of the necessary details.

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

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

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a regularly reconciled record of cash deposited and used on behalf of service users; however, the record of non-cash valuables was not up to date on the day of inspection.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified that these records had been completed recently; however, each service user did not have a record and, in addition, the records had been made by only one representative of the home.

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 a transport service to service user. 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 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:**

The Service User is provided with a written agreement which details the terms and conditions laid out by the home, the service user returns a signed copy and retains a copy for thier reference.A copy of the " Procedures for Handling Patients Finances " and the "Policy on Complaints" are issued to the service user.

Substantially compliant

<b>Inspection Findings:</b>	
<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: two individual service user agreements reflected the current fee arrangements, while the remaining two service users had an out of date agreement on file.</p> <p>Of the available agreements, the inspector noted that one agreement did not detail the date of admission or the duration of the service user's stay. Both of these recently signed agreements included details of the personal allowance monies received by the home on behalf of the service users; the inspector noted that the amounts detailed in the agreement did not agree to the actual amounts received by the home.</p> <p>The inspector was also provided with the home's current form of agreement for new individual service users and, on review, the inspector noted that this agreement reflect the majority of the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2. The inspector noted, however, that the costs of additional services over and above the general service and facilities (such as hairdressing and podiatry) were not listed in full in the agreement.</p> <p><b>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p>	<p>Moving towards compliance</p>

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>A record is maintained of all financial transactions in respect of the resident. 2 staff sign all transactions. An agreement is signed by the service user/N.O.K permitting the home to make purchase etc on the residents behalf. Reconciliation of the residents money takes place at least bi-monthly and signed by 2 staff. The care manager is kept informed of any changes in the residents condition which may affect their ability to control their own finances. They are sent a statement annually of the residents account of which the home receives their personal allowance. A policy is in place for handling patients finances.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Discussions with the registered manager and a review of the records identified 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 service user records established that the home had a written authorisation in place with service users or their representatives. This authority provided the home with permission to “make purchases of</p>	<p>Moving towards compliance</p>

personal effects” of behalf of the service user. The inspector noted that it was not appropriate for general authorisations to be provided to the home and that the authorisations should be revised to reflect specific authority to spend the personal allowance monies of service users on particular goods or services.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, podiatry, newspapers or other non-frequent sundry items. The inspector noted that the home maintain records on “residents personal finances” ledgers which detail income and expenditure, and are signed by two persons, 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 evidence the all of the relevant documents.

On reviewing a sample of the expenditure records, the inspector noted that a representative of the home had used a personal shop loyalty card when making purchases on behalf of a number of service users. The inspector noted that this was not acceptable practice, as personal benefits should not be gained when making purchases on behalf of service users. The inspector discussed this with the registered manager who stated that she had made the purchases identified and that the shop loyalty cards had been used unintentionally.

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

A review of the documentation recorded for hairdressing services received by service users in the home identified that receipts are left by the hairdresser detailing the name of the service user, the treatment provided and the cost. The inspector noted that two signatures were recorded on the receipt, together with the word “paid”. Podiatry records reviewed detailed the name of the service user, the treatment provided, and the cost and had one signature and the word “paid”.

The inspector highlighted to the registered manager that the treatment records for hairdressing and podiatry should detail the name of the service user, the treatment provided, the date, the cost and record the signature of the person providing the treatment and the signature of a staff member who can verify that the service user received the treatment detailed.

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

The inspector noted that deposits of cash had been made by the family and friends of service users in the home in order to pay the hairdresser who visits the home. The inspector noted that the majority of receipts for deposits were available, while a small number did not have corresponding counter-signed receipts. The inspector stressed that the home should always complete a receipt recording the cash being handed over to the home for safekeeping and that the receipt should be signed by the person lodging the cash and by a representative of the home.

**Requirement 5 is listed in the QIP in respect of this finding.**

A review of the documentation evidenced that the home has a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as hairdressing, toiletries etc. At the time of inspection, the home was in receipt of the personal allowance monies for four service users; with this money transferred from the commissioning trusts on a regular basis.

The inspector noted that robust and clear records were maintained in respect of the receipt of service users' monies into the pooled bank account with a record of regular reconciliations carried out. Good practice was observed in respect of this finding.

The inspector also noted that the home had written to HSC Trust Care Management to advise them of the amount of money held in respect of the four service users. Good practice was observed.

The inspector noted the bank account used to manage the service users' money was subject to fees and interest and noted this to the registered manager. The inspector noted that the registered person should approach the bank and request that these charges be waived as the money is being held in trust for the service users.

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

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

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



**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**

<b>Provider's Self-Assessment:</b>	
<p>The residents money/personal possessions kept for safe keeping are stored in a locked cupboard with only the manager and administrator have access. A log is maintained of any items deposited by the resident for safe keeping. The service user /thier representative can have access to these records at any time.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector requested the inventory/property records for four service users and was informed by the registered manager that only two of the four records were available. The inspector queried this with the registered manager who advised that the remaining two service users did not have a record as they did not have in her view, any items which required recording. The inspector noted that, if this were the case, the record should be used to reflect this.</p> <p>The registered manager advised the inspector that she had recorded the service users' inventory herself recently. On reviewing the sample of two records which were provided, the inspector noted that a template had been used entitled "residents personal effects" and that these had been signed by the registered manager. The inspector noted that significant detail had been recorded on the templates; however, these as noted above, were only signed by one person, the registered manager. The inspector noted that where any record was made which related to service users' money or valuables, the signatures of two people must be recorded along with the date.</p> <p><b>Requirement 6 is listed in the QIP in respect of this finding.</b></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 sample of the cash balances 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 held within the safe place.</p> <p>The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection. A written safe log was in place; however, a number of amendments had been made to the record and it was difficult to follow. The registered manager advised the inspector that no items of value had been deposited in a number of years, hence why the record was not up to date. The inspector noted, however, that the record did not clearly reflect that there were no items of value in the safe place.</p>	Moving towards compliance

Requirement 7 is listed in the QIP in respect of this finding.

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

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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"> <li>• Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme</li> <li>• 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</li> <li>• Ownership details of any vehicles used by the home to provide transport services are clarified</li> </ul>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>The home does not provide transport services, If a patient wants to make use of public or private transport, the home will assist with support where possible. Occasionally private transport is provided for day trips. The cost of this is borne by the home.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>At the time of inspection, the home did not provide a transport service 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><b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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

## 9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Margaret Lakehall 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

LOUGHVIEW

7 OCTOBER 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 Margaret Lakehall 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 must 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 must be shared with the HSC trust care manager.</p>	Once	Completed	4 November 2014



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.</p> <p>The written authorisation must be retained on the service user's records and updated as required. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation must be shared with the HSC trust care manager.</p>	Once	Completed	4 November 2014
3	14 (4)	<p>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.</p>	Once	As witnessed by the inspector this practice had ceased in February 2014	From the date of inspection
4	19 (2) Schedule 4 (9)	<p>The registered person must ensure that the person providing the hairdressing or barber services and the service user, or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.</p>	Once	Is now in practice	From the date of inspection
5	19 (2) Schedule 4 (3)	<p>The registered person must ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home.</p>	Once	completed	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.</p> <p>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; this must include any service user for whom a record did not exist at the time of inspection. Where there is an absence of items to record the record must reflect this and must be signed and dated by two persons.</p> <p>All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person must arrange for the of inventory to be reviewed by a second person and for the existing records of inventory to be countersigned accordingly.</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	Completed	4 November 2014
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7	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that the safe record at the home is brought up to date. The template should be amended where necessary to ensure that a clear record is made of any non-cash items deposited for safekeeping in future.</p> <p>The record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.</p>	Once	Completed	28 October 2014
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**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	25.16	<p>It is recommended that the registered person arrange to engage with the bank where the pooled personal allowance account is held to explore whether the bank will waive the fees and charges on the account as the monies are held in trust for the benefit of the service users.</p> <p>A record of this engagement with the bank should be retained for the records.</p>	Once	This is ongoing with the bank. It should be noted that Loughview PNH has always and will continue to pay the fees on the account. No cost is borne by the individual residents.	4 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Margaret Lakehal
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Michael Curran

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			26/11/14
B.	Further information requested from provider				