



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment: Movilla House
Establishment ID No: 1270
Date of Inspection: 20 May 2014
Inspector's Name: Briege Ferris
Inspection No: 18043

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:	Movilla House
Address:	51 Movilla Road Newtownards BT23 8RG
Telephone Number:	02891819399
E mail Address:	doreen.movilla@btconnect.com
Registered Organisation/ Registered Provider:	Mr Derek Alfred Bell Mr James Gordon Walker
Registered Manager:	Mrs Doreen Bingham
Person in Charge of the Home at the Time of Inspection:	Mrs Doreen Bingham
Number of Registered Places:	50
Number of Service Users Accommodated on Day of Inspection:	44
Date and Time of Previous Finance Inspection:	None
Date and Time of Inspection:	20 May 2014 9.45 – 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

Movilla House Private Nursing Home is situated in two acres of wooded garden and lawns in the outskirts of Newtownards. It is easily accessed from Newtownards, Bangor and Belfast and is very convenient to shops and community services. There is good parking for visitors within the grounds of the home and public transport facilities are directly outside the home.

The home is purpose-built and provides accommodation on two floors for 50 residents (46 bedrooms with single accommodation and two bedrooms with accommodation for two people sharing). There are en-suite facilities in the majority of bedrooms.

The home provides panoramic views of the surrounding Co. Down countryside from most of the rooms. Day rooms comprise - four sitting rooms and two dining rooms. Bathrooms and toilets are easily accessed from all rooms throughout the home.

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	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. 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.

One requirement has been made.

There was evidence that service users/their representatives had been informed in writing in advance of any increase in the fees 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 robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Records examined established that while there are controls in place around the recording of income and expenditure, the current method did not reflect best practice.

The inspector noted that shortly after the inspection, the home had taken steps to immediately address the way that income and expenditure recorded on behalf of service users was detailed.

The home did not have written authorisation in place from service users/their representatives for the home to spend service users' money on identified goods or services.

Two 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 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 deposited and used on behalf of service users. The home did not have up to date records of service users' property 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 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.

The inspector would like to thank the matron, general manager and assistant general manager for their assistance throughout the 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:

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:

Movilla House provides each Resident with a written guide including details of the services provided and a personal written agreement which includes details of the charges payable and the terms and conditions. Movilla House does not hold any residents monies or undertake financial transactions on their behalf. We have policies and procedures in place for all financial transactions. If Movilla House increases any charges, residents are given at least 4 weeks' notice.

Compliant

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on: the services covered by the charges payable; the arrangements for safeguarding service users' personal items and clothing, including cash and the costs of additional services facilitated within the home, namely hairdresser and private podiatry services.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the matron, general manager and assistant general manager; and selected three service users' files and associated records for further examination.</p> <p>On examining the sample of three service users' files, the inspector noted the following: two individual service user agreements reflected the current total fee arrangements for these service users, however the fact that these service users were in receipt of a nursing contribution which reduced their fee accordingly was not reflected in their individual agreements. The remaining service user agreement examined did not reflect the up to date fee arrangements for this service user.</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 also 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 date of admission of the service user to the home; the duration of the service user's stay; a full copy of the home's complaints procedure; the minimum period of notice for any change to the fees payable; the arrangements for any financial transactions undertaken by the home and the records to be kept and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, private podiatry and their associated costs).</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p>	<p>Substantially compliant</p>

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

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

Statement 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,

COMPLIANCE LEVEL

<p>evidenced and recorded, at least quarterly;</p> <ul style="list-style-type: none"> • If a person associated with the home acts as nominated appointee for a service user, the arrangements 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; • 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>Movilla House does not act as a nominated appointee or an agent for any resident. We also do not operate a bank account on behalf of any resident.</p> <p>Movilla House does keep a small amount of money received from the resident/friend or family member to pay for hairdressing, papers and private podiatry. These monies are kept in the office safe and any receipts or payments are signed by two people and a reconciliation of the monies is carried out each month.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Discussion with representatives of the home and a review of the records evidenced that on the day of inspection, no representative of the home was acting as nominated appointee for any service user.</p> <p>The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that if the home were purchasing goods or services on behalf of the service user, the home needed written authorisation from the service user/their representative to make these purchases.</p> <p>Discussions with representatives of the home revealed the home did not have these written authorisations in place on the day of inspection.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p> <p>A review of the records evidenced that the home retain copies of the trust remittances 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 reviewed the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, podiatry, or other non-frequent sundry items. The inspector noted that while the home had a method of recording all income and expenditure for service users and those transactions were signed by two persons; the records were not laid out using the standard method for recording financial transactions. The inspector clarified that the current method was not in keeping with best practice.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>The inspector noted that the home also maintain a record of invoices raised in respect of the contribution payable by the service user or their representative. An examination of a sample of these charges for a defined period found that the correct amounts had been charged to service user or their representative.</p>	<p>Moving towards compliance</p>

<p>The inspector examined a broad sample of transactions in respect of services by the hairdresser, podiatrist and the purchase of other sundry items for the service users. In each case examined, the inspector was able to trace this to the duplicate record within the home.</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 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.

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>Residents at Movilla House are provided with a locked drawer in their rooms for storage of valuables and small amounts of money. They are advised on admission that we do not have any other safe storage area therefore any other valuables/property should not be brought into the home.</p>	<p>Compliant</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 deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home.</p> <p>The inspector also noted that regular reconciliations of the cash and valuables held within the safe place were carried out.</p> <p>Discussion with the representatives of the home revealed that records of service users' property within their individual rooms had been made in the past (on admission); however these had not been updated. No records of service users; inventory were available during the inspection.</p> <p>Requirement 4 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

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

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	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;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> 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; 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>Movilla House does not provide transport to residents.</p>	<p>Not Applicable</p>
<p>Inspection Findings:</p>	
<p>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.</p>	<p>Not applicable</p>

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 Mrs Doreen Bingham 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

MOVILLA HOUSE

20 MAY 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 Mrs Doreen Bingham 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)	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 Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. 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. 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.	Once	At the date of inspection we were in the process of updating our terms and conditions. Considerable effort has been put into ensuring all the requirements under Regulation 5 of the Nursing Homes Regulations (NI) 2005 and Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008 have been addressed. In conjunction with the updated contract we have also developed a welcome information pack which covers various important aspects relevant to our residents. All signed documents are retained in the resident's records.	Six weeks from the date of inspection: 1 July 2014
2	19 (2) Schedule 4 (3)	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	Once	Our welcome information pack now includes a form which is required to be signed by each resident or their representative before any monies	Six weeks from the date of inspection: 1 July 2014

		<p>expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. 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 should be shared with the HSC trust care manager.</p>		<p>are held and expenditure made on their behalf. This document is retained in the resident's records.</p>	
3	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that a standard ledger format is used to clearly and accurately detail every transaction for each service user. Each transaction should be supported by receipts and signed by two persons. If a receipt is not available, the reason for this should be recorded. Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p>	Once	<p>All transactions are now clearly recorded in a new ledger specific to each individual service user. Each transaction is supported by receipts and double signed. Reconciliations of these ledgers are carried out monthly.</p>	<p>Six weeks from the date of inspection: 1 July 2014</p>

4	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. 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 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	<p>An accurate, up-to-date inventory for all current residents was completed in June 2014. For new residents an inventory is compiled on entry. All staff are aware that inventories should be updated with any change in possessions on a regular basis. Items of high value or those that require PAT Testing are highlighted as recommended.</p>	Six weeks from the date of inspection: 1 July 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	Doreen Bingham
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Derek Bell

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			16 July 2014
B.	Further information requested from provider				