



Unannounced Care Inspection Report 16 May 2019



Oakridge Care Home

Type of Service: Nursing Home

Address: 14 Magheraknock Road, Ballynahinch BT24 8TJ

Tel No: 028 9756 5322

Inspectors: Michael Lavelle and Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes. 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 58 patients.

3.0 Service details

<p>Organisation/Registered Provider: Spa Nursing Homes Ltd</p> <p>Responsible Individual(s): Christopher Philip Arnold</p>	<p>Registered Manager and date registered: Kelly Kilpatrick 24 June 2016</p>
<p>Person in charge at the time of inspection: Jisha Jacob, Registered Nurse</p>	<p>Number of registered places: 58</p> <p>A maximum of 40 patients in the Dementia Unit. A maximum of eighteen 18 patients in the General Nursing Unit.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. DE – Dementia.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 46</p>

4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 09.00 hours to 17.20 hours.

This inspection was undertaken by care and finance inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of previous finance inspections have also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding and communication between residents, staff and other key stakeholders. Further evidence of good practice was identified in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of patients, governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas requiring improvement were identified in relation to IPC practices, maintaining a safe environment within the home, post fall management, care planning, activities, recording patient’s furniture and personal possessions, the duty rota and recording patients’ financial transactions.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	6

Details of the Quality Improvement Plan (QIP) were discussed with Linda Graham, regional manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 November 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 November 2018. No further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 6 May 2019 and 13 May 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- a selection of patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- minutes of staff meetings and patient meetings
- annual report and patient satisfaction surveys
- fire drill records and uptake
- staff supervision and appraisal planner
- a sample of reports of visits by the registered provider
- RQIA registration certificate
- a sample of patients' income and expenditure deposit and expense receipts
- a sample of comfort fund records, reconciliation records for money and valuables, patients' individual written agreements, hairdressing treatment records and written financial policies

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at previous care and finance inspections have been reviewed. All areas for improvement have been met.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

We arrived at the home at 09.00 hours and were greeted by the nurse in charge who was friendly and welcoming. They confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 6 May 2019 and 13 May 2019 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping staff were on duty daily to meet the needs of the patients and to support the nursing and care staff.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs. Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Oakridge Care Home.

Review of one staff recruitment file confirmed staff were recruited in accordance with relevant statutory employment legislation and mandatory requirements. Appropriate pre-employment checks are completed and recruitment processes included the vetting of applicants to ensure they were suitable to work in the patients in the home.

Staff spoken with said they completed a period of induction alongside a mentor and they would actively support new staff during their induction to the home. Review of records confirmed that a comprehensive induction was given to one recently recruited employee. Review of records evidenced the registered manager had a robust system in place to monitor staffs registration with their relevant professional bodies.

Review of records and discussion with staff and the regional manager confirmed that staff training, supervision and appraisal was well maintained and actively managed.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the regional manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

We reviewed accidents/incidents records since February 2019 in comparison with the notifications submitted by the home to RQIA. Records were maintained appropriately and notifications were submitted in accordance with regulation. We discussed one notification that was submitted in error for the residential home that shares the same building. The registered manager must ensure that notifications are submitted for the appropriate service.

Records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. However, we noted that no action plan was devised to address any identified deficits. This was discussed with the regional manager who agreed to action this as required. This information was also reviewed as part of the monthly monitoring visits.

Observation of practice and discussion with staff evidenced deficits in infection prevention and control (IPC) practices; these related to hand hygiene, use of personal protective equipment (PPE), management of clinical waste, cleaning of patient equipment, environmental cleaning, management of single use items and completion of cleaning records. This was discussed with the manager who agreed to address the deficits identified. An area for improvement under the regulations was made.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices. There was also evidence of consultation with relevant persons. Care plans were in place for the management of restrictive practices including keypads. However, review of care records for one identified patient evidenced that a deprivation of liberty care plan was not in place despite the patient being admitted to the some two weeks previous. This is discussed further in 6.4.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm and well decorated. However, we did identify bare wood on multiple radiator covers, perished silicone around identified sinks and bedroom walls that were heavily scuffed and marked. One patient reported that they did not have regular hot water and a broken chair was identified in the Murlough unit dining room. These deficits were discussed with the regional manager who arranged for the broken chair and water issue to be addressed prior to the end of the inspection. She confirmed that a new maintenance person had recently commenced employment and areas for refurbishment had been identified. This will be reviewed at a future care inspection.

Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Records evidenced that fire drills and fire alarm tests take place weekly within the home. The registered manager should establish a system to ensure all staff participate in a fire evacuation drill at least once a year, training is provided by a competent person at the start of employment and is repeated at least twice a year. This will be reviewed at a future care inspection.

During review of the environment the door to the treatment room was observed to be unlocked with access to sharps. A door to a nurse's office with access to sharps and thickening agent was also observed to be unlocked. A sluice room was observed to be unlocked with access to substances hazardous to health. Some cleaning chemicals were not being used in keeping with manufacturer's guidance. This was discussed with the regional manager and an area for improvement under the regulations was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal and adult safeguarding.

Areas for improvement

Two areas for improvement under the regulations were identified in relation to IPC practices and maintaining a safe environment within the home.

	Regulations	Standards
Total numb of areas for improvement	2	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process. Generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of infection, falls and wound care. Care records contained details of the specific care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

Deficits were identified in relation to the management of falls. Review of two falls for an identified patient evidenced inconsistency in monitoring clinical/neurological observations for one of the falls. In addition, the patient's care plan had not been updated to reflect they were on anticoagulant therapy or what actions to take in the event of a fall. This was discussed with the regional manager and an area for improvement under the regulations was made.

Review of wound management for one patient evidenced that when a wound was identified, an initial wound assessment was completed and a wound care plan developed to direct the care in managing the wound in keeping with the tissue viability nurse (TVN) recommendations. Body maps were completed identifying the location of the wound and wound observation charts completed to monitor the progress of the wound at the time of wound dressing. Evaluations were generally well completed.

Deficits were identified in relation to planning of care. Review of one patient's care record evidenced that care plans were not established to guide and direct staff in regards to a number of care needs since admission some two weeks earlier. This was discussed with the regional manager and an area for improvement under the regulations was made.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care manager, General Practitioners (GPs), dentist and speech and language therapists (SALT). There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

We observed the serving of the mid-morning snacks and midday meal. Patients were assisted to the dining room and staff were observed assisting patients with their meal appropriately. Patients appeared to enjoy the mealtime experience and were offered a choice of meal and drinks. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Review of the menu evidenced that planned meals had been adhered to.

Review of a selection of supplementary care charts such as food and fluid intake records, personal care and repositioning charts evidenced that records were generally well maintained.

Discussion with staff evidenced they were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with the registered manager or the nurse in charge. When we spoke with staff they had a good knowledge of patients’ abilities and level of decision making; staff know how and when to provide comfort to patients because they know their needs well.

All grades of staff consulted with demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with regional manager and review of records confirmed that staff meetings were held regularly and records maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement under the regulations were identified in relation to post fall management and care planning.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

Discussion with patients and staff and review of the activity programme displayed in the foyer evidenced that arrangements were in place to meet patients’ social, religious and spiritual needs within the home. Birthdays occurring in May were on display along with upcoming events. Music was playing throughout the home and patient’s spoken with stated they enjoyed the activities provided. We observed no activity planner on display in the Murlough unit and discussion with staff confirmed there was no provision made for activities to be delivered in the

absence of the activity co-ordinator. One patient stated they were not aware that they received activities although records evidenced that activities were delivered on a one to one. This was discussed with the activities co-ordinator and with the regional manager during feedback. Staff should ensure that patients are aware when activities are being delivered. Review of records confirmed contemporaneous records were kept of all activities that take place, with the names of the person leading them and the patients who participate. However, activity care plans were not included in patient care records and there was no evidence from review of daily progress notes that registered nurses reviewed activities as part of the care process. This was identified as an area for improvement under the care standards.

The environment had been adapted to promote positive outcomes for the patients. Many of the bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

We observed the midday meal in the Murlough unit. The dining room was bright and spacious and tables were attractively set with condiments and flowers. We observed that all patients were served drinks in plastic tumblers and cups. This was discussed with the regional manager who agreed to review the dining experience throughout the home. This will be reviewed at a future care inspection.

We received the compliments file within the home. Some of the comments recorded included:

“Thank you all so much for all your help and support over the last year.”

“I just wanted to thank you for being so welcoming and kind. You are honestly the most hard working girls I have worked with.”

Consultation with eight patients individually, and with others in smaller groups, confirmed they were happy and content living in Oakridge Care Home. Some of the patient’s comments included:

“It’s very good. I can’t complain at all.”

“The nurses look after me very well but I would like more seafood on the menu.”

“Those girls are really good and so are the nurses. The food used to be not nice but it has improved. I used to complain about the food but there has been a good improvement. They listen to me if I have any complaints.”

“I would like more homemade food. If you didn’t like what was on the menu they would make you something different.”

“The staff are beautiful. Nothing is too much trouble for them.”

“It’s lovely.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Five relative questionnaires were provided; we had no responses within the timescale specified. Eight relatives were spoken with during the inspection. Some of the comments received included the following:

“The care in here is second to none. The staff are very friendly, caring and very good. They are all very approachable.”

“I couldn’t say a bad word. The care is good and they are lovely.”

“The care is excellent. The staff go over and above.”

“Everyone always listens to you.”

“They always have my relative spotless.”

“Everyone is so caring, especially when keeping in contact with the family.”

“One of the staff bought Easter eggs in for the patients.”

“I don’t think the garden is used enough. It would be nice to see the patients outside more.”

Staff were asked to complete an online survey; we received no responses within the expected timeframe. Seven members of staff were spoken with during the inspection. Some of the comments received included the following:

“It is very rewarding working here.”

“The teamwork is excellent here. You can’t fault the staff. Patient care is brilliant.”

“We have a great team. The manager is also very approachable.”

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

An annual quality report was completed on March 2018 and available to view in the reception area of the home. Review of the responses evidenced positive feedback from respondents. Quality questionnaires have been recently completed and the regional manager confirmed the 2019 annual quality report was due for completion in June.

Review of records evidenced patient and relatives meetings are held on a bi-annual basis. Minutes were available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

One area for improvement under the care standards was identified in relation to activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. However, the duty rota did not clearly identify the first and last name of all staff working in the home. This was discussed with the regional manager and the home administrator and identified as an area for improvement under the care standards.

Discussion with staff, patients and visiting professionals evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

There was evidence of good management oversight of the day to day working in the home. A number of audits were completed to assure the quality of care and services; areas audited included wounds, care plans, infection prevention and control/environment, restrictive practices, medications and accidents and incidents. Audits generated action plans that highlighted areas for improvement and there was evidence that the deficits identified were actioned as required.

Discussion with the regional manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Review of records evidenced that quality monitoring visits were completed on a monthly basis on behalf of the responsible individual in accordance with the relevant regulations and standards. We commended the home on the quality and robustness of these reports.

As part of the inspection, an RQIA finance inspector was present. They reviewed a sample of patients' financial records to establish whether appropriate controls were in place to safeguard patients' monies. Controls were observed to be in place and operating effectively, however some areas for improvement were identified which are set out in the quality improvement plan. These areas related to patients' property records, personal expenditure authorisation documents, records of private chiropody treatments provided to patients and ensuring that two signatures are recorded against each entry in the patients' income and expenditure records.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately in line with best practice guidance. Patient's spoken with said they would be confident if they raised a complaint that it would be dealt with accordingly.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

One area for improvement under the regulations was identified in relation to recording patient's furniture and personal possessions.

Two areas for improvement under the care standards were identified in relation to the duty rota and recording patient's financial transactions.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Linda Graham, regional manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in 6.3.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Infection control practices were discussed at staff meetings and reinforced through staff supervisions. Home Manager continues to complete monthly infection control audit to minimise infection risks.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the issues highlighted in 6.3.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Issues highlighted by report have been discussed at staff meetings and are regularly checked by Home Manager to ensure the health and safety of residents and minimise risks as far as reasonably practicable.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that nursing staff carry out clinical and neurological observations, as appropriate, for all patients following a fall and that all such observations/actions taken post fall are appropriately recorded in the patient's care record. Care plans should accurately reflect what actions are required to be taken post fall for patients on anticoagulant therapy.</p> <p>Ref: 6.4</p>

	<p>Response by registered person detailing the actions taken: Post fall management and care planning has been covered through supervision with nursing staff. Home Manager checking post fall observations are completed appropriately.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure care plans have been developed within 5 days of admission and are reviewed and updated in response to the changing needs of patients.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Home Manager checking that documentation has been completed within 5 days of resident's admission to the Home.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2019</p>	<p>The registered person is required to ensure that a record is made of the furniture and personal possessions which each patient has brought to their rooms.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: All residents have completed personal belongings and personal valuables records.</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 1 October 2019</p>	<p>The registered person shall ensure the programme of activities is displayed in a suitable format in each unit of the home. Arrangements for the provision of activities should be in place in the absence of the patient activity leader. Activities must be integral part of the care process with care plans reviewed by registered nurses as required.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Nursing and care staff are to lead activities in the absence of activity leader and nursing staff will include activities as part the care process. Home Manager to source separate activity board for Murlough suite.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>The registered person shall ensure that the duty rota clearly identifies the first and last name of all staff working in the home.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The duty rota has been updated to identify staff members' first names.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>The registered person shall ensure that a standard financial ledger format is used to clearly and accurately detail transactions for residents. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the resident's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Ref: 6.6</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>Response by registered person detailing the actions taken: A standard financial ledger is used to detail all transactions for residents' personal allowance. As advised by finance inspector 3 monthly reconciliations will be printed and signed by 2 staff members.</p> <p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the resident or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.6 and</p> <p>Response by registered person detailing the actions taken: For all services facilitated by the Home, the person providing the service will be asked to sign the treatment record as well as the staff member verifying.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 16 July 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: All residents have completed personal belongings and personal valuables records. Personal valuables will be reconciled three monthly.</p>

<p>Area for improvement 6</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>The registered person shall ensure that where a home is responsible for managing a patient's finances, the arrangements and records to be kept are specified in the individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: As per financial inspector, copies of financial part 3 and letters were reissued to those residents who had failed to return them. Copies and letters retained in personnel files as evidence.</p>
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Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

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