



The Regulation and
Quality Improvement
Authority

Inspector: Briega Ferris
Inspection ID: IN023254

Our Lady's Home
RQIA ID: 1277
68 Ard-Na-Va Road
Falls Road
Belfast
BT12 6FF
Tel: 02890325731

Email: reception@ourladyshome.org

**Announced Finance Inspection
of
Our Lady's Home**

1 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced finance inspection took place on 1 July 2015 from 09:45 to 17:45. A poster detailing that the inspection was taking place that day was positioned at the entrance to the home.

Overall on the day of the inspection, the safety, effectiveness and compassion of care were found to be good, however there are some areas identified for improvement. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Nursing Homes Regulations (Northern Ireland) 2005.

In February 2015, the Belfast HSC trust initiated a safeguarding investigation in relation to the home's practices for the receipt and expenditure of patient monies. Consequently, the provider took a number of steps to address concerns raised by the Belfast HSC Trust, including the appointment of an acting manager not previously associated with the home, and the engagement of an external consultant to review internal controls and improve financial governance. We met with the acting registered manager and the external consultant on the day of inspection, who both provided assurances regarding improvements which have been made since April 2015 in this regard.

As the adult safeguarding investigation will seek to address any weaknesses which existed in practices in the home prior to April 2015; we sought assurances about practices in the home since this time. Therefore the sample of records which we chose relating to the deposit of money and valuables on behalf of patients and the recording of expenditure, cover the period from April 2015 to July 2015.

We also met with the home's diversional therapist and a senior member of nursing staff; no relatives or visitors chose to meet with us during the inspection. We would like to thank all those who participated in the inspection for their co-operation.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP, there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	10	2

The details of the QIP within this report were discussed with Mrs Sharon Meenagh, the acting registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Diocese of Down and Connor/Paul Shevlin	Registered Manager: Mrs Sharon Meenagh (Acting)
Person in Charge of the Home at the Time of Inspection: Mrs Sharon Meenagh	Date Manager Registered: Not applicable
Categories of Care: NH-DE, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 86
Number of Patients accommodated on the day of Inspection: 84	Weekly Tariff at Time of Inspection: £563.00 - £672.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Inspection Theme: Patients' 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 accommodation and personal care

Statement 2

Arrangements for receiving and spending patients' 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 to patients are transparent and agreed in writing with the patient/their representative

4. Methods/Process

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

- Discussion with the acting registered manager and other members of staff
- Discussion with an external consultant engaged by the home
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were reviewed during the inspection:

- The patient guide
- The home's policy on "Management of residents' money and financial affair"
- The home's current standard agreement with patients
- Three patient finance files
- Two signed patient agreements
- Three personal allowance expenditure authorisations
- Income/lodgements and expenditure, including comfort fund records
- Hairdressing treatment receipts
- Checks of cash balances
- Records of patients' personal property/inventory

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection on 19 March 2015; the completed Quality Improvement Plan was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Finance Inspection

There has been no previous RQIA inspection of the service.

5.3 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

Is Care Safe?

The home has a patient guide, a copy of which was provided to us for review during the inspection. We noted that the guide contained information for patients on the opportunity for each patient to personalise their rooms should they wish. We also noted that the arrangements for patients to deposit valuables for safekeeping in the home's safe place should they wish, is also detailed in the patient guide.

We noted that the home have a standard written agreement, an individual copy of which is provided to each newly admitted patient. We asked to see both a copy of an up to date agreement and agreements which are already in place with a sample of patients in the home.

We were provided with a file for three of four patients, the remaining patient did not have a file. The external consultant stated that an up to date agreement had been drafted and had been approved by legal advisors, however this had not yet been issued to patients in the home for the current financial year. We reviewed the three files which had been provided and noted that only

two contained a written agreement signed by the patient or their representative. The two agreements which were on file were signed in 2012 and 2013 respectively.

Therefore of the four patients sampled, two had a signed agreement in place which did not reflect up to date fees and financial arrangements and two did not have a written agreement in place.

We requested to see an up to date agreement, the type of which would be provided to a newly admitted patient. On comparing the home's standard form of agreement with patients to Standard 2.2 of the Care Standards for Nursing Homes (April 2015), we noted that a number of components were absent from the home's agreement and that updated agreements must be provided to each patient which contain all of the necessary components as set out in Standard 2.2.

We clarified that in order to comply with Regulation 5 (1) of the Nursing Care Homes Regulations (Northern Ireland) 2005; a patient's agreement must clearly state the weekly fee, the person(s) by whom the fees are payable and the respective methods of payment.

A requirement has been made in respect of these findings.

Is Care Effective?

We queried whether there was any involvement by the home in supporting individual patients with their money; the acting registered manager and external consultant stated that there was no involvement by the home in this regard.

We noted that the home has a policy and procedure in place addressing patients' money and detailing the controls in place to safeguard money and valuables belonging to patients. We noted that this policy was updated in June 2015.

Is Care Compassionate?

A review of a sample of four patient records identified that an up to date written agreement signed by the patient or their representative was not on file for each patient. Therefore the home had not previously notified all patients/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable. We clarified that that when there was any change in the amount to be paid in respect of the patient's care or accommodation, including the level of any contribution from the patient's social security benefits, the home is required to inform the patient/their representative in writing of the up to date arrangements and update the patient's agreement accordingly. The patient or their representative must sign the updated agreement.

A requirement has been made in respect of this finding.

Discussions with the acting registered manager and external consultant established that on the day of inspection, the home was not supporting any individual patient to manage their money.

Areas for Improvement

Overall on the day of inspection, we found care to be effective. The safety and compassion of care were found to be good, however there were two areas identified for improvement; these both related to providing up to date individual written agreements to all patients with appropriate notification of any relevant changes to patient agreements.

Number of Requirements	2	Number Recommendations:	0
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5.4 Statement 2 - Arrangements for receiving and spending patients' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each patient in the home. There are a small number of patients in the home who must either contribute part of their social security benefits towards their care and/or where there is a third party top up charge payable directly to the home. For all other patients, the home is paid directly by the relevant HSC trust.

Discussion with the acting registered manager and the external consultant established that the home is liaising with the relevant HSC trusts regarding outstanding care charges due to the home with regard to identified patients.

The home is not directly in receipt of any personal monies belonging to patients in the home. However, discussion with the acting registered manager and the external consultant established that patients' representatives deposit money with the home for safekeeping in order to pay for additional goods and services not covered by the weekly fee (such as for hairdressing, toiletries or newspapers).

A review of the records identified that the home provides a receipt to anyone depositing money; receipts are routinely signed by two people, good practice was observed.

We discussed how patient expenditure was recorded on behalf of patients. The external consultant advised that the home has countersigned receipts for deposits of money and receipts for expenditure from the patient's money. These transactions are then entered onto computer using a package called Epicare which is capable of capturing the identity of the person making the entry.

However we highlighted that statutory requirements and minimum standards require that a written record in the form of a standard financial ledger is maintained for each patient which can be physically signed and dated by two people. We noted that the home was free to use a computerised method to support this, but this must be in addition to, not as an alternative to the written records. These written records must be reconciled by two people at least quarterly.

A requirement has been made in respect of this finding.

We sampled a number of transactions from the computerised records and were able to trace these entries to the corresponding records to substantiate each transaction, such as a countersigned receipt for a lodgement or a hairdressing treatment record.

We reviewed a sample of the records for hairdressing services facilitated within the home. We noted that the hairdresser writes an individual receipt for each patient treated which details the date, the name of the patient, the treatment provided and the cost. The record is signed by the hairdresser and a representative of the home who could verify that the patient had received the treatment specified. Good practice was observed.

On reviewing the list of patient balances, we noted that a number of patients had been allowed to fall into arrears i.e.: their individual ledgers reflected a negative balance. We discussed this with the acting registered manager and highlighted that this must not be allowed to occur in future. The acting registered manager and external consultant advised that they were liaising with the commissioning HSC trust representatives regarding this matter.

A requirement has been made in respect of these findings.

We queried whether the home operated a bank account for any patient or group of patients; we were advised that the home did not operate any bank accounts for patients.

The acting registered manager and external consultant advised that the home had an internal "shop" which sells toiletries and other sundry items. The shop is administered by a family member of a former patient in the home; the shop was not operating on the day of inspection. We were advised that items are purchased from a wholesaler and in turn sold to patients in the home. It was unclear why there was a need for such a facility within the home. Discussions revealed that there was some ambiguity around the purchase and resale of items to patients. It was unclear how the price of items was arrived at and whether therefore, there was an element of profit included in the prices to patients. The acting registered manager and external consultant noted that they were also unclear as to these details.

Consequently, we noted that it would be prudent to suspend the operation of the shop facility within the home until arrangements for its operation could be clarified and a decision had been taken by the provider as to whether to continue with the shop.

A requirement has been made in respect of this finding.

Discussions established that the home operates a fund for the benefit of the patients in the home; this is referred to in the home as the "activity fund". We were advised that the home's diversional therapist is the key member of staff in the home with regard to the operation of the activity fund. We spoke with the diversional therapist who was in the home on the day of inspection. We noted that she had a passionate and creative approach which was revealed through her explanation of how money is raised for the fund and in turn, how this is used to improve the experience of patients living in the home. She described how suggestions are sought from families and how there had been a number of unsuccessful attempts over the years to set up a relatives committee to seek more ideas on an ongoing basis.

We queried what records existed for the administration of the fund. We were provided with two books for review, one detailing cash and the other card payments relating to the fund. Receipts for expenditure recorded in the books were also provided. We reviewed the records and noted that the majority of details were recorded in the books however we noted that transactions recorded in the book were routinely only signed by one person. There was also no evidence of reconciliations of these monies being carried out at least quarterly.

Requirement three, as above, has been made in respect of this finding.

We reviewed a sample of records for expenditure undertaken from the fund and were able to trace the selected entries to other records to substantiate the transactions. We noted however, that a representative of the home had used a personal loyalty card when making some purchases from the activity fund. We noted that this was not acceptable practice and highlighted the importance of reemphasising this with the relevant staff.

A requirement has been made in respect of this finding.

We were advised that at present there was no bank account in place for the administration of the monies in the fund; however the diversional therapist explained that this was currently being addressed.

We noted that the home did not have a policy and procedure addressing gifts to the home/ the activity fund. We highlighted that it is a statutory requirement for the home to have these policies in place to guide practice.

A requirement has been made in respect of this finding.

Given the number of requirements made under this heading, it is recommended that the next three Regulation 29 monthly monitoring visits of the home include assessing progress with all of the actions detailed in the Quality Improvement Plan (QIP) below.

A recommendation had been made in respect of this finding.

Is Care Effective?

The acting registered manager confirmed that no representative of the home was acting as nominated appointee for any patient. As noted above, discussions established that the home receives money from family representatives. A review of a sample of four patients' records established that only three personal allowance authorisations were in place to provide the home with the necessary written authorisation to purchase goods and services on behalf of each patient. The remaining patient did not have written authorisations in place at the time of inspection.

A requirement has been made in respect of these findings.

Is Care Compassionate?

We queried whether any patient had a specific assessed need in respect of their money or any agreed restrictions; the acting registered manager confirmed that none of the patients had any known assessed needs or restrictions.

During discussions with the acting registered manager and the external consultant, we were advised of the new arrangements for obtaining newspapers for patients. The external consultant advised how a new arrangement had been established for newspapers to be delivered and invoiced. In creating this new arrangement, the external consultant advised that it had been possible to obtain a discount on the retail price of the newspapers for the patients. We noted these efforts to obtain a better price for patients as compassionate practice.

Areas for Improvement

Overall on the day of inspection, we found care to be compassionate. The safety and effectiveness of care were found to be good, however there were six areas identified for improvement; these were in relation to financial ledgers, appropriate cash balances for patients, the operation of a shop facility within the home, the use of personal loyalty cards when making purchases from the activity fund, the introduction of a policy and procedure on gifts and donations to the home and obtaining specific authorisations to spend patients' money on goods and services.

Number of Requirements	6	Number Recommendations:	1
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5.5 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

Is Care Safe?

A safe place exists within the home to enable patients to deposit cash or valuables. We reviewed the safe place within the home and were satisfied with the controls around the physical location of the safe place and the persons with access.

We viewed the content of the safe place and established that on the day of inspection, cash balances were held for patients in respect of personal monies deposited for safekeeping by the home. The external consultant advised that the home have recently introduced a computerised system which will be used to also capture all items belonging to patients which have been deposited for safekeeping.

We noted that a written safe record exists, however the safe contents reconciliation was most recently performed in June 2013; and was only signed and dated by one person. The contents of the safe place must be reconciled and recorded by two people at least quarterly.

A requirement has been made in respect of this finding.

Is Care Effective?

We queried whether there were any general or specific arrangements in place to support patients with their money. The acting registered manager explained how the home engages with HSC trust representatives on an ongoing basis, however noted that there were no specific agreed arrangements in place to support any patient at present.

We enquired how patients' property within their rooms was recorded and requested to see a sample of the completed property records for four patients. We were provided with two books used to record patient property, one for each of the two units in the home where the sampled patients currently live. However, only two records were available for the four patients sampled. We reviewed the books and noted that there were eight records of property in total. Five of the eight entries were dated; six of the eight were not signed. We spoke with a senior member of nursing staff who had recently taken up a post within the home; this member of staff provided one of the books for review. We highlighted the weaknesses in the record keeping with the records and provided advice on best practice regarding the required detail.

We noted that a record of the furniture and personal possessions belonging to each patient in the home must be made retrospectively which must be reviewed at least quarterly.

A requirement has been made in respect of this finding.

Is Care Compassionate?

A safe place exists within the home to enable patients to deposit cash or valuables should they wish to. We enquired as to how patients would know about the safe storage arrangements; the acting registered manager explained that this is advised to patients or their representatives on admission. We also noted that the availability of safe storage facilities in the home is detailed in the patient guide, a copy of which is provided to the patient/their representative on admission to the home.

We asked about arrangements for patients to access their money from the safe place in the home outside of office hours (when the key holder may not be in the home). The acting registered manager explained that the home currently do not have contingency arrangements in place for patients to access money out of office hours. The acting registered manager and external consultant explained that currently, the needs of the patients are effectively met from access to their money during office hours. However, the acting registered manager explained that she would like to introduce an arrangement to ensure that there was modest amount of cash available to a senior member of staff on duty should it be required.

We also supported this intention as it is best practice to ensure that patients have access to money at all times.

A recommendation has been made in respect of this finding.

Areas for Improvement

The safety and effectiveness of care were found to be good, however there were two areas identified for improvement; these were in relation to the reconciliation of items in the safe place and to the recording of patients' property in their rooms.

Number of Requirements	2	Number Recommendations:	1
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5.6 Statement 4 - Arrangements for providing transport to patients are transparent and agreed in writing with the patient/their representative

Is Care Safe?

On the day of inspection, the home did not operate a transport scheme for patients.

Is Care Effective?

As noted above, on the day of inspection, the home did not operate a transport scheme for patients.

Is Care Compassionate?

The acting registered manager and external consultant described the home's arrangements to support patients to access other means of transport such as private taxi firms.

Areas for Improvement

Overall on the day of inspection, we found care to be safe, effective and compassionate. No areas for improvement were noted in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Sharon Meenagh, the acting registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, The Nursing Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (April 2015) etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/acting registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 5 (1) (a) (b)

Stated: First time

To be Completed by: 12 August 2015

The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.

Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet Standard 2.2 of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.

A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.

Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.

Response by Registered Person(s) Detailing the Actions Taken:

New agreements have been drawn up to reflect the changes in Care Standards. We have distributed the agreements to the relevant family members. We arranged an open day on the 26th August 2015 to discuss the new agreements with the family members. Signed copies are gradually being returned to the office. The contracts will come into effect on the 29th September 2015. Also the agreements for residents who do not have a family member have been sent to the relevant party at the HSC. (Please see attached)

Requirement 2

Ref: Regulation 5 (2) (a) (b)

Stated: First time

To be Completed by: From the date of the next change

The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.


Response by Registered Person(s) Detailing the Actions Taken:

Due to the ongoing disciplinary matters arising within the relevant department in January 2015 the 28 days notification for rate changes was not adhered to. However we have endeavoured to contact all relevant residents' families to discuss rate changes. We have apologised for the delay in correspondence and rates have since been changed. All new agreements have been personalised with the relevant financial data.

<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</p>	<p>The registered person must ensure that a standard financial ledger format is used to clearly and accurately detail transaction for patients for individual income and expenditure and income and expenditure relating to the activity fund.</p> <p>This 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 a withdrawal, the amount; the running balance of the patient's cash total held and the signatures of two persons to verify the entry in the ledger. The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this. Records made on behalf of patients 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. Correction fluid must not be used.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We have utilised Epi-care to record transactions to enable us to have full visibility of resident's income and expenditure. We have adhered to the recommendation from RQIA and have implemented a process for capturing income and expenditure in written form. We have created a file for resident's monies ledger that includes all relevant sub headings outlined in Care standards for nursing homes (see attached). Two signatures are required at all times to verify spend. From 29th September 2015 we have agreed with family members that we will no longer hold residents cash in the home. All residents have received up to date Statement of Account and any monies standing in credit on the 29th September will be refunded. The home will be invoicing family members monthly for any service activity carried out within that month. This change has been included in the resident's agreement and has been agreed with the families.</p>
<p>Requirement 4</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that individual patients do not fall into arrears with regards to day-day expenditure. Patterns of HSC trust care managed patients having insufficient cash for their day-day needs should be referred to their respective HSC trust care managers for investigation.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Residents money will no longer fall into arrears. This has been communicated with all relevant service departments. Again please note that the process within Our Ladys Home has changed and monthly invoices will be sent to the relevant family member. This will ensure full visibility of resident's expenditure and any discrepancies in either amount or reasonability will be captured quickly.</p>
<p>Requirement 5</p> <p>Ref: 14 (4)</p>	<p>The registered person must ensure that the "shop" operating within the home is suspended until there is sufficient clarity around its administration. The registered person must consider the</p>

<p>Stated: First time</p>	<p>appropriateness of continuing with the shop operation and must seek guidance from the commissioning trusts in this regard.</p>
<p>To be Completed by: From the date of inspection</p>	<p>Response by Registered Person(s)Detailing the Actions Taken: The shop facility has been under investigation and the committee have agreed that the shop facility will no longer be available. The volunteers have been given notice. The Shop has closed.</p>
<p>Requirement 6 Ref: Regulation 14 (4)</p>	<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 patients in the home.</p>
<p>Stated: First time To be Completed by: From the date of inspection</p>	<p>Response by Registered Person(s)Detailing the Actions Taken: We have addressed the issue of using loyalty cards with the relevant people this will no longer occur.</p>
<p>Requirement 7 Ref: Regulation 19 (2) Schedule 4 (9)</p>	<p>The registered person must ensure that a policy on gifts and donations to the home is introduced. The administration of the home's activity fund should be addressed specifically.</p>
<p>Stated: First time To be Completed by: 28 July 2015</p>	<p>Response by Registered Person(s)Detailing the Actions Taken: We have updated the resident's agreement to include gift and donations (6.2.4) . In house policies and procedures are currently being drawn up to reflect gift and donations. The activity account has been set up with First Trust. Families and Staff have been made aware of these changes.</p>
<p>Requirement 8 Ref: Regulation 19(2) Schedule 4 (3)</p>	<p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required.</p>
<p>Stated: First time To be Completed by: 12 August 2015</p>	<p>The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.</p>
	<p>Response by Registered Person(s)Detailing the Actions Taken: The Home has ensured that written authorisation is obtained from each patient/ relative to spend the personal monies on a pre-agreed expenditure. The home has listed all the services available with a tick box and attached it to the residential agreement. Families/Appointees are signing and the form will remain in the residents file. Residents will only be invoiced for services</p>

	agreed. The prices of services provided will be monitored on an annual basis to ensure value for money.
<p>Requirement 9</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that a “safe contents” reconciliation is performed, recorded and signed and dated by two people at least quarterly.</p> <p>Response by Registered Person(s)Detailing the Actions Taken: The safe contents have been updated and recorded the finance office will reconcile contents quarterly with the nurse manager present.</p>
<p>Requirement 10</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be Completed by: 12 August 2015</p>	<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 patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients 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> <p>Response by Registered Person(s)Detailing the Actions Taken: The home has drawn up an inventory list for each resident. We are currently rolling this out to each unit and it will be updated on a regular basis to capture any new or discarded items. The form used will be signed by two staff members. We are currently up to date with electrical testing.</p>

Recommendations			
Recommendation 1 Ref: Minimum Standard 14 (5) Stated: First time To be Completed by: 14 July 2015	It is recommended that the home introduce contingency arrangements to ensure that patients have at all times access to money to pay for goods or services of their choice.		
	Response by Registered Person(s) Detailing the Actions Taken: It is thought that with new policy of monthly invoicing that this will not be required. However in addition an emergency float is in place		
Recommendation 2 Ref: Minimum Standard 35 (7) Stated: First time To be Completed by: From July 2015 for three months	It is recommended that the registered person include assessing progress with the actions required in this Quality Improvement Plan (QIP) as part of the next three Regulation 29 monthly monitoring visits.		
	Response by Registered Person(s) Detailing the Actions Taken: . Agreed. Will be attended to by Joan Newberry		
Acting registered manager Completing QIP	Sharon Meenagh	Date Completed	7.9.15
Registered Person Approving QIP	Paul Shevlin	Date Approved	7.9.15
RQIA Inspector Assessing Response		Date Approved	19/09/15

Please complete in full and returned to finance.team@rqia.org.uk from the authorised email address