



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Parkdean
RQIA Number:	1280
Date of Inspection:	6 October 2014
Inspector's Name:	Briege Ferris
Inspection ID:	18051

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Parkdean
Address:	44 Fortwilliam Park Belfast BT15 4AN
Telephone Number:	02890370406
E mail Address:	parkdean-nh@hotmail.co.uk
Registered Organisation/ Registered Provider:	Emer Bevan Belfast Health and Social Care Trust
Registered Manager:	Margaretha Erasmus
Person in Charge of the Home at the Time of Inspection:	Emer Bevan
Number of Registered Places:	64
Number of Service Users Accommodated on Day of Inspection:	62
Date and Time of Inspection:	6 October 2014 09.45 – 15.00
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

Parkdean Nursing home is situated on the outskirts of Belfast in Fortwilliam Park, off the Antrim Road.

The nursing home is owned and operated by Mrs E Bevan. The home manager is Ms M Erasmus.

Accommodation for patients is provided in single bedrooms and one double bedroom is also available. Most bedrooms have en-suite facilities.

Access to all floors is via a passenger lift and stairs and communal lounge and dining areas are provided throughout the home.

The home also provides for catering and laundry services on the ground floor.

A number of communal bathroom / shower and sanitary facilities are available throughout the home. There is also a designated hairdressing room.

The home is surrounded by well- maintained gardens and there are car parking spaces to the front of the building.

The home is registered to provide care for a maximum of 64 persons under the following categories of care:

Nursing care

I	old age not falling into any other category
PH	physical disability other than sensory impairment under 65
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; however, the agreement in use 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. There was no evidence that all service users/their representatives had over time, been informed in writing of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.

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

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

Records examined established that there are controls in place around the recording of income and expenditure; however, improvements to the way in which transactions are recorded on the home's template were identified. The inspector also noted that checks of the balances had been carried out and recorded on the ledgers (by one person) but that the checks/reconciliations had not been signed and dated by two people.

A sample of records for hairdressing and chiropody identified that a new method of recording treatments was necessary as records were at times difficult to decipher.

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

The home has achieved a compliance level of '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 record of cash deposited and used on behalf of service users; however, the inspector noted that there were no written records of regular reconciliations of the cash held within the safe place.

A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced poor record keeping: a number of records had not been signed or dated and there was inadequate description provided.

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.

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:

1. A copy of the Patient Guide and Contract are given to the NOK during the admission process.
2. Details are listed in the contract & conditions of admission document.
3. Parkdean NH have been asked by Care management to purchase items for one individual. Records and receipts are kept for all purchases.
4. Finance policy and Patients monies policy in place.
5. The Nursing home notifies Service Users as necessary of increase in charges.

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 a copy of the home's policy and procedure for safeguarding service users' money and valuables, and the range of additional services available for access within the home, such as hairdressing and chiropody for which an additional charge would be payable, together with the home's scale of charges.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's financial administrator and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted that the correct fee was reflected in the agreements. However, the inspector noted that the agreement in use 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 (where relevant) of the stated weekly fee would be paid and which method would be used by each party; the duration of the service user's stay; a copy of the home's complaints procedure; the accommodation, services and facilities provided, an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs; the specific notice period for advising service users/their representatives of an increase in the fee payable and the period of notice for terminating the agreement).</p> <p>The inspector noted to the registered person that the majority of items required in the individual agreement with service users were already detailed within the service user guide (of which a sample individual agreement was an addendum).</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>A review of a sample of the records established that the home had not previously notified all service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.</p> <p>Requirement 2 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 2

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

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s)
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly
- If a person associated with the home acts as nominated appointee for a service user, the arrangements

COMPLIANCE LEVEL

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee</p> <ul style="list-style-type: none"> • 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>	
<ol style="list-style-type: none"> 1. The nursing home does not have access to this information. 2. Not Applicable - Paid in full by relevant health Trust. 3. Not Applicable. 4. For one Service User, permission given by Care Management. 5. Not applicable. 6. For one Service User. 7. Residents small monies that are held are reconciled quarterly. 8. Not applicable - no persons in home act as an appointee. 9. Not applicable. 10. Not applicable to home. 11. This is the case, but to date this has not happened. 12. This is the case, but to date has not happened. 	<p>Compliant</p>

Inspection Findings:	
<p>A review of the records evidenced that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector 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 established that the correct amounts had been charged to service user or their representative.</p> <p>Discussion with the home’s financial administrator and a review of the records evidenced that staff complete regular reconciliation of the amount received from the trust against the home’s own records of fees receivable.</p> <p>Discussions with the home’s financial administrator and a review of the records established that no representative of the home was acting as nominated appointee for any service user on the day of inspection.</p> <p>The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. A review of a sample of the records established that the home did not have personal allowance contracts in place with all of the service users/their representatives providing the necessary written authorisation to purchase goods and services on behalf of service users.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing and chiropody. The inspector noted that the home maintain the details of income and expenditure recorded on behalf of service users on “patients’ pocket money records” together with other records to substantiate the transactions. The inspector reviewed a sample of the records and noted that there were a small number of instances where lodgements of cash were not signed into the record by two people. In the majority of cases examined, two signatures had been recorded. The registered person advised the inspector that receipts were not routinely provided to persons lodging money; the inspector advised that it was best practice to issue a duplicate receipt (signed by two persons) to those lodging money and for the copy to be retained by the home. The inspector noted this was in addition to countersigning the entry in the “pocket money records”.</p> <p>Requirement 4 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

The inspector also noted that while the home had the “patients’ pocket money template” in place, the template was not laid out using the standard method for recording financial transactions. The inspector discussed this with the registered person who herself, suggested an alternative layout which would provide more room for detail and which would have two columns for signatories for each transaction recorded.

The inspector spent a significant amount of time working through examples of expenditure recorded in particular for hairdressing services delivered. The inspector noted that the date recorded for hairdressing services in the service users’ records was the date the hairdresser had been paid, not the date the service had been delivered. The inspector noted some examples where there was a delay in recording the expenditure in the ledgers. The inspector discussed this with the registered person highlighting the difficulty in agreeing the receipts for treatments provided by the hairdresser and the dates recorded on the ledgers.

The inspector also noted that checks of the balances had been carried out and recorded on the ledgers but that these had not been signed and dated by two people.

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

In reviewing the records for hairdressing and chiropody services, the inspector noted that these records had been handwritten each time the hairdresser and chiropodist visited the home. The inspector noted that the written records were untidy with revisions made to the list of service users to be treated and notes also made on the pages. The inspector noted that in places it was difficult to decipher the information recorded.

The inspector stated that the current method must be abandoned and an alternative means of recording treatments by both the hairdresser and the chiropodist adopted. The inspector suggested the use of a template with the details of services and their associated costs pre-printed alongside the names of the service users to enable a clear record of date, treatment and associated cost to each service user together with the date and the signature of the hairdresser/chiropodist and a person at the home to verify the service user had received the treatment.

Requirement 6 is listed in the QIP in respect of this finding.

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

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

Statement 3

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

Criterion Assessed:

- The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place
- Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions
- Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property
- Service users are aware of the safe storage of these items and have access to their individual financial records
- Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan
- A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures
- A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<ol style="list-style-type: none"> 1. The home provides appropriate place for the storage of monies and\or valuables. 2. The small monies folder is completed for each individual service user and a patients property form is completed for all items belonging to them. 3. Yes, individual arrangenmemts are put in place for the safe keeping of items. 4. Yes, upon admission service users are informed of the safe storage of items. 5. Not applicable. 6. Yes, the small monies are reconciled quarterly. 7. Yes, a patients property form is filled in during the admission process and amended if items are added or removed by family. 	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>The inspector was shown the safe place within the home by the receptionist (with finance administration duties) 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. The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection.</p> <p>The inspector noted that there were no written records of regular reconciliations of the cash held within the safe place. (See Requirement 5).</p> <p>In discussing the safeguarding of money and valuables with the receptionist, the inspector queried whether the receptionist had received her protection of vulnerable adults training, she stated that she had not. The receptionist advised that she had worked at the home since May 2014. The inspector discussed this with the registered person during feedback and explained that the receptionist should receive this training as a matter of urgency and not later than two weeks following the date of inspection.</p> <p>Requirement 7 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for four service users. Of the four records examined, the inspector noted that a printed template was in place for all four service users. It was noted that there were two versions of the template in use for the service users.</p>	<p>Moving towards compliance</p>

The inspector noted that two of the four records detailed the name of a staff member, while two did not; none of the four records recorded the date that the record was made. It was also noted that the template in use was a tick-box style and did not lend itself to adding additional information easily. On one service user's record, "television" had been ticked but no details as to size, make or colour were recorded.

The inspector noted to the registered person that the template for recording property should prompt those completing the record to provide sufficient detail and that the record should be signed and dated by two persons and updated when necessary.

The inspector highlighted that the inconsistency in recording service users' possessions could lead to errors or omissions from the record and would undermine the reliability of the record itself.

Requirement 8 is listed in the QIP in respect of this finding.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	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
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme • The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place • Ownership details of any vehicles used by the home to provide transport services are clarified 	
<p>Provider's Self-Assessment:</p>	
<ol style="list-style-type: none"> 1. This would be up to the relevant HSCT. 2. Not applicable as Home does not provide transport services to Service Users. 3. Not applicable as there is no Transport scheme. 4. Not applicable as there is no Transport scheme. 5. Not applicable as there is no Transport scheme. 6. Not applicable to Home. 7. Not applicable. 8. Not applicable. 9. Not applicable. 10. Not applicable, Home does not have a Transport scheme. 11. Not applicable. 12. Not applicable. <p>There is no private transport provided within Parkdean NH. Service Users use wheelchair taxi, ambulance or taxi and is paid by the Service User or their representative.</p>	<p>Compliant</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
	Compliant

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 Emer Bevan as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Briege Ferris
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

PARKDEAN

6 OCTOBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Emer Bevan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user.</p> <p>Individual service user agreements must comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement must be shared with the HSC trust care manager.</p>	Once	Administration staff following-up with relatives re return of outstanding agreements.	6 weeks from the date of inspection: 17 November 2014


2	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	Notification will be issued in the event of increase of fees prior to the 28 day notice period. Currently Nursing Home is notified after the change in fees. Fees are then back dated.	From the date of the next change
3	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation must be shared with the HSC trust care manager.</p>	Once	Template has been drawn up to capture authorisation of expenditure as necessary.	6 weeks from the date of inspection: 17 November 2014

4	19 (2) Schedule 4 (9)	The registered person must ensure that the home provide a receipt recording cash handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home.	Once	In place, receipt book located in Reception.	From the date of inspection
5	19 (2) Schedule 4 (9)	<p>The registered person must ensure that a standard financial ledger format is used to clearly and accurately detail transaction for patients. 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.</p> <p>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.</p> <p>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. Correction fluid must not be used.</p> <p>A reconciliation of the records must be carried out, recorded, signed and dated by two persons at least quarterly.</p>	Once	Currently in place. Ledger is reconciled at regular intervals.	From the date of inspection

6	19 (2) Schedule 4 (9)	The registered person must ensure that a new method of recording treatments from the hairdresser or chiropodist is introduced. The persons providing the hairdressing or chiropody services and the service user or a member of staff at the home, must sign the treatment record to verify the treatment and the associated cost to each service user.	Once	Template drawn up to collect details of residents for hairdressing and/or chiropody. Listing is cross referenced with small monies to make sure there is adequate funds to pay for service.	From the date of inspection
7	14 (4)	The receptionist in the home must receive the home's protection of vulnerable adults training. A record of this training must be retained in the home.	Once	Receptionist has now received Vulnerable Adults training.	2 weeks from the date of inspection: 20 October 2014
8	19 (2) Schedule 4 (10)	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.	Once	House keeping carry out audits of property sheets of all residents that have been admitted to Parkdean NH.	6 weeks from the date of inspection: 17 November 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Retha Erasmus
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Emer Bevan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			24/11/2014
B.	Further information requested from provider				