



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Silver Birch Lodge
RQIA Number:	1294
Date of Inspection:	18 November 2014
Inspector's Name:	Briege Ferris
Inspection ID:	20582

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

Name of Home:	Silver Birch Lodge
Address:	54 Crossgar Road Saintfield BT24 7JE
Telephone Number:	0289751 0392
E mail Address:	info@silverbirchpnh.co.uk
Registered Organisation/ Registered Provider:	Dr Martin Ronald Phillips Mrs Sandra Martha Phillips
Registered Manager:	Jillian Jayne Gilmore
Person in Charge of the Home at the Time of Inspection:	Ms Bernie Corrigan
Number of Registered Places:	33
Number of Service Users Accommodated on Day of Inspection:	30
Date and Time of Inspection:	18 November 2014 10.00 -16.00
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 person, Mrs Phillips
- 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

Silver Birch Lodge is situated on the main Crossgar Road on the outskirts of Saintfield, County Down. It is a purpose built nursing home which commands panoramic views of the surrounding countryside and farmland.

The nursing home is surrounded by well maintained gardens and car parking is provided at the front and to the side of the home. The home is very convenient to Saintfield and is close to a public transport route and local amenities.

Facilities are provided over two floors, with bedroom accommodation on both levels. A range of single and double rooms, some with en-suite facilities, are available. Toilet and bathroom facilities are located throughout the home. The first floor is serviced by a passenger lift. An attractive dining room is provided on the ground floor of the home. There are four day rooms provided, all of which are tastefully decorated. Laundry facilities are available within the home. The home is well maintained and features many home comforts.

The home is currently registered to provide care under the following categories:

Nursing Care

NH-I: Old age not falling within any other category

NH-PE: Persons with a physical disability under 65

NH-PH(E): Persons with a physical disability over 65

NH-TI: Persons with a terminal illness.

7.0 Summary of Inspection

The inspector met with Mrs Phillips on the day of inspection, access to all of the relevant records was provided. Areas for improvement were identified during the inspection; Mrs Phillips provided the inspector with an emailed update of how these matters had begun to be addressed the day after the inspection was carried out. The inspector would like to thank Mrs Phillips for her co-operation throughout the inspection process.

Statement 1: The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

The home provides an individual agreement to each service user admitted to the home; which is not updated to reflect new fees and financial arrangements over time.

The agreement in use by the home at the time of inspection did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

There was evidence that all service users/their representatives had been informed in writing at least 28 days in advance 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.

One requirement has been made.

The home has achieved a compliance level of ‘substantially compliant’ for this theme.

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

No representative of the home was acting as nominated appointee for any service user on the day of inspection. The home receives cash from service users’ representatives to be spent by the home on the service users’ behalf. The home had written authorisation in place from service users/their representatives for the home to spend service users’ money on identified goods or services.

The inspector noted that lodgements of cash were supported by countersigned receipts with the receipt number was referenced on the individual ledgers. The inspector noted however, that the method of recording income and expenditure on behalf of service users was not in keeping with best practice or standard accounting procedure. Monthly checks of the balances held on behalf of service users were being carried out but these were only completed by one person.

The home had facilitated a number of service users’ to fund expenditure from the pooled balance of service users’ monies held by the home, while they had a zero cash balance available to spend.

A sample of ledger entries recorded for hairdressing services was reviewed; the inspector was able to locate the relevant hairdressing receipts in all cases. The inspector noted that hairdressing receipts were not countersigned by a representative of the home to verify the treatment received by the service user and the associated cost.

Four requirements have been made.

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

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

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a record of items

deposited for safekeeping and returned, however it was difficult to clearly identify which items were in the safe from the record itself. The record had not been regularly reconciled.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified inconsistencies in the way property was recorded. Records were not regularly reviewed and updated.

Two requirements have been made.

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

Statement 4: Arrangements for providing transport to service users are transparent and are agreed in writing with the service user/their representative

At the time of inspection, the home did not provide a transport service to service user.

No requirements or recommendations have been made.

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:

Each resident is issued a contract within a residents guide on admission detailing specific terms and conditions. Details all charges payable by the service user, the services delivered in respect of these charges and method of payment. Records are kept of transactions of personal money for hairdressing to manage their finances and property. Four weeks' notice in writing and contract amendment signed.

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 in particular, the guide contained information on the home's scale of charges and the costs of additional services facilitated within the home.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered person and selected four service users' files and associated records for further review.</p> <p>On reviewing the sample of four service users' files, the inspector noted the following: all four service users had an agreement on file; three individual service user agreements reflected the current fee arrangements for these service users, one agreement did not reflect the correct details. The inspector noted, however that this service user had been recently admitted to the home and there had been recent changes to the way in which the service users place was being funded.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted individual service users and on review, the inspector noted that this agreement did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2. Specifically, the inspector noted that the following elements were not included: the arrangements for any financial transactions undertaken by the home on behalf of service users and the records to be kept; the arrangements for the management of the service users valuables; a copy of the home's complaints procedure and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs).</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>Discussion with the registered person and a review of the records identified that the home had previously notified 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>The inspector noted that on the files examined, there were contract amendment forms detailing the change in the fee arrangements for individual service users selected. These had been signed by the service user or their representative; the inspector noted good practice in respect of this finding.</p>	<p>Substantially compliant</p>

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

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

Statement 2

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

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s)
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, 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>	
<p>The home only keeps a personal account for hairdressing/toiletries. Written consent obtained for use of same and audited monthly. Care management is informed if a resident becomes incapable of managing their finances.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The home maintains copies of payment remittances from the commissioning trusts which detail the amount receivable by the home and the amount to be contributed by the service user/representative where relevant.</p> <p>The inspector noted that the home also maintain a record of invoices raised in respect of the contribution payable by the service user or their representative. An examination of a sample of these charges for a defined period found that the correct amounts had been charged to service user or their representative.</p> <p>Discussions with the registered person and a review of the records identified that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that if the home were purchasing goods or services on behalf of a service user, the home</p>	<p>Moving towards compliance</p>

required written authorisation from the service user/their representative to make these purchases. Discussion with the registered person and a review of a sample of the records identified that the home had personal allowance contracts in place with the service users/their representatives. The registered person informed the inspector that the home did not operate a bank account on behalf of service users.

The inspector noted that while the home had a method of recording income and expenditure for service users, the records were not laid out using the standard method for recording financial transactions. The inspector clarified that a standard financial ledger format should be used to clearly and accurately detail every transaction recorded on behalf of a service user. The inspector noted that each transaction recorded on behalf of service users should be supported by two signatures at all times.

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

The inspector noted that lodgements of cash were supported by countersigned receipts and the receipt number was referenced on the individual ledgers. Good practice was observed with respect to this finding.

The inspector also noted that monthly checks of the balances held on behalf of service users had been carried out. The registered person described how the checks had been carried out by her and subsequently “audited” by another person at a later date. The inspector noted that a reconciliation of money or valuables held on behalf of service users should be carried out, recorded, signed and dated by two people who are both present.

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

In reviewing the monthly checks which had been recorded, the inspector noted that in at least two months in 2014, a number of service users had a debit balance recorded i.e.: a negative cash balance. The inspector discussed this with the registered person who advised that these balances had arisen because the service users’ representatives had not lodged sufficient money with the home prior to expenditure being made on behalf of the identified service users, such as on hairdressing. The registered person explained that the necessary funds required by these service users had come from the total balance of monies held on behalf of service users. The inspector noted that this practice must cease from the date of inspection.

The inspector highlighted that where an individual service user falls into arrears with regards to day-day expenditure, this amount must not be funded from the pooled balance of service users’ monies. The inspector

noted that where service user's funds were running low, this should be highlighted in advance, to the service user or their representative to enable the service user's balance of cash to be topped up. In addition, the inspector highlighted that if the lodgement of cash from a service user's representative was not forthcoming within a reasonable timeframe, the service user's HSC trust care manager should be informed as a priority.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users, such as hairdressing. The inspector traced a sample of transactions and was able to find the relevant documents, such as a hairdressing receipt.

In reviewing a sample of the records for hairdressing, the inspector noted that the visiting hairdresser left a hairdressing receipt which she signed and which detailed the name of the service user, the treatment received and the associated cost, good practice was observed. The inspector noted however, that in some cases, more than one treatment day was recorded on a single page; treatment records had not countersigned by a representative of the home to verify that the treatment had been received.

A review of other records and discussion with the registered person identified that the hairdresser was normally paid at the end of each month, at which point the total cost of the treatments received by service users within the month was withdrawn from their balance of monies held. The inspector highlighted that this did not reflect best practice as the balance of money held on behalf of service users should be kept up to date. The inspector noted that for some service users, one month of treatments could extinguish their total balance of cash held in the home, thus leaving them with insufficient funds for day to day expenditure.

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

The registered person informed the inspector that the home did not operate a comfort fund on behalf of service users.

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> <p>The home provides a safe for secure storage of money and valuables. Robust controls exist around persons who have access to the safe place. Two staff sign in money/property and when returning one staff member and who returned to.</p> <p>Monthly reconciliation of money and valuables.</p> <p>Furniture and personal possessions logged on admission</p>	<p>Substantial</p>
<p>Inspection Findings:</p> <p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector noted that the home had a safe book in place to record the deposit and return of items deposited with the home for safekeeping. The inspector noted that there were some items recorded where it was clear that they had been signed in and later returned to the service user or their representative. The inspector noted that two persons routinely signed any deposits or withdrawals, good practice was observed. The inspector noted however, the entries had been written too close together so that it was difficult to decipher whether some items were still in the safe or had been returned.</p> <p>The inspector noted that there was no written evidence in the book to identify that two persons had reconciled the remaining items in the safe at least quarterly.</p> <p>Requirement 5 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for four service users. The registered person provided the inspector with the existing records for two of the four service users and advised that the remaining two service users' property records were archived; a number of other property records were provided as an alternative. This indicated to the inspector that the records of property belonging to some service users in the home were not readily available for updating.</p> <p>The inspector reviewed a number of inventory records for service users in the home and noted that there was significant inconsistency in the way property belonging to service users was being recorded. The inspector noted that there was a template in use to record service users' property, while entries were also being made into a</p>	<p>Moving towards compliance</p>

duplicate book for some service users; a number of these records were neither signed nor dated. It was difficult to obtain a composite picture of the items of furniture and personal possessions which the service users had in their rooms. These findings indicated that the process of recording service user inventory was not being managed well.

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
	Substantial

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>	
<p>The home does not provide transport for the residents or staff.</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.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

8.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Phillips as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

SILVER BIRCH LODGE

18 NOVEMBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Sandra Phillips 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 comply with the requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meet Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	Once	Updated contracts have been issued to all residents but not all have been returned to date.	Four weeks: 16 December 2014
2	19 (2) Schedule 4 (9)	A standard financial ledger format must be used to clearly and accurately detail transaction for service users. 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,	Once	Completed	Four weeks: 16 December 2014


		<p>the amount; the running balance of the service user's cash total held and the signatures of two persons to verify the entry in the ledger.</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 should not be used.</p> <p>A record of the reconciliation of money deposited for safekeeping should be carried out, recorded and signed and dated by two persons at least quarterly.</p>		<p>Correction fluid has not been used in Silver birch Lodge</p> <p>Carried out quarterly</p>	
3	14 (4)	<p>The registered person must ensure that where a service user's cash balance is running low, this is highlighted in advance to the service user's representative, so that the service user's cash balance held by the home can be topped up.</p> <p>Where service users have a zero or insufficient balance of cash for expenditure, the registered person must not facilitate expenditure from the pooled balance of service users' monies held. Patterns of HSC trust care managed service users having insufficient cash for their day-day needs should be referred to their respective HSC trust care managers without delay.</p>	Once	<p>All residents and relatives have been notified of requirement.</p> <p>Balances have been rectified</p>	From the date of inspection

4	19 (2) Schedule 4 (9)	<p>The registered person must ensure that the person providing the hairdressing treatments provides a receipt for each treatment day. The treatment record must be countersigned by a representative of the home to verify the treatment and the associated cost to each service user.</p> <p>The registered person must ensure that expenditure incurred on hairdressing services is reflected in the service users cash records contemporaneously so that the balance recorded in the cash ledgers is up to date and accurate.</p>	Once	Completed	From the date of inspection
5	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that the safe record in use at the time of inspection is discontinued. A new safe record should be commenced which provides sufficient space for entries to be made recording the deposit and return of items. Two persons should continue to sign and date these entries. A record of the reconciliation of items in the safe place should be carried out, recorded and signed and dated by two persons at least quarterly.</p>	Once	Completed	Four weeks: 16 December 2014
6	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users.</p> <p>The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</p>	Once	Completed	Four weeks: 16 December 2014

		<p>All inventory records should be updated on a regular basis.</p> <p>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>Families are aware of personal possessions and furniture lists and have been asked to update when bringing or removing itmes.</p>	
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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	Jillian Gilmore
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Sandra Phillips

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			06/01/2015
B.	Further information requested from provider				