

**REGULATION AND QUALITY IMPROVEMENT**  
**AUTHORITY**

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**ANNOUNCED FINANCE**  
**INSPECTION REPORT**

**- for -**

**SOMERTON PRIVATE NURSING HOME**

**- on -**

**15 APRIL 2014**

**NURSING HOME  
FINANCE INSPECTION  
2013/14**

**1.0 GENERAL INFORMATION**

<b>Name of Home:</b>	Somerton Private Nursing Home
<b>Address:</b>	77 Somerton Road Belfast BT15 4DE
<b>Telephone:</b>	0289077 6786
<b>Proprietor Organisation:</b>	Mrs Lynda Burton
<b>Registered Organisation / Registered Provider:</b>	Mr Henry Enda McCambridge
<b>Registered Manager:</b>	Mrs Lynda Burton
<b>Number of Registered Places:</b>	26
<b>Occupancy on Date of Inspection:</b>	24
<b>Finance Inspector:</b>	Briege Ferris
<b>Date and Times:</b>	15 April 2014 9.15 – 15.00
<b>Previous Announced Finance Inspection:</b>	None

## **2.0 Summary**

During the inspection a number of concerning matters arose relating to how the registered persons and/or their representatives were managing money and property belonging to patients.

These matters have been referred to the Belfast Trust under the Adult Safeguarding arrangements.

The registered persons were invited to a meeting with RQIA on 29 May 2014, to discuss the serious concerns arising from the finance inspection. Following this meeting, the registered persons were issued with three notices of failure to comply with the regulations. The reference numbers for the notices are as follows: FTC/NH/1296/01/2014-15, FTC/NH/1296/02/2014-15, and FTC/NH/1296/03/2014-15.

### **Submission of Information to RQIA**

In March 2013, the registered provider completed a self-assessment finance questionnaire which was submitted to RQIA to provide details of how the home was achieving the required standards, in accordance with article 40 (1) of the Health and Personal Social Services (Quality Improvement and Regulation (NI) Order 2003.

The responses provided on the returned questionnaire were compared with controls in place to safeguard patients' money and valuables reviewed during the inspection on 15 April 2014. Unfortunately, this comparison evidenced that the registered person did not take the opportunity within the finance questionnaire to accurately present the arrangements in place within the home to safeguard patients' money and valuables.

The table on page four outlines questions relating to particular aspects of the registered person's duties to manage patients' money and property safely and appropriately, together with the responses from the registered person. The corresponding findings from the finance inspection of the home on 15 April 2014 are also detailed for comparison.

During a meeting held with the registered persons on 29 May 2014, the duty of the registered persons to provide accurate information to RQIA was emphasised.

Question (from patient finance questionnaire)	Response (provided in finance questionnaire dated 12 March 2013)	Inspection Findings 15 April 2014
Does the individual agreement with each patient detail the current fees payable?	Yes	Agreements examined did not detail the current fees payable.
Does the individual agreement with each patient detail by whom each element of the current fee is payable and the respective method(s) of payment?	Yes	Agreements examined did not detail this information.
Does the home have written authorisation from the patient/their representative to spend the personal allowance monies of each patient on identified expenditure?	Yes	<p>The inspector examined the personal monies authorisations in place for 8 patients. Of the records examined:</p> <ul style="list-style-type: none"> <li>- 1 was signed in January 2014</li> <li>- 1 was signed in February 2014</li> <li>- 6 were signed in March/April 2014</li> </ul> <p>No records of historical personal monies authorisations were provided to the inspector.</p>
Does the home retain records (signed by two people) and receipts for all transactions undertaken on each patient's behalf?	Yes	These controls were not in operation on 15 April 2014.
Does the home carry out a written reconciliation of the money and valuables held on behalf of patients in the home at least quarterly?	Yes	These controls were not in operation on 15 April 2014.
Does the home retain a record (signed by two people) of items deposited for safekeeping and returned to each patient?	Not applicable	These controls were not in operation on 15 April 2014.
Does the home retain a record of the items of furniture and personal possessions brought by each patient into their room which is updated throughout their stay in the home?	Yes	These controls were not in operation for all patients on 15 April 2014.

### 3.0 INSPECTION COVERAGE

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Charges &amp; payments</b>	4 (1)	3.1 & 25.10	Patient's guide:	Not examined.
	4 (1) (b)	3.2	Terms and conditions, amount and method of payment	
	4 (1) (c) 4 (4)	3.2	Standard form of contract. (This would include a copy of the trust(s) contract)	Further discussion on the home's standard form of contract is included in the following section of the report.

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Information about fees</b>	5 (1)	4.1	Statement to each patient of fees payable for:	The inspector discussed the individual financial circumstances of patients in the home with the registered person; and selected four patients' files and associated records for further examination.
	5 (1) (a) (i)	4.2	Accommodation, including food	
	5 (1) (a) (ii)	4.2	Nursing	On examining the sample of patients' files, the inspector noted that the agreements did not reflect the current fee arrangements for the individual patients selected.
	5 (1) (a) (ii)	4.2	Services to which each fee relates	
	5 (1) (b)	4.2	Method of payment and by whom	An incorrect fee was recorded within all four patient agreements examined. In addition, agreements examined did not detail the parties contributing to the fees and the method(s) of payment which would be used.  This indicated to the process of clearly detailing the terms and conditions in place with each patient in the home was not being managed well.  The inspector was also provided with the home's current form of agreement for new individual patients and on review, the inspector noted that this agreement also did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2. Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant)

				<p>would be paid and which method would be used by each party; the date of admission of the patient to the home; the duration of the patient's stay; a copy of the home's complaints procedure; the arrangements for any financial transactions to be undertaken by representatives of the home on the patient's behalf 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 etc).</p> <p><b>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p>
	5 (2) (a) & (b)	4.6 4.7	Notification of increase or variation in fees	<p>A review of a sample of the records evidenced that the home had not previously notified 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.</p> <p>The inspector explained to the registered person 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.</p> <p><b>Requirement 2 is listed in the QIP in respect of this finding.</b></p>

	5 (3) (a) & (b)	4.2	Statement specifying any nursing contributions	<p>Of the sample of four files examined, the inspector noted that the home was in receipt of a nursing contribution (from the commissioning HSC trust) for one of the patients. The patient's agreement did not reflect the current fees and financial arrangements, including the receipt of the nursing contribution.</p> <p>Where the home is in receipt of a nursing contribution for any patient, these details should be outlined within the individual agreement with the patient, including the date the payment commenced and the amount of the nursing contribution.</p> <p><b>Requirement 1 in respect of providing up to date agreements to each patient (including current fees and financial arrangements) has been listed above.</b></p>
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Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Patients' money and valuables</b>	18 (2) (l) 19 (2)  Schedule 4.9	15.2  15.3	Place for deposit of money & valuables for safe keeping and arrangements to record in writing all transactions	<p>The inspector examined the safe place within the home. The inspector was informed by the registered person that there was nothing held in the safe place belonging to patients other than cash.</p> <p>On examining the contents of the safe place, the inspector found an envelope containing a yellow coloured ring with a white stone. The inspector was concerned by this as the registered person had advised that there were no non-cash valuables belonging to patients in the safe place.</p> <p>The inspector noted that there was no written safe record in place to document the contents of the safe place and to record movements of the contents of the safe place in and out of the safe place.</p> <p>The absence of a safe record also demonstrated that there had been no reconciliations (checks) of the money or possessions held by the home on behalf of patients. The registered person also confirmed that there had not been any reconciliations of cash held within the safe place. These reconciliations should be carried out, evidenced and recorded at least quarterly.</p> <p>These findings revealed that the process of physically safeguarding patients' money and</p>

				<p>valuables was not being managed well.</p> <p><b>Requirement 3 is listed in the QIP in respect of this finding.</b></p>
	<p>19 (2)</p> <p>18 (2) (d)</p> <p>Schedule 4.10</p>	Appendix 2	Record of furniture & personal possessions. Policy and procedure in place	<p>The inspector requested the inventory/property records for patients.</p> <p>The inspector counted the records within the file provided and noted that it contained the records for 15 patients. The inspector noted that at the time of inspection there were 24 patients residing in the home.</p> <p>On querying this with the registered person, the inspector was informed that the shortfall in the number of records was because the patients did not have anything or he (the registered person) had not recorded the information.</p> <p>Of the records which did exist, the inspector noted that some records were only signed by one person, while other records had neither been signed nor dated.</p> <p>The failure to record information on patients' furniture and personal possessions and the absence of basic record keeping controls including signing and dating of the records by two persons indicated to the inspector that the process of recording patients' inventory was not being managed well by the home.</p>

				<b>Requirement 4 is listed in the QIP in respect of this finding.</b>
<b>Records</b>	19 (4)	27.6	Policy in place for retention of financial records for not less than six years from date of last entry	The registered person confirmed that records are retained for a period of seven years.
<b>Acting for patients</b>	22 (1) (a) & (b) 22 (2)	15.1 15.2	Monies belonging to any patient paid into an account in the name of that patient and not paid into a business account used in carrying on the establishment	<p>A review of the documentation evidenced that the home has a pooled bank account used exclusively for patients' personal monies which are received by the home for expenditure on the patients' behalf such as hairdressing, toiletries etc.</p> <p>The registered person stated that he had only recently begun to carry out reconciliations of the money held in the pooled patients' bank account.</p> <p>The inspector noted that the reconciliation was only signed by the registered person, not two persons.</p> <p><b>Requirement 5 is listed in the QIP in respect of this finding.</b></p> <p>The inspector also noted that the bank account used to manage patients' money received by the home was subject to fees and charges. The inspector noted that bank interest and charges were being divided equally between any patient with money in the account. The inspector noted that while this was an easier way to divide the charges, it was disadvantaging some of</p>

				<p>the patients as the activity on the account attracting the charges was unlikely to be identical for all of the patients.</p> <p><b>Requirement 6 is listed in the QIP in respect of this finding.</b></p>
	<p>19 (2)</p> <p>22 (3)</p> <p>Schedule 4.3</p>	<p>15.2</p> <p>15.10</p> <p>15.11</p>	<p>A record is kept at the home of persons acting as an appointee or agent</p>	<p>Discussion with the registered person and a review of the records established that on the day of inspection, no representative of the home was acting as nominated appointee for any patient.</p> <p>The home receives money from the representatives of patients for expenditure within the home such as on hairdressing services. Further discussion on this issue is provided in a subsequent section of the report.</p>

Description	Regulation Statutory Rule No 160	Minimum Standard	Evidence	Findings
<b>Records to be kept in a nursing home</b>	19 (2) Schedule 4.3	15.4	Record of patients' fees received	<p>A review of the records established that the home retain copies of the trust remittances confirming the weekly fee for each patient in the home and the amount to be contributed by each patient, where relevant.</p> <p>The inspector reviewed the records relating to amounts charged to two patients contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p>
	19 (2) Schedule 4.3	15	Record of financial arrangements handled by the home	<p>Discussion with the registered person revealed that the registered person maintained a computerised record of income and expenditure for patients. The registered person informed the inspector that the computerised records of income and expenditure had been maintained for those patients or representatives lodging money to the patients' pooled bank account. Given that the records were being maintained on computer, each transaction was not signed by two persons.</p> <p>The registered person informed the inspector that prior to 2013, there was no procedure in place to record the income and expenditure on behalf of the remaining patients in the home i.e.: those not using the pooled bank patients' bank account. The inspector noted that the patients not using the pooled bank patients' bank account</p>

				<p>represented the majority of those patients in the home.</p> <p><b>Requirement 7 is listed in the QIP in respect of this finding.</b></p> <p>The registered person informed the inspector that up until recently, receipts were not issued to family members or friends lodging money to be spent on patients in the home. Therefore, no record was made of cash coming into the home or indeed what the money was spent on.</p> <p>The inspector reviewed the book currently being used to record cash received and noted that entries recording money received by staff in the home were not being routinely countersigned i.e.: by the person lodging the money and the person receiving the money, or by two members of staff.</p> <p><b>Requirement 8 is listed in the QIP in respect of this finding.</b></p> <p>On reviewing the record of expenditure from the pooled patients' bank account, the inspector entries of income and expenditure for patients in the home, the inspector highlighted a number of transactions on which she sought clarity from the registered person.</p> <p>The records included expenditure on items such as mattresses, pillows, bedding, curtains and chairs. There was no indication</p>
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				<p>that any patient or their representative had expressed a wish to pay for personalised items for their rooms.</p> <p><b>Requirement 9 is listed in the QIP in respect of this finding.</b></p> <p>The inspector noted that a representative of the registered person had paid the balance held on behalf of a former patient to individuals whom the registered person confirmed were linked to the patient. The inspector noted that in one instance, monies belonging to the patient had been divided equally and two separate payments made to each of the recipients, i.e.: four payments in total.</p> <p>On querying this with the registered person, the registered person could not provide the inspector with any explanation as why these payments were made and why they were made in this way.</p> <p><b>Requirement 10 is listed in the QIP in respect of this finding.</b></p> <p>The inspector noted that a three-figure sum of money had been provided to the representative of a patient to purchase items for patient. The inspector noted that there were no receipts for these items on file and queried this with the registered person. The registered person informed the inspector that receipts were not returned from purchases made from these monies. The</p>
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				<p>inspector was therefore unable to evidence that the patient had benefitted from the money received by the representative.</p> <p><b>Requirement 11 is listed in the QIP in respect of this finding.</b></p> <p>The inspector noted that toiletries are bought in bulk by the home and recharged to the patients as required. Almost all toiletries are charged at £2 each, irrespective of the actual cost of the purchase to the home. When the inspector queried this with the registered person she was informed that it was an easier way to charge (the patients).</p> <p><b>Requirement 12 is listed in the QIP in respect of this finding.</b></p> <p>The Nursing Homes Regulations (NI) 2005 states that the home shall provide treatment and any other services (including the provision of toiletries) to patients that meet their individual needs, and which reflect their personal choices and current best practice. A requirement has therefore been made that staff, including the registered manager and responsible individuals undertake training in the care of persons with dementia to facilitate best practice in dementia care.</p> <p><b>Requirement 13 is listed in the QIP in respect of this finding.</b></p>
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				<p>On reviewing the records for expenditure, the inspector noted that there were significant delays in charging patients for toiletries with instances of patients being retrospectively charged for 7, or 9 months' worth in one transaction. The inspector was not provided with an explanation as to why patients had to experience these delays.</p> <p><b>Requirement 14 is listed in the QIP in respect of this finding.</b></p> <p>In reviewing the records for hairdressing and chiropody services facilitated within the home, the inspector noted that these records had not been routinely signed by both the hairdresser/chiropodist and by a representative of the home at the time of treatment. The inspector stressed the importance of this control in confirming the treatment received by the patient and the associated cost.</p> <p><b>Requirement 15 is listed in the QIP in respect of this finding.</b></p>
	<p>19 (2)</p> <p>Schedule 4.8</p>	<p>15.2</p> <p>15.4</p>	<p>Record of the nursing home's charges to patients, including any extra amounts payable for additional services not covered by those charges and amounts paid by or in respect of each patient</p>	<p>The inspector noted that the costs of hairdressing and chiropody services facilitated within the home were not included in the home's individual agreements with patients.</p> <p><b>Requirement 1 in respect of providing up to date agreements to each patient (including current fees and financial arrangements) has been listed above.</b></p>

<b>Records to be kept in a nursing home</b>	19 (2) Schedule 4.17	18	Record of charges made to patients for transport & amounts paid by or in respect of each patient	On the day of inspection, the home did not provide transport services to patients.
	19 (2) Schedule 4.18 (a) 19 (2) Schedule 4.18 (b)	18  18	Where patients collectively own the vehicles – record of amounts paid by or in respect of each patient running the vehicle  Record of journeys made and names of patients being transported	On the day of inspection, the home did not provide transport services to patients.
		18 Appendix 2	Policy & procedure in place for transport - use & provision	On the day of inspection, the home did not provide transport services to patients.

### **3.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Briege Ferris  
Finance Inspector / Quality Reviewer  
Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3LP**

**QUALITY IMPROVEMENT PLAN**

**ANNOUNCED FINANCE INSPECTION**

**SOMERTON PRIVATE NURSING HOME**

**15 APRIL 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 Paul Henry McCambridge 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 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.</p> <p>Individual patient agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Where a 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.</p>	Once	<p>The residents Agreement has been updated to ensure compliance with Regulation 5 and Standard 4.2 and all residents have been issued with a new agreement.</p> <p>As of 25<sup>th</sup> June, 24 of 26 signed agreements have been returned and it has been requested that the remaining two are returned before 8<sup>th</sup> July.</p>	Twelve weeks from the date of inspection: 8 July 2014

2	5 (2) (a) (b)	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. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.	Once	Any changes to fees or the residents agreement will be evidenced by signed appendix to the existing agreement. In the case of fees the home is frequently informed of any increase by the placing trusts up to 2 months in arrears but notice will be provided at the earliest possible opportunity.	From the date of the next change
3	19 (2) Schedule 4 (9)	The registered person is required to ensure that records of cash or possessions deposited for safekeeping are regularly reconciled to the items held. The record should reflect the date cash or possessions were deposited and should be signed by two persons. Where cash or possessions are returned to the patient or their representative, the record should be updated with the date the cash or possessions were returned and include two signatures to verify the return of the items. A reconciliation of the cash or possessions held within the safe place should be performed, evidenced and recorded with the date and signatures of two persons at least quarterly.	Once	Records are now kept containing the required detail for all cash transactions on behalf of residents evidenced by two staff signatures. Records of items placed in safekeeping are also now in place evidenced by two staff signatures. Reconciliations of cash and items in safekeeping will be carried out at least every two months evidenced by two staff signatures. Both have had recorded reconciliations carried out prior to return of QIP. Policies have been updated to reflect this.	Per FTC/NH/1296/03/2014-2015: 5 August 2014
4	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 patients. The registered person must also ensure that a retrospective record is	Once	A renewed inventory has been completed for all residents signed by two members of staff. Responsibility for recording of additions or disposals has been	Per FTC/NH/1296/03/2014-2015: 5 August 2014

		<p>made of the furniture and personal possessions owned by existing patients accommodated in the home.</p> <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>passed to the Nurse Manager and Nursing Staff to ensure records are updated regularly.</p> <p>Staff have been informed of the importance of recording this information consistently including the highlighting of high value items or those requiring PATS testing.</p> <p>Policies have been updated to reflect this requirement.</p>	
5	19 (2) Schedule 4 (9)	The registered person is required to ensure that two representatives of the home reconcile the pooled patients' bank account and that two persons sign and date the reconciliation.	Once	<p>The residents account is now reconciled by two members of staff with signatures to confirm. This will take place at least every two months and a reconciliation has taken place on 2<sup>nd</sup> June.</p> <p>Policies have been updated to reflect this requirement.</p>	Per FTC/NH/1296/03/2014-2015: 5 August 2014
6	14 (4)	The registered person is required to ensure that the practice of equally apportioning charges to every patient with money in the pooled patients' bank account ceases. Charges and fees levied to the pooled patients' bank account should be apportioned to those patients for whom certain actions on the account have attracted charges. For example, if there are charges for writing cheques from the account, the charges should be allocated to the respective patients for/on whose	Once	<p>Equal apportioning of bank charges will no longer take place. Each resident will have an individual record of applicable charges drawn up for each charging period when advised by the bank with the transaction recorded and signed by two staff members on the residents individual ledger.</p> <p>Bank of Ireland has been contacted</p>	Nine weeks from the date of inspection: 17 June 2014

		<p>behalf the cheques have been written.</p> <p>The registered person should explore other bank account options which do not have bank fees/charges in order to protect the patients' monies.</p>		<p>regarding the waiving of charges on this account and we are awaiting their response. Failing this other bank account options will be explored.</p> <p>Policies have been updated to reflect this.</p>	
7	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that a standard financial ledger format is used to clearly and accurately detail every transaction for each patient.</p> <p>This format should capture the following information each time a entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement to the ledger or a withdrawal from the ledger and the amount of same; 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>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.</p> <p>Reconciliations of the monies held on behalf of patients in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p>	Once	<p>A renewed format is in place to record all financial transactions to include the required details and are to be reconciled at least every two months. Reconciliations on all records have already taken place evidenced by two staff signatures. policies have been updated accordingly.</p>	<p>Per FTC/NH/1296/ 03/2014-2015: 5 August 2014</p>



8	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that where cash/cheques are deposited with a representative of the registered person for safekeeping on behalf of patients; there are records which confirm the details of the deposit. A duplicate receipt book should be used to record the date, details and the amount of cash or cheque deposited which should be signed by two persons.</p> <p>The registered person is required to ensure that staff is reminded that no other method of recording the receipt of cash/cheques by representatives such as recording the information on an envelope or using any other type of duplicate book other than a receipt book is acceptable.</p>	Once	Relevant staff have been informed that only the duplicate receipt book must be used for recording the deposit of cash or cheques by representatives which must be signed by two staff members or a staff member and the representative depositing.	Per FTC/NH/1296/03/2014-2015: 5 August 2014
9	18 (2) (c)	<p>The registered person must ensure that any items of furniture, bedding, and other furnishings (including curtains and floor coverings) and equipment suitable to the needs of the patients and screens are provided and paid for by the home.</p> <p>If a patient or their representative wish to purchase specific personalised items from the patient's personal monies which include any of the items identified above, the registered person must ensure that the patient's records provide evidence of discussion and agreement with the patient or their representative and the HSC trust care manager.</p>	Once	<p>The home will provide all items required under the trust contract and where items have been identified that should be purchased by a resident or their representative a written confirmation will be obtained from care management or next of kin and retained in the residents financial records prior to any purchase.</p> <p>Records of purchases have been examined to 1<sup>st</sup> May 2008 and relevant items have been identified. One current resident has already been credited. A Revised proposal</p>	Per FTC/NH/1296/02/2014-2015: 5 August 2014

		<p>The record of previous purchases of any items specified in Regulation 18 (2) (c) must be examined and the cost of these items to the patients identified. Records relating to purchases made on behalf of patients who are no longer residing the home must also be included.</p> <p>The examination of the records must cover the period from at least six years prior to the date of the last patients' bank account statement.</p> <p>The registered persons must submit to RQIA an acceptable proposal for making repayment of any inappropriate charges to patients. The registered persons must agree a timescale with RQIA for making any such repayments to patients.</p>		<p>for refunds to former residents was submitted to RQIA on 16<sup>th</sup> June and we are awaiting acceptance of this before commencing with further payments.</p>	
10	14 (4)	<p>The registered person must ensure that where a representative of the registered person transfers money belonging to a former patient to another person, the patient's records provide evidence of discussion and agreement with the patient or their representative and the HSC trust care manager.</p>	Once	<p>Written confirmation will be obtained from care management prior to the transfer of funds to a representative and signed confirmation of receipt of funds will be obtained. Policies have been updated accordingly.</p>	<p>Nine weeks from the date of inspection: 17 June 2014</p>
11	14 (4)	<p>The registered person is required to ensure that when patients' money lodged with the registered persons for safekeeping is used to make purchases, the purchases are verified and receipts are obtained or copied for the patient's records.</p> <p>The registered person must implement a policy and procedure addressing the safeguarding of patient's money and valuables, which will support</p>	Once	<p>All purchases on behalf of residents are evidenced by receipt signed by two members of staff in addition to entry in ledger recording transaction.</p> <p>Policies regarding residents finances have been updated significantly to reflect new practices and relevant staff have been updated on them.</p>	<p>Per FTC/NH/1296/01/2014-2015: 5 August 2014</p>


		<p>compliance with the regulations.</p> <p>All staff engaged in any tasks involving patients' money and valuables must be trained on implementation of the new policy and procedure.</p>			
12	14 (4)	<p>The registered person should ensure that the current method of charging patients a flat rate of £2 per item for toiletries irrespective of the actual cost is abandoned.</p> <p>A new procedure should be introduced which ensures that patients are charged the exact cost of toiletries provided to them by the home for their personal care needs.</p> <p>The registered person should carry out a value for money exercise involving an assessment of the prices from local suppliers/pharmacies to ensure that the patients are receiving the best value for these items.</p>	Once	<p>Residents toiletries are now purchased and charged on an individual basis with individual receipts to evidence and policies updated to reflect this.</p> <p>Purchases of toiletries are now made at the Tesco superstore in Newtownabbey which provides a wide range of choice in addition to frequent offers which represent value for money.</p>	Nine weeks from the date of inspection: 17 June 2014

13	10	<p>(1) The registered provider and the registered manager shall, having regard to the size of the nursing home, the statement of purpose, and the number and needs of the patients, carry on or manage the nursing home (as the case may be) with sufficient care, competence and skill</p> <p>(2) If the registered provider is (b) an organisation, it shall ensure that the responsible individual undertakes; From time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the nursing home.</p> <p>(3) The registered manager shall undertake from time to time such training as is appropriate to ensure he has the experience and skills necessary for managing the nursing home.</p> <p>This requirement relates to the necessity to provide treatment and any other services (including the provision of toiletries) to patients that meet their individual needs, and which reflect their personal choices and current best practice.</p>	Once	The home will draw up a form for completion by residents or representatives to ascertain preferences relating to purchase of toiletries and provision of treatments such as hairdressing and chiropody. This will be in place before the specified date.	21 November 2014
14	12 (1) (b)	The registered person is required to ensure that charges levied on patients for any goods/services provided within the home are charged to the patient or their representative as soon as practicable.	Once	Any charges levied will be charged as soon as practicable and ideally within 1 week of purchase. This is reflected in the updated policy.	Nine weeks from the date of inspection: 17 June 2014

		Best practice would direct that any charges accrued by the patient in a calendar month would be charged at the end of that month or the beginning of the subsequent month, at the latest.			
15	19 (2) Schedule 4 (9)	<p>The registered person must ensure that any person providing a service within the home such as the hairdressing or chiropodist provides a treatment record detailing the name of the patient treated, the treatment provided and the associated cost.</p> <p>The record should be signed by both the person providing the treatment and a representative of the registered person who is in a position to verify that the patient received the treatment and therefore has incurred the associated cost.</p>	Once	A record has been drawn up and will be completed during each visit to be signed by the person providing the service and the staff member supervising. A record has been completed for a chirpopdy service on 10 <sup>th</sup> June and policies updated.	Nine weeks from the date of inspection: 17 June 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lynn Burton
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Paul McCambridge

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			8 July 2014
B.	Further information requested from provider				