



Unannounced Care Inspection Report 25 April 2019



Mountview Retreat

Type of Service: Residential Care Home

**Address: 19 Rocktown Lane, Knockloghrim, Magherafelt
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Tel no: 028 7964 2382

**Inspectors: Marie-Claire Quinn, Joseph McRandle and Raymond
Sayers**

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to nine residents in the categories of care outlined in Section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Ciaran Patrick Maynes Responsible Individual: Ciaran Patrick Maynes	Registered Manager and date registered: Ciaran Patrick Maynes 2 December 2014
Person in charge at the time of inspection: Ciaran Patrick Maynes	Number of registered places: 9
Categories of care: Residential Care (RC) I - Old age not falling within any other category MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 8

4.0 Inspection summary

An unannounced care inspection took place on 25 April 2019 from 08.35 to 14.40 hours. The care inspector was joined by the finance inspector, who conducted an inspection from 10.25 to 16.00 hours. The estates inspector also conducted an inspection from 13.40 to 15.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care, estates, finance and medicines management inspections and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care delivery, the culture and ethos of the home, care records and relationships between residents and staff.

Areas requiring improvement were identified in relation to monthly monitoring reports, identified maintenance work and review of policies and procedures in the home relating to residents' finances, as detailed in this report and Quality Improvement Plan.

Residents were very positive about living in the home. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others/with staff.

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

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	8

Details of the Quality Improvement Plan (QIP) were discussed with Ciaran Maynes, owner, registered provider and registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 18 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 18 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

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

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Two members of staff responded and stated they were very satisfied that the care in the home was safe, effective, and compassionate and that the service was well led.

During and following the inspection a sample of records was examined which included:

- staff training schedule and records
- care records of four residents
- a sample of policies and procedures; Whistleblowing policy dated 9 February 2019 and Supervision, Appraisal and Mentorship policy dated 9 February 2019
- the Adult Safeguarding policy dated 5 December 2018 and 8 May 2019 (submitted following the inspection)
- the Annual Quality Review report 7 May 2019 (submitted following the inspection)
- fire risk assessment 4 July 2018
- fire safety records
- equipment and environmental maintenance records
- monies held on behalf of residents
- records of staff members involved in managing residents' finances receiving adult safeguarding training
- up to date records of residents' personal property
- arrangements to support residents wishing to undertake journeys outside of the home
- records of monies forwarded to the home from the Health and Social Care Trust on behalf of residents
- records of charges received from residents for fees and additional services
- records transactions undertaken on behalf of residents and accompanying receipts

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

6.0 The inspection

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

Areas of improvement identified at previous care inspection have been reviewed. One area for improvement was met.

Areas of improvement identified during the previous estates inspection were reviewed. One area for improvement was met.

Areas of improvement identified at the previous finance inspection have been reviewed. Of the total number of areas for improvement all were assessed as being met.

One area for improvement which was identified at the previous medicines management inspection was assessed as being met.

6.2 Inspection findings

6.3 Is care safe?

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

The home is located in a rural area and is surrounded by farmlands. Residents reported that they liked the peace and quiet in the home and enjoyed the view, as they can see sheep grazing in the fields. The home had been decorated for a resident's recent birthday, with bunting, balloons and photographs of the resident. Several residents talked about how much fun they had had celebrating.

The home was clean, warm and tidy. Staff were observed adhering to Infection Prevention and Control (IPC) procedures. The inspector noted that some pulls cords for window blinds were not securely attached to the wall. This was addressed with the registered manager who advised this would be addressed and reviewed during planned redevelopment of the home.

Several residents wanted to show the care inspector their rooms, which were personalised to the interests and preferences of the resident. One resident was religious and had statues, prayers and pictures in their room. Another resident loved cars and motorbikes and this was reflected in the décor of their room. Residents confirmed they liked their rooms and felt they had their own space and privacy.

The registered manager outlined staffing arrangements in the home. Discussion with residents and their visitors confirmed that they felt there were enough staff to help them when needed. Staff stated there was "definitely" enough staff to meet the needs of the residents at all times and confirmed that care in the home was safe, "Very much so". Staff highlighted that many residents are mobile, independent and have varying schedules including staying with family during the holidays or attendance at day opportunities: "Residents come and go as they please".

Observation of practice confirmed this and several residents described how they were supported to be as independent as possible, but lived in the home for additional security and support: "I have epilepsy so the staff look after me. I was in another home, but this one suits me far better".

No new staff have been employed in the home since the previous care inspection. The registered manager and staff advised there was a low turnover of staff, which they felt indicated the good working relationships and atmosphere in the home.

The registered manager stated that he is highly confident in the skills and knowledge of his staff, several of whom are nurse trained but working in senior support work roles. Review of staff training records confirmed that mandatory training was in date. This is tracked by the registered manager using a matrix system which also highlights training which needs to be arranged. Discussion with staff confirmed that training was regularly provided: "We're always updating training". The registered manager highlighted specialist training on diabetes had been arranged for 13 March 2019, but had needed to be postponed to accommodate staff leave. This was to be rearranged shortly.

All staff had received medication management training in 2017 and the registered manager confirmed this is reviewed during supervision and annual appraisals. The registered manager

also outlined how he ensures training is embedded into practice. For instance, he conducts weekly medication audits. If any issues are identified in relation to administration of medication, this is addressed with all staff immediately.

Review of the home's Adult Safeguarding Policy was initially unsatisfactory as it did not reflect regional legislation, policy and procedures. However, the registered manager agreed to review this urgently, and submitted an amended copy electronically to RQIA following the inspection. This confirmed that the required changes had been made.

Discussion with staff confirmed they had knowledge and awareness of their roles and responsibilities in relation to adult safeguarding, including whistleblowing, although reported they have not had any safeguarding concerns during their time working in the home. Staff received refresher training on 22 January 2019; review of training records confirmed this incorporated information on different types of abuse including financial exploitation. These records also made one minor incorrect reference regarding regional policy and procedure, which the registered manager agreed to amend in future trainings.

There are currently no specific measures in the home which prevent residents' leaving the home when they wish. The front door is not locked during the day, and fob access has been discontinued as it is not currently required. Arrangements are reviewed depending on the specific needs of each resident.

Medicines management

In relation to medicines management, we focused solely on the area for improvement made at the last medicines management inspection completed on 30 April 2018. This related to the arrangements in place for residents' receiving short term care in the home.

On the day of inspection, the registered manager stated that there are currently no residents receiving short term care in the home; and advised there had been no instances of short break care since the last medicines management inspection. The registered manager confirmed that all actions required following the most recent medicines management inspection on 30 April 2018, had been completed. This was not verified by the care inspector.

Following the inspection, this was also discussed via telephone with the registered manager and the pharmacist inspector. We were provided with assurances regarding the policy and procedures in place for the safe management of new resident's medicines. This included written confirmation of medicine regimes, medicines record keeping, labelling of medicines and storage of medicines.

Given these assurances this area for improvement has been assessed as met.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the home's environment.

Areas for improvement

No new areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

There was a homely and relaxed atmosphere throughout the home. Residents appeared comfortable and at ease with staff and spent the day at their own pace. Observation of practice confirmed a good rapport between staff and residents, as they laughed and joked with each other. Residents appeared confident in seeking support from staff as required, and no resident appeared distressed or in need of additional support.

Residents spoke at length with the inspector, and were very positive about their experiences living in the home:

- “We’re all happy. I’ve been here fifteen years, and I’m not leaving till they take me out in a box, god willing.”
- “I’ve got everything I need.”
- “This is a great home!”

The inspector spoke with two family members of one resident who stated, “We are very happy with the home...(our relative) settled so quickly and seems content...we have no complaints, it’s small and homely...we have no issues.”

Observation of staff confirmed there was good communication with residents; staff were able to anticipate needs and meet them promptly. Staff confirmed they referred to care plans if residents aren’t able to tell them what they need, as these detail residents’ communication needs and preferred style. For instance, some residents prefer to receive information verbally before the use of easy read leaflets and pictorial aids. Discussion with residents confirmed that their needs were reviewed and discussed with them, and explanations provided if something wasn’t done: “I wanted a new mattress. This one is hard and I want it soft. But I know this one is better for my back.”

The registered manager outlined ongoing improvements to care records including the implementation of the ‘Care Doc’ system. The home is trying to move towards paper free documentation and care records are retained and reviewed electronically. Care plans are updated by the registered manager, who is a ‘super user’. In the long term, he plans to train care staff and delegate this task.

We reviewed care records which included a range of needs and risk assessments to determine and plan residents care, such as nutrition, mobility, falls and wound care. Assessments were comprehensive and considered residents’ strengths as well as their needs. Residents were referred to specialist services such as Occupational Therapy or district nursing as required.

In addition to ensuring residents are healthy and safe, measures were taken to also ensure that residents were comfortable and content. Of the four care records examined, each contained specific and personalised information regarding residents’ preferred environmental controls, such as their choice of temperature, lighting and access to a bedroom key. These extra efforts

to adapt the environment to ensure residents feel safe and secure and to maximise their comfort is to be commended.

Holistic and detailed care plans were in place for residents, and were adapted depending on their specific needs, for instance for those residents with epilepsy and diabetes. It was positive to note a recovery based focus underpinned care plans. Wellness Recovery Action Plans were incorporated into care plans to better include and advocate for residents experiencing mental ill health. Care plans detailed early warning signs, symptoms and the range of strategies that should be used to best support this resident when needed.

Two of the four care records reviewed on the electronic system did not include confirmation of consent for care plans; however, the registered manager was able to evidence that this was in place in the original paper copies. Electronic records will be updated to reflect this.

We reviewed the dining experience. Residents confirmed they had a choice of hot or cold cereal at breakfast, depending on their preference, as well as toast, fruit and cold and hot drinks: "I had porridge, it was lovely...I don't like porridge so I had rice krispies".

The inspector observed part of the lunch time meal. Residents had the choice of chicken salad or sausage roll and salad. Additional options were available as required; one resident told the care inspector she had really enjoyed her lunch of vegetable soup and wheaten bread. Other residents were enjoying yoghurt and had liked their morning snack of tea and fairy cakes. Residents stated that the food was lovely, and confirmed that they always got enough to eat.

Residents were very enthusiastic about the food provided at the most recent birthday party, especially the cake, which was so big, "there's lots leftover in the fridge!" Residents talked about how staff encourage them to make healthier options: "I just want a big pot of spuds. If staff let me I'd go into the kitchen and that's what I'd make. I don't like vegetables but I don't mind carrots."

Currently, no residents require texture modified diets. Staff are provided with information on updated guidelines, and the registered manager outlined how the home would respond to a change to a resident's nutritional needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment, planning and delivery of care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

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

Observation of practice confirmed that care was person centred and individualised. Residents got up and had breakfast at their own leisure. One resident was enjoying breakfast in the dining room when the inspector arrived; he planned to go back to bed afterwards as he was tired from his birthday party the day before. One resident enjoyed spending her time knitting in the living room, while other residents spoke with their visitors. Residents confirmed that they retained their choice and independence in the home: "I picked this out (their clothes) and I dress myself!"

Residents and their visitors talked about how residents enjoyed going out for lunch, birthday parties, and Christmas parties; and how much residents had enjoyed their trip to the Seamus Heaney home place. Relatives are included in special occasions and described a lovely, homely family style atmosphere in the home.

Relatives visiting one resident appeared to have excellent relationships with other residents and they talked about shared experiences such as the Christmas party. Residents were also very pleased as they had all received Easter eggs from the home's manager: "Ciaran (registered manager) really looks after us...Staff are good to us."

Care plans clearly outlined and promoted residents' rights and choice, for instance referencing the home's Statement of Purpose. Written records of consent for the use of photography and access to records were retained.

Care records clearly documented residents' capacity to make decisions for themselves and consent to treatment. Arrangements were in place to support residents who lacked capacity; however, the home sought to maximise opportunities for the resident to make choices about their lives where possible. For instance, residents' preferences for personal care were outlined, including how staff must provide encouragement and support to promote the residents' independence and confidence at all times. This is to be commended.

Care plans detailed residents interests and hobbies, including spiritual and cultural needs. One resident confirmed, "The priest comes to see me once a month," and that services are held for Easter and Christmas.

Some residents are from a farming background and enjoy working outdoors. One resident talked about how he enjoyed helping the registered manager with gardening: "I helped with the water fountain." One resident stated, "Ciaran got me an iPad!" which he loved, as he likes to watch videos on YouTube which he can't get on the TV in his bedroom. Another resident has a large range of CDs and he likes listening to music in the smaller lounge.

Discussion with staff confirmed that activities are flexible in response to residents' interests and needs. In the warmer weather, residents enjoy going for walks, playing football or playing with a bat and ball outside. Indoor activities include movie days, chair aerobics, board games, and knitting. The home retains photos albums of residents enjoying a range of activities and celebrations including a cream team party for the recent Royal wedding, baking and 'Bake Off' competitions, St Patrick's Day, Ladies lunch and the Grand National.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home and the provision of person centred care.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

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

Review of a sample of policy and procedures confirmed these were in place and reviewed in line with standards. Any amendments required were completed promptly by the registered manager and submitted to RQIA following the inspection.

Discussion with staff, residents and visitors confirmed that the home maintained open and transparent communication; individuals who spoke with the inspector confirmed they knew how to raise any concerns or complaints, and felt confident that these would be addressed. Staff confirmed that the home had not received any formal complaints since the last care inspection. The availability and visibility of the registered manager contributed to this, and he was described as approachable, flexible and responsive.

Staff were positive about their experiences working in the home:

- “It’s homely and relaxed, all staff would say the same.”
- “staff have all been here a long time and there’s good team work.”

Management were described as “hands on...supportive” and staff stated that if there were any issues, “I’d just contact Ciaran; he would be over straight away”.

Inspection of care records and discussion with the registered manager confirmed that accidents and incidents were appropriately managed and information shared with relevant parties. There was one very recent incident which had not been notified to RQIA. Discussion with the registered manager confirmed his knowledge and understanding of requirements in relation to this. The incident was promptly submitted to the inspector in line with standards.

At the previous care inspection on 18 September 2018, an area of improvement had been made regarding the annual review of care in the home. The registered manager had created a system to ensure that feedback from relatives and residents was sought on a minimum monthly basis. Feedback had been collected in December 2018, and a template for the home’s Annual Quality Review Report created. However the report for 2018 had yet to be completed. The registered manager submitted a copy of this report electronically to RQIA shortly after the inspection. This area for improvement has therefore been met.

It was identified during the inspection that the registered manager did not complete written monthly monitoring reports due to the frequency of his work and time in the home. The registered manager outlined the range of other audits and monitoring systems used in the

home, including quarterly reports which must be submitted to health and social care trusts. We discussed ways to reduce duplication of work, as well as the importance of capturing examples of good practice in the home, such as successful activities and events. We also agreed on how the monthly monitoring report template can be adjusted depending on the size and needs of the home. This has been stated as an area of improvement, and it is hoped that commencing monthly monitoring reports will further facilitate timely completion of annual quality review reports.

Findings of the Estates Inspection

The previous estates inspection identified one area for improvement in relation to the maintenance of the fire detection and alarm system. This was reviewed and validated by the estates inspector. This area for improvement was met.

A sample of building services maintenance certificates/risk assessments was reviewed as part of the current inspection process, and the following issues were noted as requiring remedial action:

1. The last space heating boiler maintenance service was completed on 16 August 2017. This is not compliant with recommended best practice.
2. Portable electrical appliances were last subjected to inspection and testing (PAT) on 13 March 2018. We are informed by the registered manager that a PAT inspection/test date has been arranged, and will be completed within four weeks.
3. The last emergency lighting system competent person BS5266 maintenance/inspection was completed on 13 March 2018. We are informed by the registered manager that a BS5266 maintenance inspection/test will be complete within four weeks.
4. The space heating boiler room was not protected by the installation of a BS5839 fire detection & alarm sensor. The registered manager indicated that this improvement item would be completed during the proposed variation works activity.

As per section 4.0 of this report, a finance inspection was also conducted on 25 April 2019. The finance inspector reviewed a sample of residents' records to validate compliance with the areas for improvement identified from the last finance inspection. Discussion with the registered manager confirmed that monies and valuables held on behalf of residents were checked at least quarterly. A review of records showed that the last recorded evidence of the reconciliation of residents' monies was 9 July 2016. Records also showed that the last recorded evidence of the reconciliation of residents' valuables was 24 September 2017. This was discussed with the registered manager and identified as an area for improvement under the standards.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. A review of the policies confirmed that they did not reflect all of the financial operational areas of the home e.g. the procedure for staff members undertaking transactions on behalf of residents. This was discussed with the registered manager and identified as an area for improvement under the standards.

A review of records from nine transactions undertaken by staff on behalf of three residents showed that only one signature was recorded against each of the transactions. It was noticed that a number of entries had either been written over or scored out. No initials were recorded against the amendments and no explanation for the errors was recorded. Records also showed that correction fluid was used on a number of the entries in the residents' transaction books. A review of the financial policies and procedures operated at the home confirmed that policies

were in place to prevent the above practices. This was discussed with the registered manager and identified as an area for improvement under the standards.

A review of three residents' files evidenced that copies of signed written agreements were retained within one of the files. Discussion with the registered manager confirmed that the remaining two agreements were still to be signed and returned by the residents or their representatives. The agreement in place did not show the current weekly fee paid by, or on behalf of, the resident. This was discussed with the registered manager and identified as an area for improvement under the standards.

The finance inspector reviewed the current arrangements for monies forwarded from the Health and Social Care Trust (HSCT) on behalf of a number of residents and retained within the residents' bank account. Following discussions the registered manager agreed to contact the HSCT to request a review of the current arrangements. This was identified as an area for improvement.

Areas of good practice

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

Areas for improvement

The following areas were identified for improvement in relation to monthly monitoring reports, identified maintenance work, reconciliation of residents' monies, review of financial policies and procedures, recording of transactions undertaken on behalf of residents, residents' written agreements and the residents' bank account, as detailed in this report and Quality Improvement Plan.

	Regulations	Standards
Total number of areas for improvement	0	8

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciaran Maynes, owner, registered provider and registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.11 Stated: First time To be completed by: ongoing	<p>The registered person shall complete a monitoring report on a monthly basis. This report summarises any views of residents ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Consideration will be given to this area for improvement and possibly run on a trial basis.</p>
Area for improvement 2 Ref: Standard 27.8 Stated: First time To be completed by: 20 June 2019	<p>The registered person shall arrange maintenance/service works are completed in accordance with manufacturer`s instructions & health and safety guidance on the following:</p> <ul style="list-style-type: none"> • Space heating boiler • Electrical appliances Portable Appliance Testing <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: These estate requirements will be completed at first opportunity electrical and plumbing contractors are available to complete them,</p>
Area for improvement 3 Ref: Standard 27.8 Stated: First time To be completed by: 23 May 2019	<p>The registered person shall arrange for completion of the following:</p> <ul style="list-style-type: none"> • Maintain the emergency lighting system in accordance with BS5266; • Install a fire detection sensor in the space heating boiler room in accordance with BS5839 <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The estate requirements mentioned above will be completed in the timescales requested</p>
Area for improvement 4 Ref: Standard 15.12 Stated: First time	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents (including monies held in the residents' bank account) at least quarterly.</p> <p>The record of the reconciliations should be signed by the person</p>

<p>To be completed by: 31 May 2019 and at least quarterly thereafter</p>	<p>undertaking the reconciliation and countersigned by a second member of staff to evidence that they have taken place.</p> <p>Ref: 6.7</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>Response by registered person detailing the actions taken: The current system has been adapted and a second signature will be included on the residents individual ledgers.</p> <p>The registered person shall ensure that the policies and procedures operated at the home are updated to include all of the financial procedures undertaken by staff on behalf of residents e.g. the procedure for staff to purchase items on behalf of residents.</p> <p>A record should be retained showing that staff have read and understood the policies and procedures.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Policies and procedures have been adapted as requested.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2019</p>	<p>The registered person shall ensure that the system for recording residents' transactions is reviewed in order to improve the accuracy of recording and to facilitate the policies and procedures operated at the home. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over records and the use of correction fluid should cease immediately.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The inspectors comments have been noted and procedures will reflect same</p>
<p>Area for improvement 7</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall ensure that copies of signed written agreements are retained within all residents' files. The agreements should show the current fee paid by, or on behalf of, residents, including the current amount of the third party contribution.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: New resident agreements have been sent to the residents and/or their NOK/representative.</p>

<p>Area for improvement 8</p> <p>Ref: Standard 20.14</p> <p>Stated: First time</p> <p>To be completed by: 7 June 2019</p>	<p>The registered person shall contact the Health and Social Care Trust to request a review of the current arrangements for monies forwarded from the Health and Social Care Trust on behalf of a number of residents and retained within the residents' bank account.</p> <p>The registered person should inform RQIA of the outcome of the discussions with the Trust.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: NHSCT has been informed of changes and will continue to hold residents monies until residents require more funds instead of paying them to the home on a monthly basis. The Inspector has been informed of the changes requested.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and
Quality Improvement
Authority

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