



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Slemish House
RQIA Number:	1378
Date of Inspection:	2 February 2015
Inspector's Name:	Briege Ferris
Inspection ID:	21043

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:	Slemish House
Address:	28 Broughshane Road Ballymena BT43 7DX
Telephone Number:	02825649772
E mail Address:	dorothy.mckeeffry@carecircle.co.uk
Registered Organisation/ Registered Provider:	Slemish House Ltd Ciaran Sheehan
Registered Manager:	Dorothy McKeefry
Person in Charge of the Home at the Time of Inspection:	Dorothy McKeefry
Number of Registered Places:	45
Number of Service Users Accommodated on Day of Inspection:	41
Date and Time of Previous Finance Inspection:	2 June 2010 10.00 – 17.00
Date and Time of Inspection:	2 February 2015 10.30 – 15.30
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

3.0 Purpose of the Inspection

This is a report of an announced finance inspection to assess the quality of services being provided. The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure compliance with regulations and standards, but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager and administrator
- 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

Slemish House Nursing Home is a two-storey building, which has been extensively developed and extended to provide accommodation for a maximum of 45 persons requiring nursing care. The home is situated in a quiet suburb of Ballymena, close to the facilities of the town.

Accommodation is provided on two floors with eight double and 29 single bedrooms. Access to the first floor is via a passenger lift or stairs.

Catering and laundry facilities are located on the ground floor with communal lounges and sanitary facilities available throughout the home.

Car parking facilities are provided to the front and rear of the home.

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

I	Old age not falling within any other category
PH	Physical disability other than sensory impairment
PH(E)	Physical disability other than sensory impairment - over 65 years

Mrs Dorothy McKeefry is the registered manager for the home.

7.0 Summary of Inspection

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

The home provides an individual agreement to each service user admitted to the home; however this 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 DHSSPS Nursing Homes Minimum Standard 4.2.

There was no evidence that all service users/their representatives had been consistently 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.

Two requirements have been made.

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

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

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and up to date records exist to support income and expenditure for service users.

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

Receipts for cash lodged identified that some receipts were not signed while others were only signed by one person. The practice of writing the name of the person lodging money rather than having them sign the receipt was identified and staff were advised to cease this from the date of inspection.

A number of transactions from the income and expenditure records were sampled including those for hairdressing and podiatry treatments and these were traced to the corresponding records, such as copy receipt for cash lodgement or the treatment record for a treatment recorded on the statement.

The inspector noted that the head office of the organisation receive the personal monies for one service user. The home's administrator maintains a record of what is expected to be received on behalf of this service user and transfers the relevant amounts to the income records for this service user on a regular basis; however the home's administrator does not have sight of the actual amounts received.

The inspector noted that in order to avoid any confusion and to clarify arrangements, the registered manager should arrange to write to the HSC trust which has commissioned the care for the service user identified and set out in detail the arrangements in place with the organisation/home and any family involvement which the home is aware of in respect of how the service user's money is being managed. The inspector noted that a copy of this detailed note should be retained on the service user's records in the home and updated as necessary.

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

A safe place exists within the home to enable service users to deposit cash or valuables. Good controls exist around access to the safe place.

The inspector noted that there were two types of record maintained for items deposited for safekeeping including a safe book and a typed template. The inspector noted that only one method should be used consistently in future.

On reviewing service users' property records, the inspector noted that a pre-printed template was in use, however this did not prompt staff to record two signatures and the date. None of the records reviewed had been signed or dated by the member(s) of staff completing the record.

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 the inspection, the home did not provide transport to service users.

No requirements or recommendations have been made.

The home has achieved a compliance level of 'not applicable' for this theme.

8.0 Follow-Up on Previous Issues

No	Regulation Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 4 (4) Minimum Standard 4	The home should have signed individual agreements in place with all patients. Where signed agreements are not returned by patients or their representatives, these should be pursued.	This action was assessed as having been addressed.	Compliant.
2	18 – (2) (L) Schedule 4.9 Minimum Standard 15	The home should maintain a record of all items held in the safe and of all transactions involving patients' monies. This record should be held in a secure location remote from the safe.	This action was assessed as having been addressed.	Compliant.
3	19 (4)	The home should compile a written policy on the retention of records at the home.	This action was assessed as having been addressed.	Compliant.
4	22 – (3) Schedule 4 - 3	Where staff act home as appointees for patients, a record should be held at the home evidencing authorization to act in this capacity.	This action was assessed as having been addressed.	Compliant.

9.0 Inspection Findings

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:	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>The Home provides a written Guide including a personalised Agreement detailing Terms and Conditions.</p> <p>Whilst the home has a Policy which encourages Residents to manage their own financial affairs as far as they are able, in the circumstances the Home does manage a service users' affairs, the Home have policies and procedures in place to safeguard and assist the service users in managing these affairs.</p>	<p>Substantially compliant</p>

<p>In line with the Residents Guide, in the event of an increase in charges payable, the Service User or their Representative receive 4 weeks written notice.</p>	
<p>Inspection Findings:</p>	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on the general terms and conditions of residency and also contained a blank copy of the service user agreement. The inspector noted that the guide contained information on the range of additional services available for access within the home such as hairdressing and podiatry for which an additional charge would be payable.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager and the home's administrator; and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted that all four service users had an agreement on file, however the agreement were signed in 2010, 2012, 2013 and 2014 and therefore the agreements did not reflect the current fee arrangements for these service users.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted 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.</p> <p>Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the date of admission of the service user to the home; the duration of the service user's stay; a copy of the home's complaints procedure; the arrangements for regularly reviewing the agreement; 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). The inspector also noted that reference was made on the front page of the agreement to the "Registered Homes (Northern Ireland) Order 1992" which are not the relevant regulations for the home.</p> <p>The inspector noted that some of the items required to be included as a minimum in the standard form of agreement with service users were included within the service user guide.</p>	<p>Moving towards compliance</p>

<p>Requirement 1 is listed in the QIP in respect of this finding.</p> <p>The inspector noted that from the sample of files examined, there was evidence of notification of increase in the fees payable on one file selected; the inspector noted that this service user was privately funding their place. The inspector noted that there was no evidence of notification on the remaining three files. The inspector noted that there should be consistency in notifying all service users/their representatives of the above matters.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p> <p>The inspector was provided with a copy of the home's policy and procedure on handling service users' money and valuables which details the controls in place in the home to safeguard cash or valuables for service users and guide the administration of any money donated to the home for the benefit of service users.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

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

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 HSC Trust provides Care Plans prior to admission detailing individual needs and capabilities of each Resident.</p> <p>The Home maintains, in a ledger format, records of amounts paid by/in respect of each service user for which monies are held. This includes any monies received by way of allowances. Each transaction is dated and verified by 2 members of staff which is evidenced by each staff member signing the ledger.</p> <p>Whilst the Home holds monies intended to be used for the benefit of service users by the service user or their representative, it was recently identified that written authority was not necessarily held in respect of permitted expenditure on specific items. In response the Home is in the process of obtaining written authorisation from the affected service users or their representatives.</p> <p>There are contingency arrangements in place in the event of a Resident requiring access to their money or property at short notice. All transactions are recorded and signed by 2 members of Staff.</p>	<p>Moving towards compliance</p>

<p>Resident's funds are checked and reconciled monthly. All transactions undertaken by Staff are maintained and signed by 2 members of staff.</p> <p>The Policy of the Home is that no member of staff will act as an Appointee or Agent for any Resident, regarding their financial affairs. The Home does not operate a bank account on behalf of specific residents.</p> <p>If a Resident is assessed as incapable of managing their own affairs, the matter is reported in writing to the referring Trust annually as per Policy.</p>	
<p>Inspection Findings:</p>	
<p>A review of the records identified that the home retain copies of the trust remittances confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to a selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>Discussions with relevant staff 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 was purchasing goods or services on behalf of a service user, the home required written authorisation from the service user/their representative to make these purchases. Discussions with the registered manager and home administrator identified that while a template for written authorisation had been developed these had recently been sent to service users representatives and were therefore not in place on the day of inspection.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>The inspector reviewed the records of cash lodged for spending on behalf of a sample of service users and for fees payable. The inspector noted that there was some inconsistency in the way receipts were written. It was noted that a number of receipts had the name of the person lodging the money written by the person receiving the money. The inspector discussed this with the registered manager and administrator and noted that the person lodging the money should sign the receipt personally. Some receipts were not signed at all, while others were only signed by one person.</p>	<p>Moving towards compliance</p>

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of a number of service users such as that in respect of hairdressing and podiatry services. The inspector noted that the home maintain “resident individual financial account records” detailing income and expenditure and that all entries recorded were signed and dated by two persons, good practice was observed. The inspector sampled a number of transactions from the records and was able to trace these entries to the corresponding records to substantiate each transaction, such as copy receipt for cash lodgement or the hairdresser’s treatment record for a treatment recorded on the statement.

The home’s administrator in particular, displayed a high degree of familiarity with the controls in place to safeguard service users’ monies particularly around reconciliation processes which are completed at regular intervals.

The inspector reviewed the records for hairdressing and chiropody services, and noted that a template was in place to record treatments in both cases. The inspector noted that this template clearly detailed information on the type of treatment and associated costs and the signature of both the person providing the treatment and a member of staff at the home to confirm that the treatment had been received. Good practice was observed.

The inspector noted that the head office of the organisation receive the personal monies for one service user. The home’s administrator maintains a record of what is expected to be received on behalf of this service user and transfers the relevant amounts to the income records for this service user on a regular basis; however the home’s administrator does not have sight of the actual amounts received. The inspector noted that for this service user it is important to ensure that the home’s administrator receives a statement from head office of what has actually been received on behalf of the service user so that all monies received can be credited to the service user’s records accurately and on a timely basis.

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

The inspector spent some time discussing the financial arrangements in place at the home to support one service user identified during the inspection. The inspector was advised by the registered manager that the service user also has family member who is also involved in supporting the service user with their financial arrangements. The inspector noted that these arrangements were not recorded anywhere in the service user’s financial records

provided for review. The inspector requested to see the most recent care management review for the service user and noted that it referenced family involvement although the management of the service user's personal monies was not described accurately. The inspector noted that in order to avoid any confusion and to clarify matters, the registered manager should arrange to write to the HSC trust which has commissioned the care for the service user and set out in detail the arrangements in place with the organisation/home and any family involvement which the home is aware of in respect of how the service user's money is being managed. The inspector noted that a copy of this detailed note should be retained on the service user's records in the home and updated as necessary.

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

The inspector noted that the home has a comfort fund which is managed at head office level. It was noted that if the home wish to make a purchase from the comfort fund monies, a written request must be made to head office. The inspector noted that home has a policy and procedure in place for the administration of the comfort fund.

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

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:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ 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 	
Provider's Self-Assessment:	
A safe is located in the Administration Office. The keys are kept in a locked drawer and 4 members of staff have	Compliant

<p>access to the key. Manager, Deputy, Administrator and Admin Assistant. The position of the key to the locked drawer is only known to Manager, Deputy, Administrator and Admin Assistant.</p> <p>All deposits and returned items are recorded and signed by 2 signatories.</p> <p>Any restrictions to Residents financial conditions are documented in the Trust Care Assessment. All conditions and restrictions to service users financial conditions are clearly documented in the Trust care assessment. In reference to safekeeping, the reconcillation of money and valuables is carried out and in line with the self assessment.</p> <p>A record of furniture and personal possessions brought in by Residents is maintained in Care Plan. This record is checked monthly and updated as items are added or removed.</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 undertook a count of a random sample of the cash balances and items deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector also noted that staff performs regular reconciliations of the cash and valuables held within the safe place.</p> <p>The inspector noted that there were two types of record maintained for items deposited for safekeeping including a safe book and a typed template. The inspector noted that one method only should be chosen and used consistently in future.</p> <p>Requirement 7 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for three service users. On reviewing the three records, the inspector noted that a pre-printed template had been used to record the inventory for service users; there was evidence of updating of the records over time. The inspector noted that the template in use did not prompt staff to record two signatures and the date. None of the records reviewed had been signed or dated by the member of staff completing the record, therefore it was impossible to tell who had completed the record or when.</p> <p>Requirement 8 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

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

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

Statement 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

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<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 	
Provider's Self-Assessment:	
<p>Transportation requirements are met by Resident's relatives or Northern Ireland Ambulance Service for hospital attendance.</p> <p>No Transport is provided by the Home and no charges are made to Residents.</p>	Not applicable
Inspection Findings:	
At the time of inspection, the home did not provide transport to service users.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Dorothy McKeefry 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

SLEMISH HOUSE

2 FEBRUARY 2015

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 Dorothy McKeefry 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)	The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. 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.	Once	The Resident Agreement in respect of each service user has been amended in line with the recommendations outlined and is being forwarded to all service users or their representatives for review and signature. Procedures have also been implemented to ensure compliance with the requirement to share the Agreement with the service users Trust Care Manager in the circumstances where the representative is unable or unwilling to sign Agreement.	Four weeks: 2 March 2015
2	5 (2) (a) (b)	The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any	Once	A schedule to record changes in fees payable and payment method has been prepared and will be issued to service users or their	From the date of the next change


		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 service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.		representatives for their review and signature when changes occur. Where the service user or their representative cannot or refuses to sign the schedule this will be recorded.	
3	19 (2) Schedule 4 (3)	The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.	Once	A Personal Allowance Agreement requesting authorisation has been prepared, encompassing the controls requested opposite and has been issued to relevant service users or their representative. Where a service user does not have a representative or their representative refuses to sign procedures are in place to ensure that a copy of the Contract is shared with the service users HSC Trust Care Manager.	Four weeks: 2 March 2015

4	19 (2) Schedule 4 (9)	The registered person is required to ensure that when providing a receipt recording cash handed over to the home for safekeeping, the receipt must be signed by the person lodging the cash and by a representative of the home. If the person lodging the money cannot or refuses to sign, then two members of staff must sign the receipt.	Once	When providing a receipt, recording cash handed over to the Home, the person lodging the cash will sign the receipt book along with the Home's representative. If the person lodging the money cannot or refuses to sign, then two members of staff must sign the receipt.	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that the home regularly receives a statement from head office detailing the actual payments received on behalf of the service user identified during the inspection.	Once	Procedures are in place to ensure the Home regularly receives a statement from Head Office detailing the actual payments received on behalf of the service user.	From the date of inspection
6	19 (2) Schedule 4 (9)	The registered person is required to write to the HSC trust which has commissioned the care for the service user identified during the inspection and set out in detail the arrangements in place with the organisation/home and any family involvement (which the home is aware of) regarding how the service user's money is being managed and the controls and safeguards which are in place at the home to ensure that the service user's personal monies are appropriately safeguarded on their behalf. A copy of this detailed note should be retained on the service user's records in the home and updated as necessary.	Once	Procedures are in place to inform HSC Trust regarding how the service users money is being managed and the controls and safeguards which are in place at the Home to ensure that the service user's personal monies are appropriately safeguarded on their behalf. A copy of these notes will be retained on the service user's records at the Home and updated when necessary.	Four weeks: 2 March 2015
7	19 (2) Schedule 4 (9)	The registered person is required to ensure that there is one method used to record any items deposited for safekeeping. Previous records of items deposited for safekeeping should be	Once	Procedures are in place to ensure that one method is used to record items deposited for safe keeping. Previous records will be retained.	From the date of inspection

		retained. Records of items deposited for safekeeping must be regularly reconciled to the items held. The record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.		Procedures and documentation have been implemented to ensure that periodic reconciliations are undertaken by 2 staff members and evidenced by 2 signatures.	
8	19 (2) Schedule 4 (10)	The registered person must ensure that a retrospective review of all inventory records for current service users is carried out and thereafter, on a regular basis and as required. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.	Once	The Inventory of service users furniture and personal possessions held in the Home has been updated and items added to or subtracted have been evidenced by 2 signatures in the service users property log. Items of significant value will be highlighted and electrical items PAT Tested. All staff made aware of the importance of consistently recording Inventory details.	Four weeks: 2 March 2015

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	Mrs Dorothy McKeefry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			29/03/15
B.	Further information requested from provider				