

Unannounced Finance Inspection Report 14 February 2017



The Martin Residential Trust

Type of Service: Nursing Home
Address: 48 Ballyclare Road, Glengormley BT36 5HL
Tel No: 0289034 2365
Inspector: Briega Ferris

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Martin Residential Trust took place on 14 February 2017 from 10:10 to 15:40 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

A safe place to store patients' money or valuables was available in the home; however this was not accessible during the inspection. The registered manager confirmed that the home did not have a written safe register (detailing the contents of the safe place). She also confirmed that the general manager (with day to day responsibility for handling patients' money and valuables and maintaining the records in respect of patients' money and valuables) had not received adult safeguarding training. Two areas for improvement were identified during the inspection, these related to ensuring that a written safe register/record is in place which details the contents of the safe place including any cash and valuables held for safekeeping and ensuring that any staff who has access to patients' money or valuables (or responsibilities regarding the record keeping for patients' money and valuables) receives adult safeguarding training.

Is care effective?

Concerns were raised during the inspection regarding how the home had used patients' monies. These included arranging for patients to pay for items which are the responsibility of the home e.g. basic items of bedroom furniture and operating a transport scheme which was inequitable and has potentially led to patients being financially disadvantaged. Three areas for improvement were identified during the inspection. These related to: ensuring that the registered provider provides in rooms occupied by patients, adequate furniture, bedding and other furnishings, including curtains and floor coverings and equipment suitable to meet the needs of patients and screens, where necessary; ensuring that each patient has a written record of the furniture and personal possessions which have been brought by them into their room; and ensuring that transport services offered to patients by the home are administered in a manner which, in accordance with regulation 12 of the Nursing Homes Regulations (Northern Ireland) 2005, reflects current best practice.

Is care compassionate?

The registered manager described how the home used methods such as care reviews and an annual questionnaire to obtain feedback from patients' families and other representatives. While no specific areas for improvement were identified in respect of this domain based on feedback to the home from patients' families, concerns were highlighted by the inspector regarding the management of patients' monies and the manner in which patients' monies had been used by the home.

Is the service well led?

Three areas for improvement were identified during the inspection. These related to: ensuring that written policies and procedures which address patients' money and valuables are updated to reflect new practices in the home; policies and procedures should be consistent with the

Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015); ensuring that the records referred to in Schedules 3 and 4 of the Nursing Homes Regulations (Northern Ireland) 2005 are available at all times for inspection in the home by any person authorised by the Regulation and Quality Improvement Authority to enter and inspect the nursing home and ensuring that current and future patients are provided with a written agreement which reflects regulatory requirements (as per regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005) and care standards (specifically standard 2.2 of the Care Standards for Nursing Homes, 2015).

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the (DHSSPS) Care Standards for Nursing Homes, April 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Penny McCanny, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of this inspection, RQIA were concerned regarding how the home had used patients' monies, and following consideration of enforcement action a serious concerns meeting was held with the registered persons at RQIA offices on 22 February 2017. The general manager for the home also attended this meeting.

The main areas of concern were discussed; namely the purchase of items from patients' personal monies, which should be paid for by the home (e.g. basic bedroom furniture) and the operation of a transport scheme administered by the home, to which patients contributed the mobility element of their Disability Living Allowance (DLA). The transport scheme operated by the home appeared inequitable and has potentially led to patients being financially disadvantaged.

This discussion failed to provide RQIA with sufficient assurances in respect of any action taken by the home to address RQIA's concerns identified during the inspection and set out in the meeting invitation letter. The registered persons were required to submit an action plan to RQIA detailing the registered persons' proposals for addressing the concerns identified during the inspection and discussed in the meeting on 22 February 2017.

The registered manager submitted an action plan to RQIA on 1 March 2017. The action plan and subsequent correspondence with the registered manager confirmed that no further purchases of items which should be paid for by the home, would be paid from patients' personal monies. It was also confirmed that transport charges to patients ceased on 22 February 2017.

The registered persons' action plan however, failed to detail proposals for addressing previous costs to patients for items, which should have been paid for by the home and previous payments made by patients in respect of the transport scheme administered by the home.

As a result of the concerns identified during the inspection, RQIA had referred the matter to the Northern Health and Social Care Trust (NHSCT) Adult Safeguarding Team. During the serious concerns meeting the registered persons were informed of the referral.

RQIA met with representatives of the NHSCT on 10 March 2017 to discuss the trust's adult safeguarding investigation strategy. Following further consideration of enforcement action, RQIA invited representatives of the registered person to a meeting with the intention of issuing two failure to comply notices under the Nursing Homes Regulations (Northern Ireland) 2005.

At this meeting, representatives of the registered person provided a full account of the actions which had been taken and those which were proposed in future to ensure the improvements necessary to achieve full compliance with the required regulations. However the registered person was required to submit to RQIA, a detailed action plan outlining the arrangements to ensure that robust governance and oversight measures are in place in the home. The Regulation 29 (monthly monitoring) reports for the months April 2017 to September 2017 must also be submitted to RQIA.

Representatives were advised that RQIA will continue to monitor the quality of service provided in the home and will carry out an inspection to assess full compliance with the regulations.

1.2 Actions/enforcement taken following the most recent finance inspection

The most recent finance inspection was carried out on 21 July 2010 on behalf of RQIA. The findings from this inspection were not brought forward to the inspection on 14 February 2017.

2.0 Service details

Registered organisation/registered person: The Martin Residential Trust/James Smiley Martin	Registered manager: Penny McCanny
Person in charge of the home at the time of inspection: Pennamma Paise (Nurse in Charge)	Date manager registered: 1 April 2005
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 19

3.0 Methods/processes

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; this established that none of these incidents related to patients' money or valuables. The record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

On the day, the inspector met with the registered manager, and later in the inspection with Reverend Martin. A poster detailing that the inspection was taking place was positioned at the entrance to the home; however, no relatives or visitors chose to meet with the inspector.

The following records were examined during the inspection:

- Financial Policy "Residents' Financial Affairs – Policy & Procedure" November 2016
- The home's "Policy on the creation, maintenance and disposal of records"
- A sample of records detailing patients' income and expenditure, including charges for transport services provided by the home
- A sample of bank statements for patients detailing the receipt of social security benefits
- A sample of patient "finance" agreements
- A sample of patient "transport" agreements

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 2 November 2016

The most recent inspection of the home was an announced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector. This QIP will be validated by the pharmacy inspector at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last finance inspection

As noted above, the most recent finance inspection was carried out on 21 July 2010 on behalf of RQIA. The findings from this inspection were not brought forward to the inspection on 14 February 2017.

4.3 Is care safe?

The registered manager informed the inspector that the Martin Residential Trust had a general manager who was the key person with responsibility for managing patients' money and valuables and maintaining the related records. (Later in the inspection, the registered manager provided access to the general manager's office, where a number of records were available for review).

As noted above, the home had a safe place in the home to enable cash or valuables belonging to patients to be deposited, however as access to the safe was not possible on the day, any cash or valuables in the safe were not physically verified. The registered manager confirmed that a safe register (detailing the contents of the safe place) was not in place.

A recommendation was made for the registered provider to ensure that a written safe register/record is in place, which details the contents of the safe place including any cash and valuables held for safekeeping. (The safe record should be reconciled to the safe contents at least quarterly and a written record of the reconciliation should be signed and dated by two people).

During discussions, the registered manager reported that the general manager who holds main responsibility for handling patients' money and valuables had not received adult safeguarding training.

A recommendation was made for the registered provider to ensure that the general manager and any other member of staff with access to patients' money or valuables receives adult safeguarding training.

Discussion with the registered manager established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any patient.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to ensuring that a written safe register/record is in place, which details the contents of the safe place including any cash and valuables held for safekeeping and ensuring that the general manager and any other member of staff with access to patients' money or valuables receives safeguarding training.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager and a review of the available records established that one of the registered persons (Reverend Martin) was acting as nominated appointee (managing the social security benefits) for 14 of 19 patients in the home. Official documents relating to the appointeeship for patients were not reviewed as the registered manager noted that these could be contained in a locked filing cabinet, to which there was no access on the day.

Records available for review also identified that the NHSCT were acting as nominated appointee for one patient, while the Belfast Health and Social Care Trust were acting as nominated appointee for two patients. A family member was acting as nominated appointee for the remaining two patients.

The registered manager provided access to the general manager's office where three folders of financial records and several ledgers recording income and expenditure on behalf of patients were accessible. A sample of records was reviewed and this identified that large ledger sheets were maintained detailing income and expenditure. These records detailed the running balance of money held for each patient and were signed by the registered manager and the general manager at the end of each month.

It was noted, however, that the records were not maintained in accordance with standard 14.10 of the Care Standards for Nursing Homes (2015) i.e. using a standard financial ledger format, with each entry in the records signed by two persons.

A recommendation was made for the registered provider to ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the patient's cash total held; and the signatures of two persons able to verify the entry on the ledger.

A review of a sample of the income and expenditure records was carried out. This identified a number of entries in the records for "Balmoral Furniture". It was noted that the total amounts due to "Balmoral Furniture" had been allocated, in varying amounts, to a number of identified patients and these amounts had been deducted from their respective balances of personal monies. The original invoice(s) relating to these entries were not reviewed on inspection, as access to all of the records was not possible.

This finding was discussed with the registered manager, who confirmed that the entries for "Balmoral Furniture" related to the cost of wardrobes and chests of drawers etc. which had been purchased for the patients' bedrooms.

During feedback with the registered manager, it was highlighted that the registered person must provide adequate furniture, furnishings and necessary equipment in patients' rooms.

A requirement was made in respect of this finding.

This matter was discussed further at a serious concerns meeting held with RQIA on 22 February 2017. During the meeting, the registered manager confirmed that basic items of furniture for patients' bedrooms had been paid for from patients' personal monies. This matter has been referred to the NHSCT for consideration as part of the trust's adult safeguarding investigation.

In discussions with the registered manager during the inspection, she noted that the home provided transport services to patients by means of two adapted vehicles. It was noted that a "Residents Transport Agreement" was in place for each patient in the home; the first page of the agreement detailed the principles behind the scheme and the arrangements for the payment of the patient's DLA to the home in respect of the scheme.

A sample of records relating to transport provision and charges was reviewed and this identified that the majority of patients paid their (DLA) Mobility component to the home. However, during the inspection, both registered persons confirmed that some patients rarely used the service and one identified patient had never used the service, despite paying into the scheme. In most, but not all cases, a portion of each patient's DLA monies were subsequently provided to patients' representatives by the home. On the day of inspection, there was no evidence provided to confirm that these arrangements had been discussed with or agreed by the commissioning trust.

These findings were discussed with the registered persons during the inspection and they were informed that the transport service being operated by the home was considered inequitable. It was highlighted that its operation had facilitated the cross-subsidisation of transport services between patients and had potentially led to patients being financially disadvantaged.

At a serious concerns meeting held with RQIA on 22 February 2017, inspection findings were discussed with both registered persons. It was clarified that patients' DLA mobility component received by the home was transferred to the home's "Administration account" from which general overheads were also paid. These findings have been shared with the NHSCT for their consideration.

A requirement was made for the registered provider to ensure that transport services provided to patients by the home are administered in a manner which, in accordance with regulation 12 of the Nursing Homes Regulations (Northern Ireland) 2005, reflects current best practice. The principles of operating a transport scheme as outlined in extant guidance e.g. RQIA's Guidance on Transport Schemes, 2013 should be followed.

Records of patients' property in their rooms were discussed with the registered manager. She reported that while there may be a record of purchases made from patients' personal monies maintained by the home, she acknowledged that property records were not in place for any patient.

A requirement was made for the registered provider to ensure that each patient has a written record of the furniture and personal possessions, which have been brought by them into their room.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that the registered provider provides in rooms occupied by patients, adequate furniture, bedding and other furnishings, including curtains and floor coverings and equipment suitable to meet the needs of patients and screens, where necessary; ensuring that each patient has a written record of the furniture and personal possessions which have been brought by them into their room; and ensuring that transport services provided to patients by the home are administered in a manner which, in accordance with regulation 12 of the Nursing Homes Regulations (Northern Ireland) 2005, reflects current best practice.

Number of requirements	3	Number of recommendations:	1
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4.5 Is care compassionate?

The inspector discussed the day to day arrangements in place in the home to support patients. The registered manager reported that the patients in the home were unable to manage their money independently, thus the home was highly involved in managing patients' monies on their behalf (on the day of inspection, Reverend Martin was acting as nominated appointee for 14 of the 19 patients in the home).

As noted previously, on the day of inspection, there was no access to the safe containing service users' money or valuables; it was therefore not possible for the inspector to view the contents and reconcile these to records of money and valuables (if any) held. However, the registered manager showed the inspector a second safe place in the home which was accessible by the nurse in charge. The registered manager explained that the second safe place contained a limited amount of patients' monies in case the nurse in charge required access to a small amount of money for any patient.

The registered manager described how the home used methods such as care reviews and an annual questionnaire to obtain feedback from patients' families and other representatives. However, it was highlighted that all finance-related records were not accessible on the day of inspection and therefore not possible to establish if there was evidence of any consultation, discussion or engagement with patients' representatives regarding certain purchases made from patients' monies.

Consent to the home making purchases of certain items from patients' monies was discussed at a serious concerns meeting with RQIA on 22 February 2017. During this meeting, the registered persons noted that some decisions were made in consultation with patients' families and or professional representatives, however the registered persons noted that consent was mainly verbal and no written evidence of such discussions or agreements may be available.

While no specific areas for improvement were identified in respect of this domain, concerns were highlighted regarding the management of patients' monies and the manner in which patients' monies had been used by the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager described a clear organisational structure within the home. A written policy entitled “Residents’ Financial Affairs – Policy & Procedure” was available and this had been updated in November 2016. Aspects of the policy and procedure reflected mechanisms for managing patients’ monies which were not consistent with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015). Feedback to the registered manager during the inspection clarified that the home’s current practices (as detailed in the written policy and procedure) were not consistent with the above regulations and standards.

A recommendation was therefore made for the registered provider to ensure that written policies and procedures, which address patients’ money and valuables, are updated to reflect new practices which are consistent with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015).

Discussion established that access to all of the records that should be available for inspection was not possible on the day. During the inspection, the registered manager identified a filing cabinet which she stated held information regarding patients’ finances. The registered persons reported that they did not have access to the filing cabinet, as the key was held by the general manager who was on holiday at the time of the inspection.

The home’s safe containing patients’ monies and any valuables held for safekeeping was not accessible and the registered persons did not have a key to access the safe. The registered manager reported that the key to the safe was also held by the general manager.

A requirement was made for the registered provider to ensure that the records referred to in Schedules 3 and 4 of the Nursing Homes Regulations (Northern Ireland) 2005 are available at all times for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.

Individual patient agreements were discussed with the registered manager and a file containing agreements was provided for review. While “finance” agreements and “transport” agreements were provided for review during the inspection, written agreements with patients which met standard 2.2 of the Care Standards for Nursing Homes (2015) were not in place.

A requirement was made for the registered provider to ensure that current and future patients are provided with a written agreement which reflects regulatory requirements, (as per regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005) and care standards (specifically standard 2.2 of the Care Standards for Nursing Homes, 2015).

Evidence from the finance inspection highlighted concerns regarding the absence of appropriate governance and oversight arrangements in respect of how patients’ monies had been administered by the home. Inspection findings identified that robust governance and oversight arrangements to evaluate the management of patients’ monies by the home were not in place.

As noted in section 1.1 above, RQIA met with the registered person (and their representatives) to discuss these concerns on 22 February and 3 April 2017. RQIA will continue to monitor the quality of service provided in the home and will carry out an inspection to assess compliance with the regulations. RQIA will also continue to liaise with the NHSCT and will consider further enforcement action, if deemed appropriate.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to ensuring that written policies and procedures which address patients' money and valuables are updated to reflect new practices; policies and procedures must be consistent with the Nursing Homes Regulations (Northern Ireland) and the Care Standards for Nursing Homes (2015); ensuring that the records referred to in Schedules 3 and 4 of the Nursing homes Regulations (Northern Ireland) 2005 are available at all times for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home and ensuring that current and future patients are provided with a written agreement which reflects regulatory requirements (as per regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005) and care standards (specifically standard 2.2 of the Care Standards for Nursing Homes, 2015).

Number of requirements	2	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Penny McCanny, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 nursing 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Care Standards for Nursing Homes (2015). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have

been completed and return the completed QIP to finance.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2017</p>	<p>The registered provider must provide in rooms occupied by patients, adequate furniture, bedding and other furnishings, including curtains and floor coverings and equipment suitable to meet the needs of patients and screens, where necessary.</p> <p>Response by registered provider detailing the actions taken: New individual agreements make explicit which items will be provided without extra charge being incurred. Rooms continue to be furnished to a high standard that meets the needs of residents.</p> <p>All purchasing procedures now meet the requirements of Standard 2.2</p>
<p>Requirement 2</p> <p>Ref: Regulation 12 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2017</p>	<p>The registered provider must ensure that transport services provided to patients by the home are administered in a manner which reflects best practice.</p> <p>The principles of operating a transport scheme as outlined in extant guidance e.g. RQIA's Guidance on Transport Schemes, 2013 should be followed.</p> <p>Response by registered provider detailing the actions taken: The new transport policy reflects best practice. A record of all journeys is maintained and where contributions are incurred by residents these will be fair and equitable. .</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4 (10)</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2017</p>	<p>The registered provider must ensure that each patient has a written record of the furniture and personal possessions which have been brought by them into their room.</p> <p>Response by registered provider detailing the actions taken: An inventory of each person's personal possessions is being maintained. This is reconciled on a quarterly basis.</p>
<p>Requirement 4</p> <p>Ref: Regulation 19 (3)</p> <p>Stated: First time</p> <p>To be completed by: 23 February 2017</p>	<p>The registered provider must ensure that the records referred to in Schedules 3 and 4 of the Nursing homes Regulations (Northern Ireland) 2005 are available at all times for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <p>Response by registered provider detailing the actions taken: In the absence of the Registered Person, the nurse in charge of the shift can make all pertinent records available to an authorised individual.</p>

Requirement 5 Ref: Regulation 5 Stated: First time To be completed by: 14 April 2017	<p>The registered provider must ensure that current and future patients are provided with a written agreement which reflects regulatory requirements (as per regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005) and care standards (specifically standard 2.2 of the Care Standards for Nursing Homes, 2015).</p> <p>Response by registered provider detailing the actions taken: Individual agreements, meeting regulatory requirements, are complete and will be issued this month.</p>
Recommendations	
Recommendation 1 Ref: Standard 14.9 Stated: First time To be completed by: 14 March 2017	<p>The registered provider should ensure that a written safe register/record is in place which details the contents of the safe place including any cash and valuables held for safekeeping.</p> <p>(The safe record should be reconciled to the safe contents at least quarterly and a written record of the reconciliation should be signed and dated by two people.)</p> <p>Response by registered provider detailing the actions taken: The register is in place, stored in a secure location separate from the safe. Reconciliation takes place quarterly and in line with policy.</p>
Recommendation 2 Ref: Standard 13.11 Stated: First time To be completed by: 14 April 2017	<p>The registered provider should the general manager and any other member of staff with access to patients' money or valuables receives safeguarding training.</p> <p>Response by registered provider detailing the actions taken: All staff, including the general manager, have received safeguarding training.</p>
Recommendation 3 Ref: Standard 14.10 Stated: First time To be completed by: 14 April 2017	<p>The registered provider should ensure that a standard financial ledger format is used to clearly and accurately detail transactions for patients. The format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or withdrawal; the amount; the running balance of the patient's cash total held; and the signatures of two persons able to verify the entry on the ledger.</p> <p>Response by registered provider detailing the actions taken: Format now captures the information outlined in standard 14.10. Entries are verified by two senior members of staff.</p>

Recommendation 4 Ref: Standard 36.1 Stated: First time	The registered provider should ensure that written policies and procedures which address patients' money and valuables are updated to reflect new practices. Policies and procedures must be consistent with the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (2015).
To be completed by: 14 April 2017	Response by registered provider detailing the actions taken: All financial policies have been updated and are consistent with the Regulations. Policy review will take place at least annually or in the event of a change in practice or regulatory requirements.

Please ensure this document is completed in full and returned to finance.team@rqia.org.uk from the authorised email address



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews