



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Clonlee
RQIA Number:	1381
Date of Inspection:	19 March 2015
Inspector's Name:	Briege Ferris
Inspection ID:	21194

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Clonlee
Address:	132 Belfast Road Muckamore Antrim BT41 2ET
Telephone Number:	0289446 1166
E mail Address:	pepsi@hutchinsoncarehomes.com
Registered Organisation/ Registered Provider:	Hutchinson Homes
Registered Manager:	Perpetua Latta
Person in Charge of the Home at the Time of Inspection:	Perpetua Latta
Number of Registered Places:	53
Number of Service Users Accommodated on Day of Inspection:	50
Date and Time of Previous Finance Inspection:	23 June 2010
Name of Inspector:	Declan McAleese on behalf of RQIA
Date and Time of Inspection:	19 March 2015 10.30 – 18.00
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

Clonlee is situated on an attractive site on the outskirts of Antrim town. The nursing home is owned and operated by Hutchinson Homes Ltd.

Mrs Perpetua Latta is the Registered Manager of the home.

7.0 Summary of Inspection

The inspector met with the registered manager and the finance manager at the home on the morning of the inspection. Full access to the all of the relevant records was provided. A previous finance inspection of the home was carried out by Mr Declan McAleese on behalf of RQIA on 23 June 2010.

A number of the matters highlighted in the Quality Improvement Plan (QIP) from the inspection of 23 June 2010 have been listed for the second time following this inspection.

It is recommended that the registered person include assessing progress with the actions required in this Quality Improvement Plan (QIP) as part of the next three Regulation 29 monthly monitoring visits.

Recommendation 1 is listed in the QIP in this regard.

A further follow-up inspection of the home will be carried out in due course to assess ongoing compliance with the relevant regulations and minimum standards.

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

A sample of four files were reviewed of which only three service user files contained an individual agreement. The standard agreement in use by the home at the time of inspection was in accordance with DHSSPS Nursing Homes Minimum Standard 4.2; however a sample of the individual agreements sampled identified that some aspects of the agreements had not been sufficiently completed to adequately reflect arrangements in place for the home to support service users with their money.

There was inconsistent evidence to verify that service users/their representatives had been informed in writing of increases in the fees payable. Only three of four files reviewed contained individual agreements for each of the years the service users had been resident in the home.

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

There were written authorisations in place for some service users/their representatives for the home to spend service users' money on specifically identified goods or services; however these were not in place for all service users.

Receipts for lodgements of money deposited on behalf of service users were not provided to the person making the lodgement. Receipts were also being signed by two members of staff, not by the person making the lodgement.

The inspector noted that the ledgers/cash books were not laid out using the standard method for recording financial transactions. The inspector noted that the initials, not the signatures of staff were recorded against each entry. There was no written evidence that reconciliations of the money held was carried out and recorded by two people.

The inspector noted that within the sample of the service users' expenditure records reviewed, a representative of the home had used a personal loyalty card when making some purchases in a supermarket and chemist.

In reviewing a sample of the records for hairdressing services facilitated within the home, the inspector noted that the treatment records were not routinely signed by the hairdresser.

Eight requirements have been made.

The home has achieved a compliance level of 'not compliant' 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, there are good controls regarding access to the safe place.

The inspector noted that there was a list of items maintained which purported to reflect the items deposited for safekeeping; however when this was compared to the actual items in the safe place, it was not accurate. The registered manager advised that one item on the list had been returned to a family member and the inspector found two items belonging to service users in the safe place which were not recorded on the safe list/register.

On reviewing service users' property records, the inspector noted that two methods were in use which did not adequately describe the items in all cases. Written records were routinely only signed by one member of staff.

Two requirements have been made.

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

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

At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to support service users to avail of other means of transport.

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	4. – (1) Standard 3	The Patient Information Pack should be updated to address all areas included in the nursing regulations and minimum care standards.	In place.	No requirements or recommendations made.
2	5. – (1) Standard 4	The home should have up to date and signed client contribution agreements in place with all patients. The agreements should show the weekly fee charged by the home. A copy of the agreements should be retained in the patients' files.	Not in place.	This requirement is listed in the QIP for the second time.
3	5. – (1) Standard 4	Client Contribution Agreements should be updated to include all areas as set out in the nursing regulations and minimum care	As per 2 above.	As per 2 above.

		standards including arrangements for the management of patients' valuables and the method of payment of fees.		
4	5. – (1) Standard 4	Written agreements should be obtained from patients or their representatives for any increase or variation in fees.	As per 2 above.	As per 2 above.
5	18. – (2) (1) Schedule 4.9 Standard 15	The record of safe contents should accurately reflect the contents of the safe at all times. This record should be updated each time items are lodged to or removed from the safe.	Not in place.	This requirement is listed in the QIP for the second time.
6	18. – (2) (d) Schedule 4.10 Standard 15	The home should put in place a policy for patients bringing their own furniture or possessions into the home.	In place.	No requirements or recommendations made.

7	18. – (2) (1) Standard 15	The home should only hold such monies as required to meet the short term needs of the patients. The home should consider lodging any large sums of money into a patient's bank account.	In place.	No requirements or recommendations made.
8	19. – (2) Schedule 4 Standard 15	The personal allowance book should clearly show the dates to which personal allowance monies relate and any amounts deducted from personal allowance, e.g. hairdressing, should be recorded separately and should also show the dates to which the charges relate. Records of patients signing for the receipt of personal allowances should clearly show the amount of personal allowance being signed for.	In place	No requirements or recommendations made.

9	19. – (2) Schedule 4 Standard 15	Hairdressing records should be signed by the hairdresser and a member of staff as evidence that all patients on the records were in receipt of the service. Charges for hairdressing that are included on invoices to the patients should show the dates to which the charges relate.	Not in place.	This requirement is listed in the QIP for the second time.
10	Regulation 4. – (4)	Contracts with the home and trusts to be agreed as soon as possible. A copy of the contract should be retained at the home.	In place.	No requirements or recommendations made.

No	Minimum Standard Ref	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	18. – (2) (1)	Any record of monies or valuables held in the safe should be kept remotely from the safe.	In place.	No requirements or recommendations made.
2	Standard 15.12	Valuables held in the safe should be reconciled to the safe contents book. This reconciliation should be performed at least quarterly and signed by two members of staff (one of which should be a manager).	Not in place.	This requirement is listed in the QIP for the second time.

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
<ul style="list-style-type: none"> • The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user • The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment • Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement • The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property • The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	
<p>Provider's Self-Assessment:</p>	
<p>All of the above criteria is available within the patients guide and agreement</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained relevant information on the home's arrangements to store any valuables in the safe place as well as the general arrangements regarding fees.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the finance manager and selected four service users' files and associated records for further review.</p> <p>On reviewing the sample of four service users' files, the inspector noted that only three of the four service users had an up-to-date signed agreement on their file. The remaining service had lived in the home since 2012, however there was no explanation provided as to why this service user had not been provided with a personalised written agreement.</p> <p>The inspector also reviewed the home's current form of agreement for newly admitted service users and on review; the inspector noted that this agreement contained the minimum requirements of DHSSPS Nursing Homes Minimum Standard 4.2. The inspector noted however that from a sample of the individual agreements reviewed, some parts of the agreements has not been adequately completed; for instance, the respective methods of payment were not clear in the agreements reviewed. The inspector also noted that the current individual service user agreement contained a section regarding service users' personal finances. The inspector discussed the language used in this part of the agreement such as reference to management of the service user's personal finances. The inspector noted that this could be interpreted in different ways and may not adequately describe the more subtle arrangements in place to support a service user to manage their money and property.</p> <p>The agreements for two service users for whom the home are involved in supporting them with their money were reviewed. The section referred to above in each of these service user's agreements was not completed, despite there being arrangements in place for the home to receive money belonging to these service users directly from either the Social Security Agency or the commissioning HSC trust. The inspector noted that these arrangements must be clearly reflected in the service users' agreements.</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>There was evidence on three of the four files reviewed to identify that these service users/their representatives</p>	<p>Moving towards compliance</p>

had been informed in writing of increases in the fees payable. Files reviewed contained signed individual agreements for each of the last few years. However, this could not be demonstrated consistently, as one service user's file did not contain any individual agreement despite the service user having lived in the home since 2012.

Requirement 2 is listed in the QIP in respect of this finding. This requirement is listed for the second time.

The inspector noted that the home had policies and procedures addressing the handling of residents' money and valuables and of bringing personal possessions into the home.

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 2

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

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s)
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly
- If a person associated with the home acts as nominated appointee for a service user, the arrangements

COMPLIANCE LEVEL

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user’s agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement 	
<p>Provider's Self-Assessment:</p>	
<p>The home does not act as appointee for any service user as detailed in our policies and procedures. If a service user does not have an appointee or is incapable of managing their own affairs, the placing Trust then acts as corporate appointee.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. Discussion with the finance manager and a review of the records identified that staff complete regular reconciliation of the amount received from the trust against the home’s own records of fees receivable.</p> <p>The inspector reviewed the records relating to amounts charged to a sample of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>Discussions with the finance manager 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,</p>	<p>Moving towards compliance</p>

receive the personal monies for two service users directly from either the commissioning HSC trust or the social security agency. Discussion with the registered manager and the finance manager clearly identified the rationale why these arrangements were in place to support the respective service users. There were also clear records in place to support the amounts received on behalf of the two service users.

The inspector also noted that the home receives monies on an irregular basis from other service users' representatives to be spent by the home on services such as hairdressing. The inspector discussed whether the home had written authorisation in place from service users or their representatives to spend the monies lodged with the home on identified goods or services. The registered manager provided the inspector with a file of completed authorisations; it was clear that these had been in place for some service users for many years.

There was some variation in content of the completed templates, with some providing more detail of the types of expenditure it was likely the home should engage in, while other authorisations referred simply to "small sundry items". The inspector noted that of the two service users referred to above, a written authorisation was in place for only one of them. The inspector noted that the home must carry out a full review of these authorisations and highlighted that providing a detailed list of items to be selected was useful. The inspector noted that including generic statements about sundry items must not be used as these do not adequately define the scope of what expenditure the home can make from the service users' personal monies.

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

The home's administrator confirmed that no monies belonging to any service user are paid into an account used in carrying on the establishment. The inspector reviewed documents which identified that the benefits for a one service user are paid directly into an account used solely for the receipt of benefits. The administrator described the process which is in place to ensure that the portion of the service user's benefits which are owed to home by way of the service users' contribution is transferred over to the home and clear records exist to substantiate the amount of these transfers.

The inspector noted that the personal allowance for a second service user is received by cheque from the commissioning HSC trust with these monies subsequently lodged into the home's safe place on behalf of the service user.

The inspector reviewed the records of cash lodged for spending on behalf of a sample of service users and noted

that records of lodgements were made on duplicate receipts books. In reviewing a sample of lodgements, the inspector noted that the original and carbon copy of the receipts were both still in the book; the inspector also noted that the lodgements were signed by two members of staff. The finance manager advised that it was not routine practice for the person lodging money to take a copy of the signed receipt away following the lodgement. The inspector noted that home must provide a receipt recording the cash being handed over to the home for safekeeping and that the receipt should be signed by the person lodging the cash and by a representative of the home.

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

As noted above, there is a bank account used exclusively for the receipt of the social security benefits for one service user in the home and is not used in carrying on the business of the establishment. The inspector was provided with documents which identified that this account was in the name of the business. The inspector noted that the account name must be changed to clearly identify that the money held in the account belonged to service users in the home.

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

The inspector noted that while the home had a method of recording income and expenditure for service users; the ledgers/cash books were recorded on duplicate receipt books which were not designed for this purpose. The inspector noted that there was inadequate space for the relevant details to be recorded. Records were not laid out using the standard method for recording financial transactions. The inspector noted that the date, the name of the service user and the amount of expenditure and some narrative had been recorded. However, the inspector noted that only initials of those making the record had been recorded, not their signatures.

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

The inspector also noted that there was no written evidence to identify that reconciliations of the cash books/ledgers had taken place.

Requirement 7 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 sample of service users.

The inspector sampled a number of records of expenditure for these service users and was able to trace these entries to the corresponding receipts retained.

In reviewing some examples of expenditure recorded on behalf of service users the inspector noted that within the sample reviewed, a representative of the home had used a personal loyalty card when making purchases in a supermarket and chemist. The inspector noted that this was not acceptable practice and highlighted the importance of emphasising this with the relevant staff.

Requirement 8 is listed in the QIP in respect of this finding.

The inspector reviewed a sample of the records for expenditure such as that in respect of hairdressing and podiatry services facilitated within the home. The inspector noted that the home maintains “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 copies of the related receipts.

The inspector reviewed the records for hairdressing and chiropody services, and noted that a template was in place to record treatments for hairdressing. The inspector reviewed a sample of recent treatment records and noted that records were being routinely signed by two members of staff, rather than the hairdresser and a member of staff. The inspector emphasised the importance of both the person providing the treatment and a member of staff at the home signing to confirm that the treatment by each service user had been received.

Requirement 9 is listed in the QIP in respect of this finding. This requirement is listed for the second time.

The inspector noted that receipts were provided by the private podiatrist who visits the home and that these were signed by both the podiatrist and a member of staff.

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 discussed arrangements in place at the home for staff to support this service user to manage a personal bank account. There was a clear rationale in place as to why the service user would require support to visit the local branch of their bank. The inspector noted that (while this was

not recorded on the safe register - see Requirement 11) this service user's bank credit book was deposited for safekeeping with the home. The inspector noted that the arrangements for the home to support the service user to visit their local bank were not detailed in any of the notes provided for review during the inspection. The inspector also noted that some of the service user's bank statements were also held within the safe place; the finance manager stated that this was with the service user's consent.

The inspector discussed these arrangements with the registered manager and the finance manager. The inspector highlighted that if a representative of the home supports a service user to visit the bank, there must be appropriate documentation about this arrangement in the service user's notes. The details of this arrangement should reflect why the arrangement is in place, including reference to the service user's capacity to agree to the arrangement and the safeguards in place to ensure the service user's money is appropriately protected at all times. The inspector noted that a copy of this detailed note must be shared with the commissioning HSC trust and updated as necessary.

Requirement 10 is listed in the QIP in respect of this finding.

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

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

Statement 3

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

Criterion Assessed:

- The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place
- Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions
- Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property
- Service users are aware of the safe storage of these items and have access to their individual financial records
- Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan
- A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures
- A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>We maintain a property/personal possession book and safe record book - but service users are discouraged from bringing valuable items into the home.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A safe place exists within the home to enable service users to deposit cash or valuables. The inspector reviewed the safe place within the home with the finance manager and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector noted that there was a list of items maintained which purported to reflect the items deposited for safekeeping; however when this was compared to the actual items in the safe place, it was not accurate. The registered manager advised that one item detailed on the safe list/register had been returned to a family member and the inspector found two items belonging to service users in the safe place which were not recorded on the safe register/list.</p> <p>There was no evidence that a written reconciliation of the items held within the safe place had taken place.</p> <p>Requirement 11 is listed in the QIP in respect of this finding. This requirement is listed for the second time.</p> <p>The inspector, the registered manager and the finance manager discussed how service users' property was recorded. The inspector noted that there were two types of record maintained for property brought by each service user into their room. A book was being used alongside recording items on a computerised system. The inspector noted that it was difficult to ensure consistency when two methods were being used simultaneously. The inspector noted that some items of value were inadequately described e.g. "1 TV" while some service users' computerised record of property simply recorded the number of items and did not provide any description of the items whatsoever.</p> <p>The inspector also noted that records were routinely signed into the book or entered onto the system by one member of staff. The inspector highlighted that any task which involved a service user's money or valuables should be overseen by two people. The inspector noted that there was inconsistency in the way property was being recorded and that the home must pursue one consistent method to record items which reflected the appropriate details of both the items recorded and the members of staff making the record.</p>	<p>Moving towards compliance</p>

Requirement 12 is listed in the QIP in respect of this finding.	
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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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme • The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place • Ownership details of any vehicles used by the home to provide transport services are clarified 	
<p>Provider's Self-Assessment:</p>	
<p>The Homes transport policy states that we do not provide transport for the service users. However if a service user requires transport a private taxi is booked. Staff do not transport service users in their own vehicles.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to support service users to avail of other means of transport.</p>	<p>Not applicable</p>

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

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

10.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Perpetua Latta 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

CLONLEE

19 MARCH 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 Perpetua Latta during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which 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.</p> <p>Where the home are involved in supporting individual service users with their personal finances, the service users' agreements must</p>	Two	<p>Contracts are issued within the first week of admission. The contracts include up to date fees, hairdressing and methods of payment.</p> <p>In the event of the resident or family unable to sign the contract then the Care Manager is involved</p>	Four weeks: 16 April 2015

		<p>clearly detail what individual current arrangements are in place.</p> <p>Agreements must detail the arrangements for safeguarding any monies received on behalf of individual service users including the records to be retained in respect of these arrangements.</p>			
2	5 (2) (a) (b)	<p>The registered person must consistently provide to each service user or their representative at least 28 days written notice 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.</p> <p>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.</p>	One	<p>The company strives to give notice to the resident/representative of increase in fees.</p> <p>Individual agreements will be updated accordingly</p>	From the date of inspection
3	19 (2) Schedule 4 (3)	<p>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, specific 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</p>	One	<p>Consent is obtained from resident/representative with regards to specific expenditure</p>	Four weeks: 16 April 2015

		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.		In the event of no family or representative then the trust are involved.	
4	19 (2) Schedule 4 (9)	The registered person is required to ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home. Only when the person making the lodgement refuses or cannot sign should a second member of staff sign the lodgement.	One	Receipt book in place from 19/3/15	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that the bank account used for holding the personal monies of service users in the home is renamed to reflect that the money belongs to the service users in the home.	One	Directors have renamed the account "Residents Account"	Four weeks: 16 April 2015
6	19 (2) Schedule 4 (9)	The registered person must ensure that a standard ledger format is used to clearly and accurately detail transaction for patients. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a	One	New ledgers in place and entries easier to decipher.	Two weeks: 02 April 2015

		<p>lodgement or a withdrawal, the amount; the running balance of the patient's cash total held and the signatures of two persons to verify the entry in the ledger.</p> <p>The record should reflect the amount of a withdrawal and the return of change (if any), not the amount of money spent, as receipts should be available to verify this. If a receipt is not available for expenditure, the record should be annotated to reflect this.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid must not be used.</p>		This discussed with staff	
7	19 (2) Schedule 4 (9)	Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.	One	Audits of ledgers will be carried out quarterly	Two weeks: 02 April 2015; and at least quarterly thereafter
8	14 (4)	The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.	One	Discussed with staff throughout the group	From the date of inspection
9	19 (2) Schedule 4 (9)	The registered person must ensure that the treatment records for hairdressing and podiatry services provided are signed by both the person	Two	Information passed on to relevant parties	From the date of inspection

		providing the treatment and a member of staff at the home to verify the treatment received and the associated cost to each service user.			
10	19 (2) Schedule 4 (9)	<p>The registered person is required to document in detail the arrangements in place for the home to support to the identified service user who visits their local bank. The detailed note must clarify the arrangements in place for a representative of the home to support the service user in this way and must detail the rationale for it being in place, reference to the service user's capacity to understand and consent to the arrangement and controls and safeguards in place at the home to ensure that the service user's personal monies are appropriately safeguarded. This detailed note should be retained on the service user's records in the home and updated as necessary.</p> <p>A copy of this note must be shared with the commissioning HSC trust.</p>	One	From inspection review of procedure, resulted i the HSC trust retaining the personal allowance, and if purchases required the HSc will be invoiced	Three weeks: 09 April 2015
11	19 (2) Schedule 4 (9)	The registered person is required to ensure that a written safe register accurately records any valuable items held within the safe place as well as any items deposited for safekeeping on behalf of service users. 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.	Two	New safe register in place from inspection	Two weeks: 02 April 2015

		Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.		Quarterly audits to commence	
12	19 (2) Schedule 4 (10)	<p>The registered person must ensure that one consistent method for recording service user inventory is used. A review of all of the items of furniture and personal possessions owned by existing service users accommodated in the home must be carried out, records must be updated as necessary and reflect that two members of staff have carried out this review.</p> <p>All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p>The registered person must ensure that an up-to-date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users which reflect these principles.</p>	Once	Hand written inventory in place, items of significant highlighted and two staff signatures will be required	<p>Four weeks: 16 April 2015</p> <p>From the date of inspection</p>


RECOMMENDATIONS

These recommendations are based on Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	35 (7)	It is recommended that the registered person include assessing progress with the actions required in this Quality Improvement Plan (QIP) as part of the next three Regulation 29 monthly monitoring visits.	One	The final inspection discussed at Reg 29 visit on 16/4/15	From May 2015 for three months

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	Perpetua Latta
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			03/07/2015
B.	Further information requested from provider				