

Unannounced Finance Inspection Report

26 October 2017



Ladyhill Private Nursing Home

Type of Service: Nursing Home

Address: 40 Creevery Road, Antrim, BT41 2LQ

Tel No: 028 9446 6905

Inspector: Briega Ferris

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a nursing home with 31 beds that provides care for patients with a learning disability.

3.0 Service details

Organisation/Registered Provider: Town & Country Care Homes Limited	Registered Manager: Acting- Registration not applicable
Person in charge at the time of inspection: Lisa Craig (Acting Manager)	Date manager registered: N/A
Categories of care: NH-LD, NH-LD(E)	Number of registered places: 31

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 10.00 to 16.15 hours.

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

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

Evidence of good practice was found; staff could clearly describe the controls in place to safeguard patients' money and valuables and there were methods in place to encourage feedback from patients or their representatives.

Areas requiring improvement were identified in relation to records of treatments, for which there is an additional charge, records of furniture and personal possessions (in patients' rooms) and patient agreements.

Several of the matters identified as areas for improvement in the Quality Improvement Plan (QIP) have been stated for the second time; however, it is acknowledged that Town & Country Care Homes Limited took over as registered provider of the home on 08 July 2016. Town & Country Care Homes Limited was not the registered provider at the time of the last finance inspection in 2015.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	7

Details of the Quality Improvement Plan (QIP) were discussed with Marina Lupari, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent finance inspection dated 12 June 2015 and 07 July 2015

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 12 June 2015 and 07 July 2015.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed; the record of calls made to RQIA's duty system was also reviewed.

During the inspection, the inspector met with the acting manager, and subsequently the registered person and finance administrator. A poster detailing that the inspection was taking place was provided to the acting manager for display in a prominent position in the home.

The following records were examined during the inspection:

- Four patients' individual written agreements with the home
- A sample of income and expenditure records maintained on behalf of patients (cash only)
- A sample of records in respect of treatments and alternative therapies facilitated in the home
- A sample of records of patients' furniture and personal possessions in their rooms
- Written policies and procedures "Services Users' Monies" and "Transport Scheme".

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 May 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last finance inspection dated 12 June and 05 July 2015

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005.		Validation of compliance
Requirement 1 Ref: Regulation 5 (1) (a) (b) Stated: Second time	<p>The registered person must provide individual agreements to each patient currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual patient.</p>	Met
	<p>Individual patient agreements must be reviewed for compliance with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and must meet <u>Standard 2.2</u> of the DHSSPS Care Standards for Nursing Homes (2015), which detail the minimum components of the agreement.</p>	
	<p>A copy of the signed agreement by the patient or their representative and the registered person must be retained in the patient's records. Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	
	<p>Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's individual agreement should be shared with the HSC trust care manager.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Individual written agreements for a sample of patients were reviewed. This identified that each patient had an agreement which reflected the current fees payable and current charges for transport services. The agreements which were reviewed had not been signed by the patients or their representatives. Ensuring that there is evidence that the content of each patient's</p>	

	agreement has been shared with them or their representative for agreement is detailed in the area for improvement below.	
Requirement 2 Ref: Regulation 5 (2) (a) (b) Stated: Second time	<p>The registered person must provide at least 28 days written notice to each patient or their representative of any increase in the fees payable by or in respect of the patient, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual patient's agreement are agreed in writing by the patient or their representative. The patient's individual agreement must be updated accordingly.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p> <p>Action taken as confirmed during the inspection:</p> <p>As noted above, individual written agreements for a sample of patients were reviewed. This identified that each patient had an agreement which had been updated to reflect the current weekly fees payable and current charges for transport services. The agreements which were reviewed had not been signed by the patients or their representatives.</p> <p>Therefore, while up to date agreements had been prepared for the sample of patients selected, there was limited evidence that these had been shared with patients or their representatives to agree the updates to the agreements.</p> <p>This matter has been identified as an area for improvement under standard 2.8 of the Care Standards for Nursing Homes (2015).</p>	<p>Partially met</p>

<p>Requirement 3</p> <p>Ref: Regulation 19(2) Schedule 4 (9)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the treatment records for podiatry services facilitated in the home also include the signature of a representative of the home to verify the treatment has taken place.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>As a number of records were not available in the home on the day of inspection, a sample of treatment records (for podiatry or “alternative therapies”) were requested and these were provided to RQIA following the inspection. A review of this sample identified that a consistent template for recording treatments was not in use. Several records were reviewed covering a period of time, each of which detailed the majority of the information required.</p> <p>However some records reviewed did not reflect the cost for additional services while others did not detail the signature of two persons ie: the person providing the treatment and a person from the home who could verify that the treatment had taken place.</p> <p>This matter has been identified as an area for improvement under standard 14.13 of the Care Standards for Nursing Homes (2015) for the second time.</p>	<p>Partially met</p>
<p>Requirement 4</p> <p>Ref: Regulation 19(2) Schedule 4 (10)</p> <p>Stated: First time</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 patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home.</p> <p>All inventory records should be updated on a regular basis. (<u>Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly</u>).</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring</p>	<p>Met</p>

	<p>electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	
<p>Requirement 5</p> <p>Ref: Regulation 19(2) Schedule 4 (3)</p> <p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection:</p> <p>A sample of property records for three patients was reviewed. Each patient selected had a property record on their individual care file.</p> <p>The registered person must ensure that written authorisation is obtained from each patient or their representative to spend the personal monies of patients on pre-agreed expenditure. The written authorisation must be retained on the patient's records and updated as required.</p> <p>The registered person must ensure that where any representative of a patient (including care manager or next of kin) have signed a document for the home on behalf of the patient, the representative's name and relationship to the patient are clearly stated on the document.</p> <p>Where the patient or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where an HSC trust-managed patient does not have a family member or friend to act as their representative, the patient's personal monies authorisation should be shared with the HSC trust care manager.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of a sample of patient agreements evidenced that patients had financial management care plans in place detailing financial and budgeting skills and any agreed financial arrangements. It was noted however, that this part of the document did not provide specific authority for the home to spend a patient's money on identified goods and services.</p> <p>This matter has been identified as an area for improvement under standard 14.6 and 14.7 of the Care Standards for Nursing Homes (2015).</p>	<p>Partially met</p>

<p>Requirement 6</p> <p>Ref: Regulation 22 (3)</p> <p>Stated: Third time</p>	<p>The registered person must request written confirmation from the Social Security Agency of the name of the appointee and the date they were approved by the Social Security Agency. This request must be made for any patient for whom written confirmation has not already been sought and once received must be place on the individual patients' files. The registered person must ensure that the individual patients' agreements with the home accurately reflect these arrangements and the records to be retained.</p> <p>Action taken as confirmed during the inspection:</p> <p>Discussion established that no representative of the home was acting as nominated appointee as at the date of the inspection; therefore this matter was not reviewed.</p>	<p>Met</p>
<p>Requirement 7</p> <p>Ref: Regulation 18 (2) (I)</p> <p>Stated: First time</p>	<p>The registered person is required to ensure that a written "safe book/register" is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of patients. Should any item be deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the patient 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.</p> <p>Action taken as confirmed during the inspection:</p> <p>On the day of inspection, no valuables were being held for patients. Advice was provided that a having a written safe record in place was good practice should any items be lodged for safekeeping in future.</p>	<p>Met</p>

<p>Requirement 8</p> <p>Ref: Regulation 19 (2) (a)</p> <p>Stated: First time</p>	<p>The registered person is required to ensure that records of charges to patients for transport services provided by the home are kept up to date.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>A number of records were not held in the home on the day of inspection. A sample of recent charges made to patients for transport services was requested and the corresponding journey records were provided to RQIA following the inspection.</p>	<p>Met</p>
<p>Requirement 8</p> <p>Ref: Regulation 19 (3) (b)</p> <p>Stated: First time</p>	<p>The registered person must ensure that the records referred to in paragraphs (1) and (2) – (b) are at all times available for inspection in the home by any person authorised by the Regulation and Improvement Authority to enter and inspect the nursing home.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Discussion established that a number of the records required as part of the inspection, were held in another home owned by the registered provider. The registered person reported that the home was in the process of implementing a “Cloud” based computer system which would ensure that in future, all of the relevant records would be available for inspection at all times.</p> <p>This matter has been identified as an area for improvement under the Nursing Homes Regulations (Northern Ireland) 2005 for the second time.</p>	<p>Not met</p>

Areas for improvement from the last finance inspection		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Recommendation 1 Ref: Standard 35.21 Stated: First time To be Completed by: 07 August 2015	It is recommended that the registered person arrange to expand the current policy and procedure on "resident monies".	Carried forward to the next finance inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next finance inspection.	
Recommendation 2 Ref: Standard 14.25 Stated: First time To be Completed by: From the date of inspection	It is recommended that a reconciliation of money and valuables held and accounts managed on behalf of patients is carried out at least quarterly. The reconciliation is recorded and signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: A review of a sample of records for money held in the home identified that records had been reconciled at least quarterly.	
Recommendation 3 Ref: Standard 14.26 Stated: First time To be Completed by: 21 August 2015	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted patients. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing patients accommodated in the home. All inventory records should be updated on a regular basis. (<u>Care Standards for Nursing Homes, April 2015 require that a reconciliation of these records is recorded at least quarterly</u>). 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.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>Patients' property (within their rooms) was discussed and a sample of three patients' records selected for review. Each patient selected had a property record on their individual care file. One record had been signed and dated by two people, while the remaining two had been signed by one person. There was evidence that two of the three records had been updated over time (in May 2017 and August 2017 respectively), the remaining property record was dated September 2016.</p> <p>It was highlighted that these records should be reconciled at least quarterly and should be signed by the member of staff undertaking the reconciliation and be countersigned by a senior member of staff.</p> <p>This matter has been identified as an area for improvement under standard 14.26 of the Care Standards for Nursing Homes (2015) for the second time.</p>	
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6.3 Inspection findings

6.4 Is care safe?

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

The inspector met with the home's finance administrator who was able to clearly describe the home's controls in place to safeguard patients' money and valuables. She advised that she had completed adult safeguarding training in March 2017.

The acting manager confirmed 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.

The home had a safe place available for the deposit of cash or valuables belonging to patients; the inspector was satisfied with the persons with access. However, it was noted that the safe place was not securely affixed within the home.

This was identified as an area for improvement.

On the day of inspection, money belonging to a number of patients was deposited for safekeeping, no valuables were being held. Advice was provided that a having a written safe record in place was good practice should any items be lodged for safekeeping in future.

Areas of good practice

The home had a safe place available for the deposit of money or valuables; access was limited to authorised persons. Staff members spoken to were familiar with controls in place to safeguard patients' money and valuables.

Areas for improvement

One area for improvement was identified in relation to the physical security arrangements in respect of the safe place.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussions established that no representative of the home was acting as nominated appointee for any patient (i.e.: managing and receiving social security benefits on a patient's behalf). However, discussions established that the home was in direct receipt of the personal monies for a number of patients. Several different arrangements were in place including that personal monies were paid directly to the home from HSC trusts (managing those patients' monies) and from other representatives ie: solicitors. While a sample of online banking records were viewed on screen; patients' finance files including correspondence and remittance advices in respect of cheque payments were not held in the home, as these were held at another home owned by the registered provider. This matter is discussed further in section 6.7 of the report.

The finance administrator reported that cash was deposited by family members of those patients staying on a respite basis. It was noted that the home had recently begun the process of providing a receipt to anyone making such a deposit. Advice was provided to the registered person in respect of obtaining the signature of both the person making the deposit and the person receiving the cash, as this is a safeguard both for the patient and for the member of staff receiving cash.

Cash balances were held for patients in the safe place and corresponding income and expenditure "Residents' Personal Allowance" records (cash) were maintained to record deposits and expenditure. These detailed (for each transaction) the date, whether the transaction related to a deposit or a withdrawal, the running balance and space for two signatures to be recorded. A review of a sample of these records identified that transactions had been signed and dated by two people and the records had been reconciled and signed and dated by two people routinely, on a monthly basis.

On checking a sample of balances held to the corresponding records, it was noted that one patient's balance of money did not agree to the recorded balance. It was noted that £2.10 was withdrawn from the patients' balance on a regular basis for an identified cost. The balance of monies held did not agree by the same amount and the registered person concluded that the amount had not been written into the records on the most recent occasion.

The registered person should arrange to review the reason why the records were not updated on this occasion and to implement measures to ensure that records are kept up to date.

This was identified as an area for improvement.

A list of transactions detailing patient expenditure was accessed by the finance administrator on one of the home's computers. As all of the supporting records such as transport journey records and purchase receipts were not held in the home, a sample of this information was provided to RQIA the day following the inspection. This identified that the supporting documents were in place for the sample of transactions chosen. A written policy on the "Transport Scheme" was provided to RQIA following the inspection, this was dated June 2016.

As a number of records were not available in the home on the day of inspection, a sample of treatment records (for podiatry or "alternative therapies") were requested and these were provided to RQIA following the inspection. A review of this sample identified that a consistent template for recording treatments was not in use. Several records were reviewed covering a

period of time, each of which detailed the majority, but not all, of the information required. A number of records reviewed did not reflect the cost for additional services while others did not detail the signature of two persons ie: the person providing the treatment and a person from the home who could verify that the treatment had taken place.

This was identified as an area for improvement.

A review of expenses from a recent outing established that an amount had been charged to a patient for food items purchased by staff supporting the patient during the outing. The cost to the patient on this occasion was £38.00. During discussions as to the rationale for this, the registered person reported that this was an error and should not have been charged to the patient and she instructed the finance administrator to ensure that the home refunded the amount to the patient in question. While this was not identified as an area for improvement, RQIA requested written evidence to be provided that this matter had been addressed. Written evidence confirming that the refund had been made to the patient was received by email on 13 November 2017.

Discussions established that the home operated a bank account for patients, which was named appropriately in favour of the patients in the home. The account was in place to hold excess cash for safekeeping on behalf of patients or to cash cheques for patients' personal monies received by cheque from the HSC trust. The finance administrator noted that at the date of the inspection, the personal monies for three patients were received from the HSC trust into the business bank account and subsequently transferred to the "Resident Account". However, she advised that it was the home's intention to pursue having the personal monies for the three patients received directly into the "Resident Account" to avoid this transfer process.

The original bank statements and evidence of the above transfer process were not reviewed as part of the inspection, as these records were not available in the home. Reconciliations of the bank accounts which should be signed and dated by two people will be reviewed on a future finance inspection of the home.

Patients' property (within their rooms) was discussed and a sample of three patients selected to review the records in place. Each patient selected had a property record on their individual care file. One record had been signed and dated by two people, while the remaining two had been signed by one person.

There was evidence that two of the three records had been updated over time (in May 2017 and August 2017 respectively), the remaining property record was dated September 2016.

These findings were discussed with the registered person and it was highlighted that these records should be reconciled at least quarterly and should be signed by the member of staff undertaking the reconciliation and be countersigned by a senior member of staff. It was noted that the records should be updated for all patients in the home.

This was identified as an area for improvement.

The registered person confirmed that the home did not operate a comfort fund.

Areas of good practice

There were examples of good practice found for example, detailed records of patients' cash held and reconciliations recorded on behalf of patients and clear explanations from staff in respect of the controls in place to safeguard patients' monies and valuables.

Areas for improvement

Three areas for improvement were identified during the inspection. These related to updating the record for one patient's cash record reviewed on the day, records of treatments for which there is an additional charge to the patient and updating and reconciling records of patients' furniture and personal possessions.

	Regulations	Standards
Total number of areas for improvement	0	3

6.6 Is care compassionate?

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

The arrangements to support patients with their money on a day to day basis were discussed with the acting manager, the registered person and the finance administrator. Discussions identified how the home met the specific needs of individual patients regarding how they were supported to manage their money.

The home had a number of methods in place to encourage feedback from patients or their representatives in respect of any issue, including obtaining ongoing feedback and an annual survey. The acting manager provided specific examples of the support provided to patients' families, in particular regarding the adjustment to their relative being admitted to the home.

Arrangements for patients to access money outside of normal office hours were discussed. Staff could clearly describe the arrangements which would be in place to meet the individual needs of patients living in the home.

Areas of good practice

There were examples of good practice identified in relation to listening to and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector was provided with a copy of the “Service Users’ Monies Policies and Procedures” which were dated 2012. Updating the patients’ monies policy and procedure was identified as an area for improvement in the previous finance inspection (under the previous ownership of the home). The inspector discussed the date on the policies with the registered person who noted that once a defined period had elapsed from the change in ownership, policies and procedures could be comprehensively updated. The registered person advised that staff practices could not be amended under TUPE regulations ie: Transfer of Undertakings (Protection of Employment) Regulations 2006.

The registered person reported that within the next three months, the organisation was beginning a comprehensive review of all written policies and procedures to ensure that these were consistent with the organisation’s practices. Assessment of compliance with the standard in relation to this issue will be carried forward to the next finance inspection.

As noted above, the home’s finance administrator could clearly describe the current controls in place in the home to safeguard patients’ monies and valuables. She was also clear on how to deal with the receipt of a complaint or escalate any concerns under the home’s whistleblowing procedures.

As noted in section 6.4 of the report, during the inspection, the registered person advised that a range of finance records were not held in the home, these were held at another home owned by the registered provider. It is a regulatory requirement that records are available for inspection at all times. This was identified as an area for improvement.

The registered person advised that the home was in the process of implementing a “Cloud” based system for storing documents so as to ensure that in future, required information would be available at all times.

Discussion was held regarding the written agreements in place between the home and patients or their representatives. This identified that the original agreements were not held in the home (this has been noted as an area for improvement above), however soft copies of the agreements were accessible by the finance administrator. Each patient’s agreement reflected the current weekly fees, however advice was provided on how to make this information more user-friendly and transparent within the document. The finance administrator reported that none of the sampled patients’ agreements had been signed, as the home had not secured the signatures of the representatives of the selected patients. There was no evidence presented to identify how the home had attempted to secure the signatures of patients or their representatives on the agreements.

This was identified as an area for improvement.

It was noted that the agreements in place with the sampled patients did not sufficiently reflect the specific financial arrangements in place for the individual patients sampled. The home should ensure that each patient’s agreement is personalised in this regard.

A review of the agreements identified that the documents included a financial management care plan section detailing financial and budgeting skills and any agreed financial arrangements. It was noted however, that this part of the document did not provide specific authority for the home to spend a patient's money on identified goods and services.

This was identified as an area for improvement.

Areas of good practice

There were examples of good practice found for example, in respect of the existence of an individual patient agreement template.

Areas for improvement

Three areas for improvement were identified during the inspection; these related patient agreements; personal monies authorisations/financial arrangements and ensuring that records are available for inspection at all times.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marina Lupari, registered person, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (3) (b) Stated: Second time To be completed by: 27 October 2017	<p>The registered person shall ensure that the records referred to in paragraphs (1) and (2) of regulation 19 are at all times available for inspection in the home.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Provider has introduced a new web based system and created new standard operating procedures and new templates to ensure that the records are at all times available within LadyHill PNH.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 14 Stated: First time To be completed by: 30 October 2017	<p>The registered person shall ensure that the safe place in the home is appropriately secured.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Registered Provider has moved the safe to a locked cupboard : thus ensuring that the safe is appropriately secured.</p>
Area for improvement 2 Ref: Standard 14.9 Stated: First time To be completed by: 30 October 2017	<p>The registered person shall arrange to review the reason why the cash record for the identified patient was not updated and implement measures to ensure that records are kept up to date.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Person has reviewed the reason why the cash record was not updated and has introduced new standard operating procedures, delivered staff training services and a new audit system to ensure that records are kept up to date.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p> <p>To be completed by: 30 October 2017</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Provider has created new standard operating procedures and new templates which ensures that the person providing the service and a Home Representative signs to verify the treatment/goods provided and associated cost for same.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 14.26</p> <p>Stated: Second time</p> <p>To be completed by: 26 November 2017</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The Registered Provider has created a new standard operating procedure and 2 new templates to ensure the inventory of property belonging to each patient is reconciled quarterly. These records are signed by the staff member carrying out the reconciliation and countersigned by senior members of staff.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2017</p>	<p>The registered person shall ensure that any changes to the individual agreement are agreed in writing by the resident or their representative. The individual agreement is updated to reflect any increases in charges payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement, this is recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The registered person ensures that any changes to the individual agreement are agreed in writing by the resident or their representative. The agreement will continue to be updated to reflect any increases in charges that are payable. Where the resident or their representative is unable to or chooses not to sign the revised agreement this is being recorded.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 14.6, 14.7</p> <p>Stated: First time</p> <p>To be completed by: 26 November 2017</p>	<p>The registered person shall ensure that the arrangements for managing a patient's finances are specified in the patient's individual agreement. Written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits.</p> <p>The written authorisation must be retained on the patient's records and updated as required. Where the patient or their representative is</p>

	<p>unable to, or chooses not to sign the agreement, this must be recorded. Where the patient is managed by a HSC Trust and does not have a family member or friend to act as their representative, the authorisation about their personal monies must be shared with the HSC Trust care manager.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Provider ensures that the arrangements for managing patients finances are specified in the patient's individual agreement. The Registered Provider will ensure written authorisation is obtained from each patient or their representative to spend the patient's personal monies to pre-agreed expenditure limits. Where the resident or their representative is unable to or chooses not to sign the revised agreement this will be recorded. The Registered Provider will ensure that the authorisation about patient's personal monies will be shared with the HSC Trust Care Manager if the patient does not have a family member or friend to act as their representative.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 35.21</p> <p>Stated: First time</p> <p>To be completed by: 07 August 2015</p>	<p>The registered person shall ensure that the current written policy addressing "resident"/service users' monies" is reviewed and updated/expanded.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next finance inspection.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The Registered Provider is currently reviewing all existing written policies and updating these accordingly. New standard operating procedures and organisational templates are being introduced under service improvement approaches- plan, do study and act.</p>

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



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