



The **Regulation** and
Quality Improvement
Authority

Announced Primary Finance Inspection

Name of Establishment:	Gillaroo Lodge
RQIA Number:	1387
Date of Inspection:	21 October 2014
Inspector's Name:	Briege Ferris
Inspection ID:	20577

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General Information

Name of Home:	Gillaroo Lodge
Address:	134 The Roddens Larne BT40 1PN
Telephone Number:	02828260044
E mail Address:	nursemanager.gillaroo@gmail.com
Registered Organisation/ Registered Provider:	Mr Tom Boyle Mrs Margaret Boyle Mrs Elizabeth Rowan
Registered Manager:	Mrs Nicola McCrudden
Person in Charge of the Home at the Time of Inspection:	Mrs Nicola McCrudden
Number of Registered Places:	25
Number of Service Users Accommodated on Day of Inspection:	24
Date and Time of Inspection:	21 October 2014 10.00 – 16.45
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 review 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 other members of staff
- 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

Gillaroo Lodge has been adapted and extended to provide nursing home accommodation. The property is surrounded with landscaped gardens, overlooking Larne town.

Accommodation is on two floors which are accessed by passenger lifts and a staircase. Bedroom accommodation is provided in both single and double rooms. There is a range of toilets, bath and shower facilities, communal lounges and dining areas throughout the home.

The home is registered to provide care for a maximum of 25 persons under the following categories of care:

Nursing Care

I Old age not falling into any other category

PH Physical disability other than sensory impairment

PH (E) Physical disability other than sensory impairment under 65 years

7.0 Summary of Inspection

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

The home provides an individual agreement to each service user admitted to the home; however, this is not updated to reflect new fees and financial arrangements over time. A review of a sample of the records identified that agreements were not in place for a number of service users who had lived in the home for some time.

The agreement in use by the home at the time of inspection did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

There was evidence that service users/their representatives had over time, been informed in writing 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.

It was clear that the home would be able to address the above matters within the current inspection year.

One requirement and one recommendation are listed in the Quality Improvement Plan in respect of these findings.

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

A review of a sample of the charges to service users identified that the correct amounts were being charged.

While the home has a meticulous method of recording income and expenditure for service users, the records were not laid out using the standard method for recording financial transactions.

Discussions identified that the home did not routinely provide a receipt for fees paid to the home, including amounts deposited with the home for hairdressing/podiatry etc.

While the home had a template in place to obtain written authorisation from service users/their representatives to spend service users' money on identified goods or services, these were not in place for all of the service users sampled.

Records examined established that there are good controls in place around the recording of hairdressing treatment records; the same controls were not routinely in place for treatment by the podiatrist.

It was clear that the home would be able to address the above matters within the current inspection year.

Four requirements and one recommendation are listed in the Quality Improvement Plan in respect of these findings.

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

Statement 3: A safe place is provided within the home for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a clear record of cash deposited; however a safe record was not in place. A sample of the records of furniture and personal possessions brought into the service users' rooms identified inconsistency and a lack of description; it was also difficult to identify who had made the records and on what date.

It was clear that the home would be able to address the above matters within the current inspection year.

Two requirements are listed in the Quality Improvement Plan in respect of these findings.

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

No requirements or recommendations are listed in the Quality Improvement Plan in respect of these findings.

At the time of inspection, the home did not provide a transport service to service users. The home has achieved a compliance level of 'not applicable' for this theme.

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:

- 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

COMPLIANCE LEVEL**Provider's Self-Assessment:**

The home provides each service user with a personalised written agreement (Client Contribution Agreement) on admission to the home. It details specific terms and conditions in respect of the specified services to be delivered.

The home is not involved in supporting any service users to manage their finances.

The home notifies each service user in writing of any increase in the charges payable. At least 4 weeks advance notice is given. The arrangements for the written notifications are included in the 'Client Contribution Agreement'

Compliant

Inspection Findings:

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 the following information: the opportunity for service users to personalise their rooms; arrangements for safeguarding service users' valuables; and the range of additional services available for access within the home such as hairdressing, chiropody etc. for which an additional charge (not stated) would be payable.

The inspector discussed the individual financial circumstances of service users in the home with the registered person, registered manager and the home administrator; and selected four service users and their records for further review.

On reviewing the records, the inspector noted that two of the four service users' individual agreements were not in place. The inspector discussed this with the registered person who advised that while it was now the home's practice to issue an individual service user agreement to newly admitted service users; agreements had not been provided to those service users who had been resident in the home for some time. The inspector was provided with eight service user agreements in total and noted that the year of admission to the home for all eight service users was 2014.

The inspector reviewed the two service user agreements which were in place for the service users sampled and noted the following: one agreement stated the correct fee, one did not and both agreements did not provide the details of by whom the fee was payable or what method of payment the various contributories to the fees would use. These findings indicated to the inspector that the home had to improve the way financial arrangements were recorded on each service user's agreement.

The inspector was also provided with the home's current form of agreement for new individual service users and, on review, the inspector noted that this agreement also did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.

Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the duration of the service user's stay; a copy of the home's complaints procedure; the arrangements for any financial transactions; the arrangements for regularly reviewing the agreement and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, chiropody and their associated costs).

Requirement one is listed in the Quality Improvement Plan (QIP) in respect of this finding.

Discussion with staff and a review of the records held, established that the home has previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable. The inspector clarified that any changes to the fees payable by or on behalf of service users must be reflected in the service user's agreement. The inspector suggested that it may be helpful to set out the information on fees and financial arrangements in an appendix to the agreement.

The inspector was provided with copies of the home's "management of residents' financial affairs" and "financial controls safeguarding residents' monies" policies. On discussing this with those present, the inspector noted that some aspects of the policies should be updated to reflect current practice in the home.

Recommendation one 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
	Complianr

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 maintains a record of monies paid in respect of hairdressing, podiatry and toiletries. This record is kept accurately and checked and signed by the Home Manager and the Administrator regularly. Individual sheets are kept for each service user..</p> <p>The home does not support any service user to manage their finances.</p> <p>There is written authorisation for each service user in respect of what can be purchased on their behalf eg : hairdressing, podiatry, and toiletries. If a service user requests something at short notice it will be purchased from a cash float provided by the Directors and reimbursed at a later date from next of kin.</p> <p>No staff member in the home acts as agent or appointee. We do not operate a bank account on behalf of any service user.</p>	<p>Compliant</p>

Inspection Findings:	
<p>A review of the records evidenced 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.</p> <p>The inspector reviewed the records relating to amounts charged to a selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home. Discussion with the home's administrator and a review of the records identified that staff complete regular reconciliation of the amount received against the home's own computerised records of fees receivable. Good practice was observed.</p> <p>Discussions with those present and a review of the records identified that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does, however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that, in most cases, the home had an arrangement in place with relatives to pay for the costs of hairdressing etc. and to subsequently invoice the relatives.</p> <p>A review of a sample of the service users' records established that of four records examined, only two personal allowance agreements were in place to provide the home with the necessary written authorisation to purchase goods and services on behalf of each service user. The remaining two service users did not have written authorisations in place at the time of inspection.</p> <p>Requirement two is listed in the QIP in respect of this finding.</p> <p>The inspector noted that the home maintains income and expenditure records "residents' personal money sheets". The inspector reviewed a range of transactions recording expenditure incurred on behalf of service users, such as that in respect of hairdressing, podiatry, toiletries or other non-frequent sundry items; the inspector was able to trace all of those expenditure entries sampled to the other related documents, such as a hairdressing treatment record. Discussion with the registered person identified that the home did not operate any bank account on behalf of service users.</p> <p>Discussion with the home administrator and a review of the records identified that the home did not routinely provide a receipt for fees paid to the home, including amounts deposited with the home for hairdressing/podiatry etc. The inspector stressed the importance of providing a receipt recording the cash being handed over to the</p>	<p>Moving towards compliance</p>

home which should be signed by the person lodging the cash and by a representative of the home. A copy of the receipt should be retained by the home.

Requirement three 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/records were not laid out using the standard method for recording financial transactions. The inspector discussed this with the home's administrator who demonstrated how the ledger could be followed. The inspector noted that while the records were extremely neat and meticulously completed; the current method was not in keeping with best practice or standard accounting procedure. The inspector explained how a standard financial ledger format should be laid out and highlighted that this must be introduced to record income and expenditure on behalf of the service users.

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

Discussion with the registered person identified that, on the day of inspection, the home did not operate a comfort fund on behalf of service users.

A review of the documentation recorded for hairdressing services received by service users in the home identified that the home had a book in place to record treatments by the hairdresser. The inspector noted that each treatment day recorded the date, the names of the service users, the treatment provided and the associated cost. The inspector also noted that the record was signed by both the hairdresser and the registered manager. Good practice was observed.

The inspector noted to those present that it may be helpful to develop a template for treatments by the hairdresser which would capture the names of the service users and detail the types of services available and their associated cost. The inspector noted that if this was available, the relevant treatment provided could be ticked and simply signed and dated as per the existing practice. The inspector noted that this would remove the need to write these details out on every visit.

Recommendation two is listed in the QIP in respect of this finding.

On reviewing the podiatry treatment records, the inspector noted some records had been signed by a

representative of the home, while others had not. The inspector highlighted the significance of this control in providing assurance around verifying that the service user has been treated and has received the specific treatment indicated.

Requirement five 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
	Moving towards compliance

Statement 3

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

Criterion Assessed:

- 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>Service users are encouraged not to keep money and valuables in the Nursing Home. Where small amounts of money are kept for them they are kept in the locked cupboard within the administrators office. When they are deposited the records will be signed where possible by the service user or their representative and a staff member or by 2 staff members. Records are kept of any money and valuables deposited. These records are checked and signed by the administrator and the home manager on a regular basis.</p> <p>Records are kept within the Care Management System on each individual service user's file of any furniture and personal possessions brought into the home, on admission and subsequently. These records are updated as and when required.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector reviewed the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection.</p> <p>The inspector noted that while the home had a record of all monies held for safekeeping, the inspector noted that it was best practice to have a written safe record to record the items in the safe place e.g. the cash box containing service users' money, a record of any important documents, the home's petty cash box etc. The inspector noted that this record must be used to record the deposit of any items for safekeeping and must be signed and dated by two persons. The inspector highlighted that this record should be reconciled to the contents of the safe place at least quarterly, with two persons recording, signing and dating the reconciliation.</p> <p>Requirement six is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for four randomly selected service users. The inspector was advised that inventory records were maintained on a computerised system known as the care management system. The registered manager provided the records for the four service users. On reviewing the records, the inspector noted that varying levels of detail of the service users' possessions had been recorded; therefore, there was significant inconsistency in the records. In one of the four records, the service user's clothing had been recorded, while this section of the record was blank for the other three service users.</p>	<p>Moving towards compliance</p>

Two of the four records reflected that the service users had their own electrical equipment in their rooms. The inspector noted that the descriptions lacked sufficient detail; items such as “own television” had been recorded. The inspector noted that the items should be adequately described by recording the make/approximate size/colour/item number etc., which would make the item more distinguishable and improve the quality of the record.

The inspector also highlighted that, from the computerised records provided, she could not identify who had recorded the information on the system and on what date. The inspector noted that the records should reflect that two people had physically verified the items in the service users’ rooms and that they should record their names and the date in the space provided on the computerised record.

The inconsistency, lack of sufficient description and difficulty in identifying who had made the records and on what date indicated to the inspector that the process of recording service user inventory was not being managed well.

Requirement seven 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
	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>Gillaroo Lodge does not provide transport to service users.</p>	<p>Not Applicable</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide a transport service to service user.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL Not applicable</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL Not applicable</p>
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8.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Elizabeth Rowan and Mrs Nicola McCrudden 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**



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN

ANNOUNCED FINANCE INSPECTION

GILLAROO LODGE

21 OCTOBER 2014

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 Mrs Elizabeth Rowan (registered person) and Mrs Nicola McCrudden (registered manager) either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements must comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meet 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 must be shared with the HSC trust care manager.	Once	The existing individual agreements used by the Home have been updated to include all the required information. The updated agreements are available for use for new admissions to the home, and are in the process of being signed as appropriate by all service users already resident in the Home, or their representative.	Four weeks: 18 November 2014
2	19 (2) Schedule 4 (3)	The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed	Once	Written authorisations have been updated as part of the revised individual agreement, and all service users or their representative	Four weeks: 18 November 2014

		<p>expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation must be shared with the HSC trust care manager.</p>		<p>have been asked to sign.</p>	
3	19 (2) Schedule 4 (9)	<p>The registered person must 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.</p>	Once	<p>It has always been the practice in the home to sign on receipt of cash being handed in, usually on the original invoice, but a record is now being kept in a duplicate receipt book, as suggested</p>	<p>From the date of inspection</p>
4	19 (2) Schedule 4 (9)	<p>The registered person must ensure that a standard financial 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 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. The record should reflect the amount of a withdrawal and the return of change</p>	Once	<p>A standard financial ledger book has been purchased so that transactions can be recorded in the manner required.</p>	<p>Two weeks: 4 November 2014</p>

		(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. 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.			
5	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the chiropody services and the service user or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	The chiropodist is in the process of updating her pre-printed receipt book and has agreed to amend it so that there is space for two signatures, as required.	From the date of inspection
6	19 (2) Schedule 4 (9)	The registered person must ensure that a safe book is introduced to record the contents of the safe place including any cash or valuables deposited for safekeeping. A reconciliation of the safe contents should be carried out, recorded and signed and dated by two persons at least quarterly.	Once	Although we do not currently hold any cash or valuables belonging to residents, a safe book is available to record details should we be asked to do this in the future.	Two weeks: 4 November 2014
7	19 (2) Schedule 4 (10)	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. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records	Once	An inventory of furniture and personal possessions is currently maintained in the appropriate section of the computerised record keeping system. More detail relating to specific items has now been included. Staff have been made aware of the importance of signing	Four weeks: 18 November 2014

		<p>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, with appropriate descriptions. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>		<p>and dating and of the importance of recording in detail.</p>	
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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	25.16	It is recommended that the registered person arrange to update the "management of residents' financial affairs" and "financial controls safeguarding residents' monies" policies to reflect current practice in the home.	Once	The two policies have been updated accordingly.	Four weeks: 18 November 2014
2	25.16	It is recommended that the registered person introduce a template to record the hairdressing treatments.	Once	A template for recording the hairdressing treatments has been designed and made available for the hairdresser to use.	Four weeks: 18 November 2014

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	Nicola McCrudden
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Elizabeth Rowan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			05/12/14
B.	Further information requested from provider				

