



The **Regulation** and  
**Quality Improvement**  
**Authority**

## **Announced Finance Inspection**

<b>Name of Establishment:</b>	<b>Karina Lodge</b>
<b>RQIA Number:</b>	<b>1392</b>
<b>Date of Inspection:</b>	<b>26 January 2015</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>21042</b>

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Home:</b>	Karina Lodge
<b>Address:</b>	40 Drumsaragh Road Kilrea BT51 5XN
<b>Telephone Number:</b>	02829541111
<b>E mail Address:</b>	karinalodge@btconnect.com
<b>Registered Organisation/ Registered Provider:</b>	Mr Thomas Girvan
<b>Registered Manager:</b>	Mrs Mary A Doherty
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Mary A Doherty
<b>Number of Registered Places:</b>	15
<b>Number of Service Users Accommodated on Day of Inspection:</b>	13
<b>Date and Time of Inspection:</b>	26 January 2015 09.50 – 15.00
<b>Name of Finance Inspector:</b>	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 person and registered 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:

<b>Guidance - Compliance Statements</b>		
<b>Guidance - Compliance Statements</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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.
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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

Karina Lodge Private Nursing Home is a two storey building which has been converted and extended to provide accommodation for persons needing nursing care.

Accommodation is provided in seven single and four double bedrooms on both floors.

Access to the first floor is via a chair lift and stairs.

The home is situated in a quiet location, a few miles out of Kilrea, towards Maghera.

The home was first registered on 6 October 1987, and is currently registered in the Old Age category of Nursing Care, (I) and provides care for up to 15 patients.

## 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 fee rates and financial arrangements. 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 no evidence that service users/their representatives had been informed in writing at least 28 days in advance of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.

There was no distinct policy and procedure in place in respect of safeguarding and protecting patients' money and valuables.

Three requirements have been made.

The home could demonstrate a convincing plan for full compliance by the end of the inspection year.

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

It was unclear whether the registered person was officially the nominated appointee for one identified service user; the inspector noted that these details would need to be clarified. A bank account managed on behalf of service users was not clearly named in their favour.

In reviewing how fees owed to the home by one service user were calculated, and transferred from the service users' bank account, the inspector noted that there was a gap of many months between these transfers. The inspector noted that transfers of fees owed by the service user must be made more frequently, ideally on a monthly basis. In addition, a detailed invoice outlining the calculation of the amount to be transferred should be created and retained on the service user's file.

There was no evidence of a reconciliation of the bank account being carried out. The inspector noted that a reconciliation of the bank account must be carried out, evidenced and recorded by two people at least quarterly.

The inspector noted that one identified service user was being charged the weekly assessed amount plus the amount of the home's third party top up charge. The inspector noted that she would contact the trust to raise this matter and highlighted that the registered person must do likewise.

The inspector reviewed copies of receipts for the lodgement of cash in respect of fees payable and noted that not all receipts were signed by two people. The inspector noted that it was important to obtain the signature of the person lodging money as well as the person receiving it, at all times.

Five requirements have been made.

The home could demonstrate a convincing plan for full compliance by the end of the inspection year.

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 to enable service users to deposit cash or valuables for safekeeping. Discussion with the registered person identified that an alternative safe place had been used in the past for this purpose; the inspector noted that only the safe place to which the registered manager has access must be used.

There was no cash or valuables deposited for safekeeping by the home on the day of inspection, with the exception of items due to be collected by the representative of a recently deceased service user. There was no safe record in place to record the movement of cash or valuables deposited for safekeeping.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified inconsistency; some records had not been dated, some were signed by two persons, others only signed by one person.

Three requirements have been made.

The home could demonstrate a convincing plan for full compliance by the end of the inspection year.

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

On the day of inspection, a transport scheme was not in operation.

No requirements or recommendations have been made.

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



**8.0 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:**

<b>Criteria Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>	
<b>Provider's Self-Assessment:</b>	
Each user signs an agreement as part of their admission process. One user has a bank acc. Where all her pension and benefits are paid into. Fees and personal allowance paid to her are then deducted. Other users pay fees by direct debit.	
<b>Inspection Findings:</b>	
<p>The inspector discussed the individual financial circumstances of service users in the home with the registered person; and selected three service users' files and associated records for further examination.</p> <p>On reviewing the sample of three service users' files, the inspector noted that all three service users selected had</p>	Moving towards compliance

a signed agreement on file; all three agreements were signed in 2013. The agreements did not specifically detail fees payable by or in respect of the service user or by whom. The inspector noted that this in itself meant that the agreements did not reflect regulatory requirements.

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

Specifically, the inspector noted that: (as noted above) the specific weekly fee was not stated alongside by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the date of admission of the service user to the home; the duration of the service user's stay; a copy of the home's complaints procedure; the arrangements for regularly reviewing the agreement and the arrangements for any financial transactions undertaken on behalf of the service user.

**Requirement 1 is listed in the QIP (Quality Improvement Plan) in respect of this finding.**

Discussion with the registered manager and a review of the records identified that the home had not previously notified all service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees would be payable. The inspector explained that when there was any change in the amount to be paid in respect of the service user's care or accommodation, including the level of any contribution from the service user's social security benefits, the home is required to inform the service user/their representative in writing of the up to date arrangements and also update the service user's agreement accordingly.

**Requirement 2 is listed in the QIP in respect of this finding.**

Discussion with the registered person identified that the registered person was not certain whether a policy and procedure on safeguarding and protecting patients' money and valuables was in place for use in the home. Subsequent correspondence with the registered person following the inspection identified that no distinct written policy and procedure on safeguarding and protecting patients' money and valuables was in place. This is required to be introduced and any relevant staff members made aware of its content.

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

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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:**

<b>Criteria Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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)</li> <li>• 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</li> <li>• A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly</li> <li>• If a person associated with the home acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the</li> </ul>	

<p>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"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> </ul>	
<p><b>Provider's Self-Assessment:</b></p>	
	<p>Compliant where applicable</p>
<p><b>Inspection Findings:</b></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.</p> <p>Discussion with the registered person identified that the registered person is managing a bank account on behalf of service users in the home. At the time of the inspection, only one service user had money in the account. The service user’s social security benefits are paid directly into this bank account. The registered person described how the service user had lived in the home for some time and that in the past the registered person would have taken the service user’s pension books to the post office to obtain the money on the service user’s behalf which was held at the home for spending by the service user. The registered person went on to describe how when pension books were phased out, the money began being paid into a bank account on behalf of the service user.</p> <p>The registered person provided the inspector with access to correspondence from the Social Security Agency</p>	<p>Moving towards compliance</p>

received on behalf of the service user. The inspector noted that all of the correspondence reviewed was addressed directly to the service user. It was therefore unclear as to whether the registered person was officially the nominated appointee for the service user and therefore officially managing the social security benefits of the service user on their behalf. The inspector noted that these details would need to be clarified.

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

As noted above, the registered person manages a bank account on behalf of service users in the home. At the time of inspection, and only one service user had money deposited in the account. The registered person provided the inspector with access to the bank statements for the account. The inspector noted that the account was not clearly named in favour of the service users in the home and that the account should be renamed accordingly to make clear that the money in the account did not belong to the registered person.

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

The inspector noted that the one service user with money deposited in the bank account managed by the registered person is also liable to contribute some of their social security benefits to the payment of their fees. The inspector discussed how this worked in practice with the registered person. The registered person showed the inspector calculations of how the fees owed to the home by the service user were worked out, and transferred from the service users' bank account to the home. The inspector noted that there was a gap of many months between transfers of these amounts and highlighted to the registered person that this was not best practice. The inspector noted that the service user should not be allowed to accrue a large balance of fees owed to the home and that more frequent transfers of money owed to the service user should be carried out. The inspector noted that in advance of these transfers, a detailed invoice outlining the calculation of the amount to be transferred should be raised and retained on the service user's file.

The inspector also noted that there was no evidence of a reconciliation of the bank account carried out. The inspector noted that a reconciliation of the bank account must be carried out, evidenced and recorded by two people at least quarterly.

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

In reviewing the amounts charged to the identified service user contributing to their fees, the inspector noted that the service user was being charged their individual weekly assessed amount plus the amount of the home's third party top-up. The inspector raised this with the registered person who advised that the service user had paid the third party top up from the time that the home had introduced the charge, approximately 4 or 5 years previously. The inspector highlighted to the registered person that service users are not permitted to pay their own third party top up charge. The inspector noted that she would contact the commissioning HSC trust to raise this matter and highlighted that the registered person must do likewise.

**Requirement 7 is listed in the QIP in respect of this finding.**

The inspector did not review records of expenditure incurred on behalf of service users as none is carried out by the home on service users' behalf, therefore no money is lodged with the home for expenditure. The registered person advised the inspector that toiletries, hairdressing and chiropody services are all paid for by the home.

The inspector reviewed copies of receipts for the lodgement of cash in respect of fees payable and noted that not all receipts were signed by two people. The inspector noted that it was important to obtain the signature of the person lodging money as well as the person receiving it at all times.

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

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant where applicable

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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:**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ 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</li> <li>▪ 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</li> <li>▪ Service users are aware of the safe storage of these items and have access to their individual financial records</li> <li>▪ 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</li> <li>▪ 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</li> <li>▪ 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</li> </ul>	
<b>Provider's Self-Assessment:</b>	

Inspection Findings:	
<p>The inspector reviewed the safe place within the home with the registered person and the registered manager and was satisfied with the controls around the physical location of the safe place and the persons with access. The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection, beyond some items due to be shortly collected by the representative of a recently deceased service user.</p> <p>The inspector noted that the registered person had described an alternative safe place which had been used in the past to keep secure items deposited for safekeeping. The inspector highlighted that the alternative safe place described by the registered person, should no longer be used and the safe place to which the registered manager has access should be solely used.</p> <p><b>Requirement 9 is listed in the QIP in respect of this finding.</b></p> <p>The inspector noted that there was no safe book in place in the home to record what items were held within the safe place, including the cash box, any keys etc. The inspector noted that this record should detail any cash or valuables deposited for safekeeping and the return of any such items with the signatures of two persons recorded for all movements in and out of the safe place.</p> <p><b>Requirement 10 is listed in the QIP in respect of this finding.</b></p> <p>The inspector and the registered person discussed how service users' property was recorded. The registered person produced the records for three service users. Of the three records: two records were dated, one was not; two records had been signed by one person, one had been signed by two persons. The inspector therefore noted inconsistency in the record keeping controls. There had been an effort by the person(s) making the record to detail items, for instance "1 fan, 1 lamp, CD player". The inspector highlighted to the registered person that a better description of these items must be recorded to ensure that they are readily identifiable and therefore appropriately safeguarded on behalf of service users.</p> <p><b>Requirement 11 is listed in the QIP in respect of this finding.</b></p>	<p>Moving towards compliance</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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"> <li>• Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme</li> <li>• 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</li> <li>• Ownership details of any vehicles used by the home to provide transport services are clarified</li> </ul>	
<b>Provider's Self-Assessment:</b>	
	Compliant
<b>Inspection Findings:</b>	
On the day of inspection, a transport scheme was not in operation.	Not applicable

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant where applicable

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

## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Thomas Girvan 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.

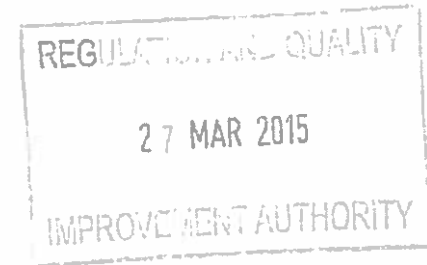
Enquiries relating to this report should be addressed to:

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The Regulation and  
Quality Improvement  
Authority

**QUALITY IMPROVEMENT PLAN**  
**ANNOUNCED FINANCE INSPECTION**  
**KARINA LODGE**  
**26 JANUARY 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 Mr Thomas Girvan 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)	<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.</p> <p>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.</p> <p>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>	Once	<p>INDIVIDUAL AGREEMENTS ARE IN PLACE, AND ALWAYS HAVE BEEN WHICH STATE THAT THE FEES ARE IN LINE WITH NORTHERN BOARD FINANCIAL ASSESSMENT TEAM. NOTIFYING BOARD'S PAYMENT TOP UP CHARGE AND SERVICE USERS CONTRIBUTION HOWEVER THE ACTUAL VALUES OF EACH IS NOT STATED ON THE AGREEMENT THIS WILL BE RECTIFIED AFTER THE POSSIBLE INCREASE IN FEES NEXT MONTH.</p>	Six weeks: 9 March 2015


2	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>THIS HAS ALWAYS BEEN THE PROCEDURE.</p>	From the date of the next change
3	14 (4)	<p>The registered person must introduce a written policy and procedure on safeguarding and protecting patients' money and valuables and ensure that any affected staff members are made aware of its contents.</p>	Once	<p>KARINA LODGE PNH DOES NOT HOLD ANY MONEY OR VALUABLES FOR ANY PATIENT THESE ARE RETURNED AT ADMISSION TO N.O.K.</p>	Six weeks: 9 March 2015
4	22 (3)	<p>The registered person must request written clarification from the Social Security Agency as to whether the registered person (or other representative of the home) is acting as nominated appointee for the service user identified during the inspection.</p> <p>Once received, this correspondence must be available in the service user's records. If a representative of the home is acting as nominated appointee for the identified service user, confirmation from the Social Security Agency must be retained in the service users' records.</p>	Once	<p>KARINA LODGE PNH, DOES NOT ACT AS NOMINATED APPOINTEE FOR ANY SERVICE USER.</p>	Six weeks: 9 March 2015


		The registered person must ensure that the individual service user's agreement with the home accurately reflect the relevant arrangements and the records to be retained.			
5	22 (1) (a)	The registered person must ensure that the bank account presently used for managing the personal monies of the identified service user in the home is renamed to reflect that the money belongs to the service user(s) in the home and is only held in trust.	Once	INFORMED BY JANSKE BANK IT IS ILLEGAL TO CHANGE THE NAME OF A BANK ACCOUNT.	Six weeks: 9 March 2015
6	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that reconciliations are recorded in ink and evidenced on the bank statements in respect of the pooled residents' account.</p> <p>The registered person must ensure that the bank account used for managing the personal monies of the identified service user is reconciled at least quarterly.</p> <p>Reconciliations must be carried out, evidenced and recorded; two people must sign and date the reconciliation.</p> <p>Fees owed to the home to be taken from above bank account must be transferred on a regular basis, ideally every month but at least on a quarterly basis. In advance of the transfer of fees, a detailed invoice outlining the calculation of the amount to be transferred should be raised and retained on the service user's file.</p>	Once	<p>THIS IS NORMAL PRACTICE</p> <p>THIS IS CURRENTLY DONE ANNUALLY BUT WILL BE DONE QUARTERLY</p> <p>THIS WILL BE DONE QUARTERLY</p>	From the date of inspection

7	19 (2) Schedule 4 (9)	The registered person is required to ensure that receipts recording cash handed over to the home for safekeeping or in respect of the payment of fees are both signed by the person lodging the cash and by a representative of the home.	Once	THIS IS AND ALWAYS HAS BEEN IN PLACE	From the date of inspection
8	19 (2) Schedule 4 (3)	The registered person is required to engage with the HSC trust which has commissioned the care for the service user identified during the inspection. The registered person must highlight that the service user is paying their own third party top up charge and request that the HSC trust investigate this matter.	Once	THE MATTER IN QUESTION HAS BEEN DEALT WITH NENPHEN PAID UNTIL DEATH OF PATIENT, WHO THEN FELT SHE WAS A LIABILITY ON HER FAMILY	Four weeks: 23 February 2015
9	18 (2) (L)	The registered person is required to ensure that the safe place identified within the home (to which the registered manager has access) is used for the safekeeping of any money or valuables deposited by service users. No other safe place must be used to secure money and valuables belonging to service users.	Once	THIS IS NOW IN PLACE IN THE HOME THE .	From the date of inspection
10	19 (2) Schedule 4 (9)	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 service users. 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 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.	Once	THIS WAS ALWAYS IN PLACE, THE HOME ONLY HAD ONE PATIENT USING THIS FACILITY AND THE RECEIPTS AND CONTENTS WERE INSPECTED BY PREVIOUS INSPECTORS	Four weeks: 23 February 2015

11	19 (2) Schedule 4 (10)	<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. 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 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>	Once	<p>ALL SERVICE USERS BELONGINGS AND RECORDED IN THE PROPERTY BOOK ON ADMISSION</p>	Six weeks: 9 March 2015
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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	Mary Boherty
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	✓			31/08/16
B.	Further information requested from provider				