



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

## **Announced Finance Inspection**

<b>Name of Establishment:</b>	<b>Broadways Private Nursing Home</b>
<b>RQIA Number:</b>	<b>1397</b>
<b>Date of Inspection:</b>	<b>23 February 2015</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>20930</b>

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

<b>Name of Home:</b>	Broadways Private Nursing Home
<b>Address:</b>	Broadway Main Street Larne BT40 1LT
<b>Telephone Number:</b>	0282827 3464
<b>E mail Address:</b>	barbara@broadwayspnh.com
<b>Registered Organisation/ Registered Provider:</b>	Mrs Barbara Sloan Broadways Private Nursing Home
<b>Registered Manager:</b>	Jacqueline Davey
<b>Person in Charge of the Home at the Time of Inspection:</b>	Jacqueline Davey
<b>Number of Registered Places:</b>	33
<b>Number of Service Users Accommodated on Day of Inspection:</b>	23
<b>Date and Time of Previous Finance Inspection:</b>	12 November 2008
<b>Date and Time of Inspection:</b>	22 December 2014 10.45 – 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

Broadways Private Nursing Home was formerly a hotel and has been adapted to provide nursing home accommodation for 33 persons. It is situated in Larne town centre overlooking the main street and central amenity area.

The home is currently registered to provide nursing care (NH) for patients in the category old age not falling into any other category (I).

Mrs Jacqueline Davey is the registered manager for the home.

## 7.0 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

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. 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. Only three of four service users sampled had a signed agreement on file.

A review of the records held identified that the home had previously notified service users/their representatives of any increase in the fees payable; however these increases had not been reflected in each service user's agreement, as noted above.

One requirement and one recommendation have been made.

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

**Statement 2:** Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained

Records exist to support income and expenditure for the small number of service users for whom the home hold money for safekeeping and expenditure on their behalf. Receipts for the deposit of money to the safe place were not provided to those making a lodgement. The records identified that reconciliations had been taking place, but these were carried out and recorded by one person and were not consistently performed at least quarterly.

Personal monies authorisations were in place for service users however these required updating to reflect all of the expenditure currently made on the service users' behalf.

Records of income and expenditure for the comfort fund were not made using a standard ledger format with two signatures recorded; in addition, a policy and procedure was recommended.

A sample of records identified that treatment records provided by the hairdresser did not capture the price of individual services provided and were not routinely signed by the hairdresser and a representative of the home to confirm that the service charged for had been delivered.

Six requirements and four recommendations have been made.

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 two safe places to enable service users to deposit cash or valuables for safekeeping. The home maintains a clear and regularly reconciled record of cash deposited and used on behalf of service users, however no safe register was in place.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified weaknesses in record keeping.

Two requirements have been made.

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

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

At the time of inspection, the home did not provide transport to service users.

No requirements or recommendations have been made.

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

## 8.0 Follow-Up on Previous Issues

No	Regulation Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	18. – (2) (l) Schedule 4, 9.	The contents of the safe should reconcile to the safe register at all times.	<p>A check of a sample of the balances held in the safe place agreed to the individual records held for service users, however no concise safe register was in place on 23 February 2015.</p> <p>A requirement has been made, (Requirement 8).</p>	Moving towards compliance.
2	Standard 4	Agreements should be updated to include all the required detail as set out in the Nursing Homes Minimum Standards and should state that 28 days notice in writing will be given of any changes to fees.	Agreements which reflect the requirements of DHSSPS Minimum Standard 4.2 were not in place for service users on 23 February. This Requirement is therefore restated, (Requirement 1).	Moving towards compliance.
3	Standard 4	Signed agreements should be in place with all patients/residents of the home.	See Response to No 2.	See Response to No 2.
4	Standard 15.10 & 15.11	Written authorization should be obtained for all patients/residents for whom the Home acts as agent.	These were in place on 23 February 2015; however a further requirement has been made in respect of this finding; (Requirement 2).	Substantially compliant.



5	Standard 15.6	Where a patient/resident refuses to sign for receipt of personal allowance records of distribution of this money should be signed by two members of staff.	This matter was not applicable as at 23 February 2015.	Not applicable.
6		The home should request up to date signed contracts with the relevant Trusts placing patients/residents in the home.	The inspector noted that up to date contracts had recently been returned to the Trust for signature, correspondence was available to confirm this.	Compliant.

No	Minimum Standard Ref	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1		Any large sums of money held on behalf of residents should be lodged to a bank account in the name of the resident for safekeeping (if necessary with the involvement of a relative or named worker).	This matter was not applicable as at 23 February 2015.	Not applicable.
2	15	Records should be kept of all donations to resident's funds and this should be reconciled on a regular basis to the amount being held in the bank account or in cash. Receipts should also be issued for all amounts donated.	Records were in place on 23 February 2015; however a further requirement and one recommendation have been made in respect of the administration of the comfort fund; (Requirement 6 and Recommendation 4).	Substantially compliant.

**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

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**Provider's Self-Assessment:**

Agreement and patient guide issued to each resident or next of kin. This details services, amount and method of payment. Home staff do not enable any resident to manage their finances or property. Where possible and depending on notification of increases from the Trust, the Home will give 4 weeks notice of any increase in fees.

Compliant

<b>Inspection Findings:</b>	
<p>The inspector was provided with a copy of the home's service user guide. The inspector noted that the guide contained information for service users on services available within the home such as the hairdresser for which additional charge would be payable (not listed) and detailed the arrangements in place for service users to deposit money in the safe place in the home, for which records will be kept.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered person and registered manager; and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted that three of the four service users had a signed agreement on file; the remaining service user did not have an agreement on file.</p> <p>The three signed agreements which were on file did not reflect the current fees for those service users, two of the agreements had been signed in 2012, and one had been signed in 2013. (It was noted that providing individual agreements to service users had been highlighted during the inspection of the home in 2008; Requirement 1, as below, is therefore listed for the second time.)</p> <p>The inspector discussed this with the registered person and registered manager and advised that agreements between the home and individual service users should provide the details of up to date fees and financial arrangements in place.</p> <p>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.</p> <p>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 date of admission; the duration of the service user's stay in the home; a copy of the home's complaints procedure; the arrangements for any financial transactions undertaken on behalf of service users by the home and the records to be kept; the arrangements for the management of service users' valuables and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing and the associated costs).</p>	Moving towards compliance

<p><b>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p> <p>A review of the records identified that the home had previously notified service users/their representatives of any increase in the fees payable; however these increases had not been reflected in each service user’s agreement, as noted above.</p> <p>The inspector noted that the home has a policy on residents’ property and personal possessions detailing procedures for staff to follow, however given the inspection findings, it was recommended that this policy be reviewed and the relevant staff made aware of any changes in practice.</p> <p><b>Recommendation 1 is listed in the QIP in respect of this finding.</b></p>	
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<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE HOME’S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant.</p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE HOME’S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Moving towards compliance</p>

**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

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<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"> <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>The management of resident's finances is undertaken by their Next of Kin. The Home does not receive income or allowances for any Resident. No staff member acts as agent or appointee. The Home does not operate any bank accounts on behalf of any Resident. All financial matters are dealt with by Next of Kin.</p>	<p>Not 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. 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.</p> <p>The registered person and registered manager advised that no representative of the home was acting as nominated appointee for any service user on the day of inspection.</p> <p>The home does however, receive monies from service users' representatives to be spent by the home on the service users' behalf, such as on hairdressing treatments facilitated in the home. The inspector noted that the</p>	<p>Moving towards compliance</p>

home has a template in place to secure the agreement of the service user (or their representative) for the home to administer the personal monies of the service user and that an example of the items to be purchased was detailed on the template “sweets, cigarettes, toiletries”. The inspector requested a sample of files to review and noted that of four files reviewed; three had the written authorisation template in place.

The inspector highlighted to the registered person and registered manager that this template did not expressly give authority for the home to spend service users’ money on hairdressing services, a common expense for many service users in the home. The inspector advised that the authorisations should be updated to reflect these changes. The inspector also suggested that a more extensive list of items should be detailed on the authorisation to reflect potential expenditure; it was noted that service users or their representatives could then indicate which goods or services they were providing authority for or otherwise.

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

Discussion identified that that home does not operate a bank account on behalf of any service user or the service users as a group. The registered person and registered manager advised that the only money handled by the home is that which is deposited by family representatives to spend on hairdressing and other identified items, as noted above.

The inspector discussed the lodgement of money to the home by family representatives and noted that lodgement receipts are provided to those paying fees, however this is not a duplicate receipt and only the stub is retained by the home which details the date of the lodgement and the amount, the name of the service user and the name of the person paying the fees. The inspector noted that the name of the person receiving the fees was not recorded. The inspector noted that it was best practice to use a duplicate book so that a full copy of the receipt provided could be retained by the home.

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

In addition, as noted below, the signature of both the person lodging any money/paying fees and the person receiving any money must both be captured on the receipt.

The inspector noted from the discussion that service users’ representatives depositing money for expenditure on behalf of service users are not provided with a receipt for the deposit.



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

The inspector reviewed a sample of the records for expenditure incurred on behalf of four service users such as that in respect of hairdressing and podiatry services, newspapers etc. The inspector noted that the home maintain individual records for service users for whom they hold money which details income and expenditure. The inspector noted that the records were generally neat, however some entries in the records had been made outside of the area in which to write; where some errors in the entries had been made, these had not been annotated appropriately.

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

The inspector also noted that records of income and expenditure were currently recorded on sheets with the title "Record of Resident's Valuables" and included reference to "item added...item removed". This is more appropriate for non-cash items deposited for safekeeping.

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

The inspector noted that within the records it was clear that regular reconciliation of the monies held had been recorded. The inspector noted however, that routinely, only one person had carried out and signed the reconciliation in the ledgers; this was substantiated by the registered person. The inspector also noted that there were some gaps of longer than three months between reconciliations.

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

The inspector sampled a number of transactions from the income and expenditure records and was able to trace these entries to the corresponding records to substantiate each transaction.

The inspector discussed the home's comfort fund with the registered person and registered manager. The inspector noted that the home did not have a comfort fund policy and procedure in place detailing the procedure to follow regarding the management of the comfort fund and noted that it was best practice for the home to have a policy and procedure addressing the home's comfort fund..

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

The inspector reviewed the administration of the comfort fund and noted that records were retained by the home detailing how the comfort fund money was being spent; it was noted that only one signature was recorded against the entries.

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

A hairdresser visits the home to provide treatments to service users. The inspector noted that the home have a template in place to allow the hairdresser to record treatments. The hairdresser routinely records the name of the service user and the treatment provided, however the cost of the treatment and the hairdresser's signature are not recorded. The inspector also noted that a representative of the home does not sign this record to confirm that the service users detailed have received the treatments recorded.

**Requirement 7 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 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

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<b>Provider's Self-Assessment:</b>	
<p>Small sums of money are deposited by relatives to purchase sundry items for some Residents. This money is kept in the safe. Valuable are rarely deposited, Relatives are asked not to keep valuable items in the Residents room. Records are kept of sums received and expenditure. Those Residents who have money deposited are aware of this and can ask for access when wished. Records are regularly reconciled. A record of personal possessions is kept and updated.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined the safe places within the home and was satisfied with the controls around the physical location of the safe places and the persons with access.</p> <p>The inspector undertook a count of a random sample of the cash deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection.</p> <p>A review of the records identified that one staff member routinely performs regular reconciliations of the cash and valuables held within the safe place. The inspector noted that reconciliations must be carried out, recorded and signed and dated by two people.</p> <p><b>Requirement 5 is listed in respect of this finding.</b></p> <p>The inspector noted however, that a safe register/book was not in place to provide a concise record of the items held within the safe places. The inspector noted that records of reconciliations should also be recorded in the safe book.</p> <p><b>Requirement 8 is listed in the QIP in respect of this finding.</b></p> <p>The inspector requested the inventory/property records for four service users. Of the four records examined, the inspector noted that there was inconsistency in the way the records had been made. Three different methods had been used to record service users' inventory. Two service user's records had been made on the same pre-printed template; one had been made on a different template, while the remaining record had been handwritten on plain paper. Within the records, it was clear that additional items had been recorded on the record over time; however some of these additions had not been signed by the person who made the record. One particular addition included jewellery belonging to the service user. The inspector noted that this emphasised the</p>	Moving towards compliance

importance of two persons signing the records to provide protection for both the service user and the members of staff making the record, should any queries about accuracy or completeness subsequently arise.

The inconsistency across the sample of records reviewed indicated to the inspector that the process of recording service user inventory was not being managed well.

**Requirement 9 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 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

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<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>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>The Home does not operate a transport scheme. Transport is sometimes provided by wheelchair taxi. The cost of this is borne by the Home.</p>	<p>Compliant.</p>
<p><b>Inspection Findings:</b></p>	
<p>At the time of inspection, the home did not provide transport to service users.</p>	<p>Not applicable</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant.</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Not applicable</p>
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## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Barbara Sloan and Mrs Jacqueline Davey as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**Briege Ferris  
The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
Belfast  
BT1 3BT**





**QUALITY IMPROVEMENT PLAN**

**ANNOUNCED FINANCE INSPECTION**

**BROADWAYS PRIVATE NURSING HOME**

**23 FEBRUARY 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 Mrs Barbara Sloan and Mrs Jacqueline Davey 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. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	Two	<p>AGREEMENTS HAVE BEEN REVIEWED. AN APPENDIX HAS BEEN ADDED BREAKING DOWN EACH PAYMENT ELEMENT AND BY WHOM PAYABLE. DETAILS OF THE CURRENT HAIRDRESSING CHARGES HAVE BEEN ADDED.IT HAS BEEN CLARIFIED IN THE MAIN BODY OF THE AGREEMENT THAT HAIRDRESSING CARRIED OUT BY THE HOME'S HAIRDRESSER WILL BE CHARGED FOR. THE AGREEMENT HAS BEEN CHANGED TO CLARIFY THAT THE DATE OF THE AGREEMENT IS THE DATE OF ADMISSION. THE DURATION OF STAY IS ALSO NOW INCLUDED IN THE AGREEMENT. THE COMPLAINTS PROCEDURE WHIS IS CONTAINED IN THE STATEMENT OF PURPOSE AND ISSUED TO RESIDENT/RELATIVE ON ADMISSION HAS BEEN ADDED TO THE AGREEMENT. A NEW POLICY ON THE MANAGEMENT</p>	Four weeks: 23 March 2015

				<p>OF SERVICE USERS VALUABLES AND PERSONAL MONIES HAS BEEN WRITTEN AND IS NOW ATTACHED TO THE AGREEMENT. WHERE A HSC TRUST MANAGED SERVICE USER HAS NO RELATIVE OR FRIEND TO ACT A THEIR REPRESENTATIVE, THEIR CARE MANAGER WILL BE NOTIFIED AND THIS WILL BE RECORDED ON THEIR FILE. WHERE A SERVICE USER OR THEIR REPRESENTATIVE HAS REFUSED TO SIGN AN AGREEMENT, THIS WILL ALSO BE NOTIFIED TO THE NAMED WORKER AND NOTED ON THEIR FILE.</p>	
2	19 (2) Schedule 4 (3)	<p>The registered person arrange should arrange to review the personal allowance contracts for all of the service users within the home to ensure that any expenditure which the home is currently making on behalf of the service user should exactly reflect the authorisation provided by each service user/their representative. If the remaining personal allowance contracts with service users/their representatives not examined on the day of inspection need to be updated, this should be actioned within the timescale indicated.</p>	Once	<p>AGREEMENTS FOR EXPENDITURE OF PERSONAL MONEY KEPT IN SAFE KEEPING HAVE BEEN EXPANDED TO INCLUDE A LIST OF AUTHORISED ITEMS OF EXPENDITURE. THESE HAVE BEEN ISSUED AND ALL HAVE BEEN RETURNED.</p>	<p>Four weeks: 23 March 2015</p>
3	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping.</p>	Once	<p>A DUPLICATE RECEIPT BOOK HAS BEEN PUT IN PLACE TO RECORD MONEY HANDED OVER</p>	<p>From the date of inspection</p>

		The receipt should be signed by the person lodging the cash and by a representative of the home.		FOR SAFEKEEPING. THE APPROPRIATE STAFF HAVE BEEN INFORMED THAT THE RECEIPT MUST BE SIGNED NOT ONLY BY THEM BUT ALSO THE PERSON LODGING THE CASH.	
4	19 (2) Schedule 4 (9)	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 (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.	Once	NEW RECORDING SHEETS HAVE BEEN PUT IN PLACE TO RECORD LODGEMENT, WITHDRAWAL, EXPENDITURE AND A RUNNING BALANCE OF MONEY HELD. THESE WILL RECORD THE AMOUNT OF WITHDRAWAL AND RETURN OF CHANGE (IF ANY). IF A RECEIPT FOR PURCHASES MADE IS NOT AVAILABLE, THIS WILL BE NOTED ON THE RECORDING SHEET. APPROPRIATE STAFF HAVE BEEN REMINDED TO WRITE LEGIBLY AND DEAL WITH ANY MISTAKES BY DRAWING A LINE THROUGH THE INCORRECT ENTRY AND MAKING AN AMENDMENT ON THE LINE BELOW. CORRECTION FLUID IS NOT USED.	Two weeks: 9 March 2015
5	19 (2) Schedule 4 (9)	Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.	Once	RECONCILIATION OF MONEY/VALUABLES HELD IS DONE EACH TIME AN ENTRY IS MADE ON THE RECORDING SHEET. A FURTHER	From the date of inspection

				RECONCILIATION WILL BE DONE AT LEAST QUARTERLY AND WILL BE SIGNED BY 2 STAFF.	
6	19 (2) Schedule 4 (9)	The registered person is required to ensure that a standard ledger format is used to clearly and accurately detail every transaction recorded for the comfort fund monies. Each transaction should be supported by receipts and signed by two persons. Reconciliations of the comfort fund monies must be performed, recorded, signed and dated by two persons at least quarterly.	Once	THE FORMAT FOR RECORDING OF RESIDENT'S FUND MONEY HAS BEEN AMENDED AS REQUIRED. RECEIPTS ARE KEPT AND EACH ENTRY IS SIGNED BY 2 STAFF. RECONCILIATIONS WILL BE PERFORMED QUARTERLY AND SIGNED BY 2 STAFF.	Two weeks: 9 March 2015
7	19 (2) Schedule 4 (9)	The registered person must ensure that the treatment record for hairdressing services facilitated within the home details the cost of each treatment to the individual service users and that the hairdresser signs and dates the treatment record. A member of staff at the home must also sign and date the record to verify the treatment and the associated cost to each service user.	Once	NEW HAIRDRESSING RECORDING SHEETS HAVE BEEN PUT IN PLACE DETAILING COST, SIGNATURE OF HAIRDRESSER AND SIGNATURE OF PERSON VERIFYING THAT HAIRDRESSING PROCEDURE HAS BEEN CARRIED OUT.	Two weeks: 9 March 2015
8	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	A SAFE REGISTER HAS BEEN PUT IN PLACE TO RECORD ITEMS HELD THEREIN. WHERE VALUABLES ARE DEPOSITED FOR SAFEKEEPING, THIS WILL BE RECORDED, DATED AND SIGNED BY 2 STAFF. WHEN ITEMS ARE RETURNED, THIS WILL BE RECORDED, DATED AND SIGNED BY 2 STAFF.	Two weeks: 9 March 2015

9	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>A RETROSPECTIVE INVENTORY OF PERSONAL POSSESSIONS OF ALL RESIDENTS HAS BEEN CARRIED OUT. THESE INVENTORIES WILL BE UPDATED REGULARLY. STAFF HAVE BEEN REMINDED TO UPDATE WHEN ITEMS HAVE BEEN ADDED OR REMOVED AND THAT 2 SIGNATURES ARE REQUIRED FOR ALL ENTRIES. ALL PORTABLE ELECTRICAL ITEMS WITHIN THE HOME ARE ROUTINELY TESTED BUT WILL BE HIGHLIGHTED ON THE RECORD. ITEMS OF SIGNIFICANT VALUE WILL BE HIGHLIGHTED.</p>	<p>Four weeks: 23 March 2015</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 home's current policy and procedure on safeguarding service users' money and valuables in light of the inspection findings and that the procedures for recording service users' possessions is included in the updated policy. The relevant staff members should be made aware of the contents of the updated policy and procedure.	Once	THE POLICY ON SAFEGUARDING RESIDENT'S MONEY/VALUABLES HAS BEEN UPDATED. STAFF HAVE BEEN MADE AWARE OF POLICY AND PROCEDURES.	Four weeks:23 March 2015
2	25.16	It is recommended that the registered person use a duplicate receipt book so that a full copy of the receipt provided to the person lodging money/paying fees can be retained by the home.	Once	SEPARATE DUPLICATE RECEIPT BOOKS HAVE BEEN PUT IN PLACE TO RECORD ALL FEES RECEIVED, MONEY/VALUABLES DEPOSITED FOR SAFEKEEPING, AND DONATION TO THE RESIDENT'S FUND.	From the date of inspection
3	25.16	It is recommended that the registered person use a format for recording service user income and expenditure which more accurately describes that cash belonging to service users has been deposited and spent. The template should capture whether the entry is a lodgement or a withdrawal, rather than "added" or "removed" as this is more appropriate terminology for non-cash items deposited for safekeeping. Two separate	Once	A NEW TEMPLATE HAS BEEN PUT IN PLACE TO REFLECT THIS RECOMMENDATION. SEPARATE RECORDING SHEETS ARE KEPT FOR CASH AND VALUABLES. THESE RECORDS ARE SIGNED BY 2 STAFF.	Two weeks: 9 March 2015


		columns should be provided for two signatures.			
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4	Appendix II	It is recommended that the home introduce a written policy and procedure for the service users' comfort fund. The policy and procedure should include reference to and inclusion of the service user and/or relative suggestions (if any) in the decision making process for expenditure from the comfort fund and what controls will exist around record keeping, reconciliations etc.	Once	THE POLICY OF RTHE RESIDENT'S FUND HAS BEEN DEVELOPED TO INCLUDE RECORDING AND RECONCILING ETC. THE HOME HAS ALWAYS WELCOMED SUGGESTIONS FOR EXPENDITURE OF RESIDENT'S FUND MONEY ESPECIALLY FROM THOSE PERSONS MAKING DONATIONS TO THE FUND. A POSTER HAS BEEN PUT ON DISPLAY REINFORCING THAT WE WELCOME SUGGESTIONS ON HOW THIS MONEY CAN BE USED TO BENEFIT OUR RESIDENTS.	Four weeks:23 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	JACQUELINE DAVEY
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	BARBARA SLOAN

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			31/03/15
B.	Further information requested from provider				