



## **Announced Finance Inspection**

**Name of Establishment:** The Model Care Centre

**RQIA Number:** 1429

**Date of Inspection:** 23 March 2015

**Inspector's Name:** Briege Ferris

**Inspection ID:** 21411

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of Home:</b>	The Model Care Centre
<b>Address:</b>	1 Portrush Road Ballymoney BT53 6BX
<b>Telephone Number:</b>	0282766 4502
<b>E mail Address:</b>	the.model@fshc.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Four Seasons (No 8) Ltd
<b>Registered Manager:</b>	Mrs Bernadette Kelly
<b>Person in Charge of the Home at the Time of Inspection:</b>	Mrs Bernadette Kelly
<b>Number of Registered Places:</b>	36
<b>Number of Service Users Accommodated on Day of Inspection:</b>	30
<b>Date and Time of Inspection:</b>	23 March 2015 10.05 – 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 manager and administrative staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous finance inspection (if any) and to establish the level of compliance achieved with respect to the following theme and associated statements:

### **Inspection Theme: Service users' finances and property are appropriately managed and safeguarded**

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

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

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

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

The registered provider and the inspector have rated the home's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<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

The Model Care Centre is part of Four Seasons Healthcare Ltd which operates a number of homes in Northern Ireland.

The home is registered to provide nursing (NH) and residential (RC) care for patients/residents in the following categories:

NH - I: old age not falling into any other category

RC - I: old age not falling into any other category,

RC-PH & PH (E): physical disablement above and below 65years of age

RC-LD: learning disability for one named resident.

## 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 which is updated over time to reflect new fee rates and payment arrangements. The inspector noted that there were two methods of detailing updated fee information on the agreements, one of which was significantly more transparent. It was noted that there were unnecessary delays in providing updated agreements to service users; while existing fee regional fee rates have been in place since April 2014, all four individual service user agreements reviewed had been signed in March 2015.

One requirement and one recommendation have been made.

The home has achieved a compliance level of 'substantially compliant' for this theme.

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

A review of amounts charged to a selection of service users contributing to their fees identified that the correct amounts were being charged by the home.

There is a detailed 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; of four files reviewed; all four had the completed written authorisation template in place.

A pooled bank account is operated which is used exclusively for the safekeeping of service users' personal monies received for expenditure on the service users' behalf such as on hairdressing, toiletries etc. There are clear and updated records of the individual balances forming the total balance within the pooled bank account. There are clear and regularly reconciled

records of income and expenditure maintained by the home which are supported by countersigned lodgement receipts and receipts for expenditure.

The home has a comfort fund for the benefit of service users in the home; records are retained by the home detailing money received and expenditure made. A separate bank account is in place which is regularly reconciled and named in favour of the service users in the home. A transaction in 2013 for TV equipment for the service users' lounge at a cost of £79.99 was identified as having been paid from service users' comfort fund. The inspector noted that this should have been an expense of the home and requested that a refund be made to the comfort fund for the identified amount.

One requirement has been made.

The home has achieved a compliance level of 'substantially compliant' for this theme.

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

The home has a safe place 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. A safe record was in place which clearly detailed the items held within the safe, including items deposited by or on behalf of service users for safekeeping.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified that records had recently been updated and that items of value were clearly identified on the records reviewed. Two persons had initialled and dated the records.

No requirements or recommendations have been made.

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

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

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

No requirements or recommendations have been made.

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

**Statement 1**

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

Criteria Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
<p>Provider is compliant with all contents of statement 1. The Model Care Home is not responsible for undertaking any financial transactions on the service user's behalf.</p>	Compliant
Inspection Findings:	
<p>The inspector was provided with a copy of Four Seasons' service user guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and associated appendices. The inspector noted that the guide contained information for service users on: fees (in general) and the management of service users' personal monies and insurance.</p>	Substantially compliant



The inspector selected four service users' files and associated records for review. On reviewing the sample of four service users' files, the inspector noted that all four service users had a signed agreement in place.

The four signed agreements which were on file included the correct weekly fee for the service users and provided a breakdown of the persons contributing to the payment of the weekly fee. The inspector noted that the persons paying the service user's fees and the respective methods of payment were clearly detailed on two of the four service user agreements reviewed. The remaining two service user agreements were annotated in an alternative way, which was less clear.

**Recommendation 1 is listed in the Quality Improvement Plan in respect of this finding.**

A review of a sample of the files identified that agreements between the home and individual service users had been updated over time and older agreements were retained on each service user's files reviewed.

The inspector noted however, that for the four service users sampled, the most recent agreements had all been signed in March 2015, despite the existing regional rates for nursing care having been in place since approximately April 2014. The inspector discussed this with the registered manager and noted that there should not be any unnecessary delay in updating service user agreements.

**Requirement 1 is listed in the QIP in respect of this finding.**

The home has a number of policies and procedures in use in the home to guide staff on the safeguarding of cash and valuables on behalf of service users.

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

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

## 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:	COMPLIANCE LEVEL
<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</li> </ul>	

<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>	
<b>Provider's Self-Assessment:</b>	
Fully compliant with Statement 2. The Model Care Home does not act as any clients nominated appointee . If a client is incapable of managing their finances and property this would be reported in writing at the annual care review	Compliant
<b>Inspection Findings:</b>	
<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>A review of the records identified that on the day of inspection, no representative of the home was acting as nominated appointee for any service user. The home receives money 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 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 in the manner indicated on the</p>	Substantially compliant

template. The inspector requested a sample of files to review and noted that of four files reviewed; all four had the completed written authorisation template in place.

Discussion identified that that home operates a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as on hairdressing, toiletries etc. There are clear and updated records of the individual balances forming the total balance within the pooled bank account.

Balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular, recorded and signed and dated by two persons on a regular basis. Good practice was observed.

The inspector discussed the lodgement of money to the home by family representatives and noted that lodgement receipts are provided to those paying fees, which are signed by both the person lodging the money and a representative of the home. The inspector sampled a number of lodgements recorded for service users in their personal account statements and noted that there were corresponding receipts signed by two people to support the lodgement recorded.

The inspector reviewed a sample of the records for expenditure incurred on behalf of four service users such as that in respect of hairdressing, toiletries, newspapers etc. The inspector noted that the home maintain individual records for service users for whom they hold money which detail income and expenditure. Regular reconciliation of the monies held had been recorded and signed and dated by two persons. Good practice was observed.

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 noted the home has a comfort fund for the benefits of service users in the home. The inspector noted that a broad range of activities are carried out and paid for from the comfort fund and it was clear from the records that there was an effort to ensure that as many service users as possible benefit from the activities undertaken. There was also correspondence on the file demonstrating that the home had sought suggestions from family members as to home best to use the comfort fund.

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. A separate bank account is in place which is regularly reconciled and named in favour of the service users in the home. A policy and procedure is also in place to guide the administration of the comfort fund.

The inspector reviewed a broad sample of the expenditure incurred from the comfort fund monies over a period of three years. As above, it was noted that a broad range of activities are funded from the comfort fund. The inspector noted one entry recorded in March 2013 which related to the purchase of a wall mount and cables for a TV in the service users' lounge at a cost of £79.99. The inspector discussed this with the registered manager and administrative staff and highlighted that this was not the type of item which should be paid for from the comfort fund as it may constitute fixtures and fittings and should therefore be an expense of the home. The registered manager agreed and noted that since 2013, policies and procedures around the administration of comfort fund monies have been clarified and that this type of expenditure from the service users' comfort fund would not be permitted under the current arrangements in the home. The inspector noted that the cost of £79.99 should be refunded to the comfort fund by the home.

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

A hairdresser and podiatrist visit 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 template details the name of the service user, the treatment provided and the associated cost. The inspector also noted that a representative of the home also initials each treatment record to confirm that the service users detailed have received the treatments recorded. The inspector traced a number of entries for treatments by the hairdresser and was able to locate the relevant documents.

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

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

**Statement 3**

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

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider compliant with statement 3. A reconciliation of money and valuable held by the home is carried out on a monthly basis.	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector undertook a count of the pooled balance of money deposited for safekeeping on behalf of service users and the comfort fund monies held and noted that these agreed to the records held by the home. The home has a clear record of the individual service user balances forming the total balance held.</p> <p>As noted above, a review of the records identified that regular reconciliations of the cash held on behalf of service users is carried out, recorded and signed and dated by two people. Good practice was observed.</p> <p>A safe record was in place which clearly detailed the items held within the safe, including items deposited by or on behalf of service users for safekeeping.</p> <p>The inspector requested the records of furniture and personal possessions brought into the service users' rooms for four service users. A review of these records identified that records had recently been updated and that items of value referred to as "items of significance" were clearly identified on the records reviewed. Two persons had initialled and dated the records. The inspector noted that there was a list of the signatures and corresponding initials of members of staff to identify those updating the records, good practice was observed.</p>	Compliant

<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>
	Compliant

**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>	
Provider is compliant with statement 4 but there are several areas that are not applicable to The Model Care Home as we do not provide a transport scheme at Model Care Home. We do however provide the service user with a policy.	Substantially compliant
<b>Inspection Findings:</b>	
At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to ensure that service users can access other forms of transport.	Not applicable

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

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

## **8.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Bernadette Kelly 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**  
**THE MODEL CARE CENTRE**  
**23 MARCH 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Bernadette Kelly 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

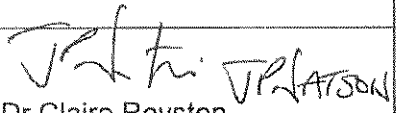
No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	5 (2) (a) (b)	<p>The registered person must ensure that there is no unnecessary delay in notifying service users of any increase in the fees payable. Updated agreements, reflecting up to date fees, payment arrangements and any other relevant financial arrangements should be provided to service users as soon as the relevant details have been confirmed to the home.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the updated agreement, this must be recorded.</p>	Once	Review of relevant documentation on-going within FSHC. Updated agreements from April 2015 completed and forwarded to all NOK	From the date of inspection
2	18 (2) (a)	The registered person must ensure that the cost of the items identified during the inspection (costing £79.99) is refunded by the organisation to the service users' comfort fund. Written confirmation that these monies have been refunded to the comfort fund must be provided to RQIA.	Once	Cheque requisition for identified amount forwarded to finance team. When cheque is received in care home, amount will be credited into service users' comfort fund.	Four weeks: 20 April 2015


# **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	4.2	<p>It is recommended that the registered person ensure that the manner in which the details of the person(s) paying fees and the methods used are recorded on service users' individual agreements consistently.</p> <p>It is recommended that the agreements identified and discussed with the registered manager and administrative staff during the inspection are used as an example of how best to record this information on individual service user agreements.</p>	Once	On-going. Service user agreements currently being reviewed. New agreements detailing the person paying fees and method of payment for year beginning April 2015 have been forwarded to all service users/NOK	From the date of inspection

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	Bernadette Kelly
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	 Dr Claire Royston 13/5/15 MANAGING DIRECTOR

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			09/06/15
B.	Further information requested from provider				