



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	The Glebe Care Centre
Establishment ID No:	1440
Date of Inspection:	27 May 2014
Inspector's Name:	Briege Ferris
Inspection No:	18046

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

Name of Home:	The Glebe Care Centre
Address:	2 Glebe Road Carnmoney Newtownabbey BT36 6UW
Telephone Number:	02890848212
E mail Address:	Geraldine.mcauley@larchwoodni.com
Registered Organisation/ Registered Provider:	Mr Ciaran Henry Sheehan Larchwood Care Homes (NI) Ltd
Registered Manager:	Mrs Geraldine McAuley
Person in Charge of the Home at the Time of Inspection:	Mrs Geraldine McAuley
Number of Registered Places:	38
Number of Service Users Accommodated on Day of Inspection:	32
Date and Time of Previous Finance Inspection:	None
Date and Time of Inspection:	27 May 2014 10.00 – 14.30
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes.

3.0 Purpose of the Inspection

This is a report of an announced finance inspection to assess the quality of services being provided. The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure compliance with regulations and standards, but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to 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 other members of staff
- Examination of records
- File audit
- Evaluation and feedback

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

5.0 Inspection Focus

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

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

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

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

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

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

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

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

Guidance - Compliance statements		
Guidance - Compliance statements	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of Service

Glebe Care Centre is situated off Glebe Road, Glengormley. It is a purpose built two storey building, with panoramic views over the surrounding countryside and Belfast Lough.

The first floor of the home is accessed by stairs and passenger lift. Bedroom accommodation is provided in both single and double occupancy rooms. There is a range of bathroom and shower facilities, lounges and one dining room which is located on the first floor.

The home is one of two homes owned by Orchard Care Homes, sharing the same site. Car parking facilities are available and access to the home is level with the car park.

The home is registered to provide care for a maximum of 38 patients/residents under the following categories of care:

Nursing Care	I PH	Old age not falling into any other category Physical disability other than sensory impairment
Residential Care	I MP (E) PH (E)	Old not falling within any other category Mental disorder excluding learning disability or dementia over 65 years Physical disability other than sensory impairment over 65 years.

7.0 Summary of Inspection

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

The home provides an individual agreement to each service user admitted to the home; however an up to date agreement was not on file for a sample of service users selected. There was no evidence that all 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.

Two requirements 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

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and up to date records exist to support income and expenditure for service users. The inspector noted that a representative of the home had used a loyalty card to gain points when making some purchases on behalf of service users.

Records examined established that there are good controls in place around the recording of income and expenditure, however a sample of records evidenced that treatment records provided by the hairdresser were not recorded consistently between two hairdressers visiting the home and that chiropodist treatment records were not routinely signed by both the chiropodist and a representative of the home to confirm that the service charged for had been delivered.

Four requirements and one recommendation 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 a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains regularly reconciled record of cash deposited and used on behalf of service users. A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced poor record keeping: a number of records had not been signed or dated and a requested record was not available.

One requirement and one recommendation 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 a transport service to service user. The home has arrangements in place to support service users to avail of other means of transport.

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

Statement 1

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

Criteria Assessed:

- The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment;
- Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property;
- The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement.

COMPLIANCE LEVEL

Provider's Self-Assessment:

Each resident is supplied with a service users guide on admission. These have recently been updated following the change of company which took place last December. There are individual agreement details listed of all charges likely to be made to the resident. Detailed records are kept of each residents personal allowance. Any increases made in any charges are made known to the service user in writing at least 4 weeks in advance if possible. All the Homes Policies and Procedures are currently under review.

Moving towards compliance

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on the services provided for the fees payable and arrangements for service users to bring items with them to personalise their rooms.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator; and selected four service users' files and associated records for further examination.</p> <p>Of the four files examined, the inspector noted that in two cases, agreements were in place which detailed the current fees payable. The remaining two service users selected did not have an up to date agreement on file.</p> <p>The inspector was also provided with the home's current form of agreement for new individual service users and, on review, the inspector noted that the fees Appendix 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; and an itemised list of agreed services and facilities over and above the general service and facilities (in particular the costs of hairdressing services provided by both hairdressers facilitated within the home.)</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>A review of a sample of the records established 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 are payable. The inspector explained to the registered manager and home administrator 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.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 2

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

Criteria Assessed:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the home should provide in supporting the service user to manage their finances;
- The home maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The home maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the home can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The home ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the home acts as nominated appointee for a service user, the arrangements

COMPLIANCE LEVEL

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user’s agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement. 	
<p>Provider's Self-Assessment:</p>	
<p>If a resident requires support with managing their finances the Care Manager from the relevant Trust would inform us of what was required. At present there are no residents in the Home who need this. A record is maintained in the Home for all financial transaction carried out , each transaction is signed and dated by the service user or their representative and a staff member. There are arrangements in place if a resident needs access to their funds at short notice or if they need something not detailed on their personal expenditure authorisation documents. A reconciliation of money and possessions held by the Home on the Residents behalf is carried out and recorded fortnightly.. There is none who acts as an appointee for a service user in the Home at present</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>A review of the records evidenced that the home retain copies of the trust remittances 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. Discussion with home's administrator and a review of the records evidenced that staff complete regular reconciliation of the amount received from the trust against the home's own records of fees receivable.</p> <p>Discussions with the home's administrator and a review of the records found that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that if the home were purchasing goods or services on behalf of the service user, the home needed written authorisation from the service user/their representative to make these purchases.</p> <p>Discussion with the home's administrator and a review of a sample of the records revealed that the home had personal allowance contracts in place with the service users/their representatives.</p> <p>The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, chiropody, or other non-frequent sundry items. The inspector noted that the home maintain clear records detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash lodged or hairdressers or taxi receipt. The inspector traced a sample of transactions and was able to evidence the all of the relevant documents.</p> <p>In reviewing a sample of the records for hairdressing services facilitated within the home, the inspector noted that two hairdressers provide a service within the home. The inspector noted however, that the records maintained within the home which detailed the service provided and the associated cost were not consistent between the two hairdressers. The inspector also noted that only the costs for one hairdresser were currently included in the home's standard form of agreement with service users and that both sets of costs should be reflected in the agreement.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>On reviewing a sample of the records for private chiropody services facilitated within the home, the inspector</p>	<p>Moving towards compliance</p>

noted that these records had not been signed at the time of providing the service by the chiropodist by a representative of the home or by both parties. The inspector stressed the importance of these controls in confirming the treatment received by the service user and the associated cost.

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

The inspector also reviewed the records in respect of the service users' comfort fund which is funded from contributions from the community, service users' family/friends and from internal fundraising by the home. A review of the records for expenditure found a small number of items which the inspector advised should have been paid for by the home or by individual service users. The inspector noted that the home should review the record and refund the cost of any items which should have been paid for by the home.

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

The inspector noted that the home had a policy and procedure detailing the arrangements for administering the comfort fund; however, the inspector noted that the policy and procedure did not address the principles or ethos in respect of the use of the comfort fund and did not detail who would take decisions regarding expenditure.

Recommendation 1 is listed in the QIP in respect of this finding.

The inspector identified a recent supermarket receipt which detailed that a representative of the home had used a personal store loyalty card when purchasing some items with the service users' comfort fund monies. The inspector noted that this was not acceptable, as a representative of the home should not personally benefit from any purchase made on behalf of the service users.

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

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 3

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

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ 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. 	
<p>Provider's Self-Assessment:</p>	
<p>The Home has a safe in the Administrators office for the storage of money and valuables. The Manager and the Administrator are the only staff who have access to this. Any monies or valuables held in the safe or returned are recorded and signed and dated by staff and service user. if required a service user can have access to a locked drawer in their room for the safe keeping of valuables.</p>	<p>Substantially compliant</p>

<p>There are no residents at present who have requested this. A reconciliation of the contents of the safe is carried out every fortnight and recorded</p> <p>There are 2 service users at present who have been referred to the Office of Care and Protection . These residents have an appointed solicitor who manages their finances. There are written instructions on file for both</p>	
<p>Inspection Findings:</p>	
<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. The inspector also noted that staff perform regular reconciliations of the cash and valuables held within the safe place. Good practice was observed.</p> <p>In reviewing the safe contents book, the inspector noted that the book itself was small and that there was limited space to clearly record information. The inspector highlighted that it would be also be easier to reconcile the items in the safe if when items were returned to service users, these records could be placed at the back of the records. The inspector noted that the home should review the method by which the contents of the safe were recorded.</p> <p>Recommendation 2 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for three service users and was informed that only two of the three records were available, as one of the service users selected did not have a property record.</p> <p>The inspector selected an alternative (third) record and on reviewing these records noted inconsistencies in the record keeping. Two of the three records were signed by two persons but not dated, while the remaining record was neither signed nor dated. The inspector noted that the home's "property of residents" policy and procedure required that these records should be signed and dated by two persons.</p> <p>In addition, the inspector noted that staff recording one service user's items had recorded the make of a television, while on another service user's record only "1 black TV" had been recorded. These findings indicated to the inspector that the process of recording furniture and personal possessions brought into the room by each service user was not being well managed.</p> <p>Requirement 7 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Statement 4

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

Criterion Assessed:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the home’s policies and procedures;
- Written agreement between the service user and the home is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual’s Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place; • Ownership details of any vehicles used by the home to provide transport services are clarified. 	
<p>Provider's Self-Assessment:</p>	
<p>There is no Transport Scheme in operation by this company. If a service user requires transport a taxi is ordered and paid for from their personal allowance. This is always agreed by the service user or their representative and a record kept of monies spent.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide a transport service to service user. The home has arrangements in place to support service users to avail of other means of transport.</p>	<p>Not applicable</p>

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

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Geraldine McAuley 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.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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 GLEBE CARE CENTRE

27 MAY 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Geraldine McAuley either during or after the inspection visit.

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

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

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

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

STATUTORY REQUIREMENTS

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

NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and 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.	Once	<p>All contracts have now been sent out from Larchwood NI to all service users or their representatives. Currently 90% of these have been signed and the remaining 10% will be completed within the next 4 weeks.</p> <p>There is now an appendix added to all contracts which shows any increases in fees or changes to the contract.. These have just been sent out to all service users or their representatives . It is anticipated these will all be returned within the next 4 weeks.</p> <p>At present there are no service users who have no-one to sign their agreement.</p>	Six weeks from the date of inspection: 8 July 2014
2	5 (2) (a) (b)	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	Once	From now on all service users will be provided with 28days notice in witting of any increases or variations to their contracts.If the	From the date of the next change

		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. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.		service user or their representative is unable to sign this will be recorded.	
3	19 (2) Schedule 4 (9)	<p>The registered person must ensure that any person providing hairdressing services and the service user or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.</p> <p>The costs of hairdressing services provided by both hairdressers visiting the home should be clearly detailed in the service users' individual agreements.</p>	Once	<p>Hairdressing treatment records are signed by a staff member to verify treatment has been carried out. Staff and Hairdressers have been reminded of this.</p> <p>A list of both hairdressers and their prices have now been added to the individuals agreement.</p>	<p>From the date of inspection</p> <p>Six weeks from the date of inspection: 8 July 2014</p>
4	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the chiropody services and the service user or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	Chiropody treatment records are signed by a staff member to verify treatment has been carried out . Staff and Chiropodist have been reminded of this	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that any expenditure paid from the service users' comfort fund is used for the benefit of the body of service users at the home and does not fund any items which should be paid for by the home or by individual service users. The record of previous purchases of any items from the service users'	Once	<p>A review has been carried out of all expenditures paid from the Comfort Fund.</p> <p>Following this review it was noted a small group of residents had attended a local bowls tournament and lunch for a period of a few</p>	Six weeks from the date of inspection: 8 July 2014

		comfort fund must be scrutinised, and the cost of any items which the home determines should have been paid for by the home or by individual service users be repaid to the service users' comfort fund. RQIA should be informed in writing, of the outcome of the review of previous comfort fund purchases.		weeks. This had been funded from the Comfort fund. It has now been decided that a proportional amount of the Fund can be used for this and the remaining monies paid by the individual residents. A letter explaining this will be sent to those Residents involved.	
6	14(4)	The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.	Once	A loyalty card for a local supermarket has been applied for and all staff have been made aware that if purchasing items for the Home that they will not use their personal cards.	From the date of inspection
7	19 (2) Schedule 4 (10)	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records 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.	Once	All property lists are currently being reviewed in the Home. These will be reassessed annually or when a new item comes into the Home. All additions or disposal of items will be signed and dated by 2 staff members at the time	Six weeks from the date of inspection: 8 July 2014


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	Appendix II	It is recommended that the comfort fund policy and procedure should include reference to the principles and ethos behind the comfort fund and inclusion of the service user and/or relative suggestions (if any) in the decision making process for expenditure from the comfort fund.	Once	. .New policies are now in place in relation to the Comfort fund. There are monthly residents meetings where the residents requests are considered .There are also quarterly relatives meetings where an opportunity is given to voice any ideas for the Comfort fund money.	Six weeks from the date of inspection: 8 July 2014
	25.16	It is recommended that the layout of the record of valuables deposited for safekeeping is amended to provide more space for recording details and to enable the registered manager and staff to see more clearly where items have been returned to service users or their representatives.	Once	A new record book for the safe keeping of valuables is now in use .	Six weeks from the date of inspection: 8 July 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Geraldine McAuley
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			16 July 2014
B.	Further information requested from provider				