



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

## **Announced Finance Inspection**

**Name of Establishment: Hamilton Care Home**

**Establishment ID No: 1444**

**Date of Inspection: 28 April 2014**

**Inspector's Name: Briege Ferris**

**Inspection No: 16923**

**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>	Hamilton Care Home
<b>Address:</b>	The Plantain 168 Ballycorr Road Ballyclare BT39 9DF
<b>Telephone Number:</b>	02893341396
<b>E mail Address:</b>	<a href="mailto:lucy_hamilton@btconnect.com">lucy_hamilton@btconnect.com</a>
<b>Registered Organisation/ Registered Provider:</b>	Mrs Heather Hamilton
<b>Registered Manager:</b>	Ms Lucinda Dawn Hamilton Hamilton Care Home
<b>Person in Charge of the Home at the Time of Inspection:</b>	Lucy Hamilton
<b>Number of Registered Places:</b>	24
<b>Number of Service Users Accommodated on Day of Inspection:</b>	22
<b>Date and Time of Previous Finance Inspection:</b>	None
<b>Date and Time of Inspection:</b>	28 April 2014 9.15 – 13.45
<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 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:

<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

Hamilton Care Home is situated on an attractive site on the edge of Ballyclare.

The facilities are provided on one level and are comprised of twenty single and two double bedrooms, two sitting rooms, dining room, toilet, bathing and shower facilities, kitchen, laundry and staff office.

Car parking is available in the designated car park and an area for wheelchair users and emergency vehicles is available at the front of the home.

Consideration is being given to extending the premises to provide additional accommodation and en-suite bedrooms in line with the Nursing Homes Minimum Standards. Whilst proposed plans for this work have been approved, building work has not yet commenced.

The maximum occupancy is 24 and the home is currently registered to provide care under the following categories:

### Nursing Care

I Old age not falling into any other category

### Residential Care (Maximum of three residents)

## 7.0 Summary of Inspection

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

The home provides an individual agreement to each service user admitted to the home; however, this has not been 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.

Two requirements were made with regard to this theme.

The home has been assessed as 'moving towards Compliance' with 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.

The inspector noted that the home have taken steps to improve the way that expenditure on behalf of service users is recorded. At the time of inspection, the home did not have written authorisation to use money deposited on behalf of service users to purchase identified goods and services on behalf of service users.

The home maintains records of charges to service users for accommodation and personal care, where relevant. The inspector noted that the home should introduce a policy and procedure to guide the administration of the service users' comfort fund.

Three requirements and one recommendation were made with regard to this theme.

The home has been assessed as 'Moving towards Compliance' with this theme.

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

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a clear and regularly reconciled record of cash deposited and used on behalf of service users. The record of non-cash valuables was not up to date on the day of inspection.

The home has not maintained a record of the furniture and personal possessions brought by the service user into their room.

Two requirements were made with regard to this theme.

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 'Compliant' 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 service user is provided with an individual residency agreement detailing the specific terms and conditions of all services delivered including the amount and method of payment of any charges.

HPNH is not involved in supporting any service user with his/her finances or undertaking financial transactions on the service user's behalf. This is clearly stated in our policies and procedures book.

HPNH notifies each service user in writing of any increase in the charges payable by the service user at least four weeks in advance of the increase.

Compliant

<p><b>Inspection Findings:</b></p>	
<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 fees; arrangements for service users to bring in items to personalise their rooms including arrangements to bring in any electrical items; arrangements for service users to deposit valuables or small sums of money with the home for safekeeping; the home's scale of charges and a list of additional services not covered in the charges payable to the home.</p> <p>The inspector noted that the service user guide was very clearly written and easy to understand. Good practice was observed.</p> <p>The inspector reviewed the individual financial circumstances of service users in the home and selected three service users' files and associated records for further examination.</p> <p>Of the three files examined, the inspector noted that all three agreements did not reflect the current fees and financial arrangements in place with the service user or their representative.</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 this agreement also did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.</p> <p>Specifically, the inspector noted that: the fees section 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 of the service user to the home and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs etc).</p> <p><b>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p> <p>A review of a sample of the records evidenced 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.</p>	<p>Moving towards compliance</p>

The inspector explained that when there was any change in the amount to be paid in respect of the service user's care or accommodation, including the level of any contribution from the service user's social security benefits, the home is required to inform the service user/their representative in writing of the up to date arrangements.

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

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

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

**Statement 2**

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

**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"> <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 initial assessment is carried out within the first six weeks, usually by the local district nursing team. After this time reviews are carried out by the permanent placement team. Finances are discussed at both the assessment and review stages. They are discussed, either with the patient or the patient's representatives as appropriate.</p> <p>HPNH maintains a record of any amounts paid for all agreed itemised services as facilities and specified in the service users agreement.</p> <p>HPNH does not receive any allowances or income on behalf of the service users. The only money held on behalf of the service users are amounts deposited by them or their representatives in their petty cash account. A record is kept of all transactions in this petty cash account. Service users or their representatives can see a record of all transactions at any time.</p> <p>It is not the policy of HPNH to purchase items on behalf of service users. However, a service user may instruct a senior care assistant to purchase small items. All relevant receipts are kept. When receipts are returned to</p>	<p>Substantially compliant</p>

<p>HPNH the care assistant is paid by cheque and the items are then charged for in the patients' monthly sundries bill.</p> <p>HPNH can respond to the requests of service users for access to their money and property at short notice.</p> <p>All records and receipts of all transactions are maintained and kept up to date.</p> <p>The patients' petty cash accounts is reconciled regularly. This is done at least quarterly.</p> <p>As a general rule, the HPNH will not be responsible for managing any patient's finances. This includes any member of staff acting as an appointee or as an agent. However, if a relative of any member of staff is admitted to the HPNH, and the member of staff is already acting on behalf of the patient, then a record will be kept of the member of staff, the date he acted in this capacity and the patient on whose behalf he acts as an agent/appointee.</p> <p>HPNH does not operate any bank account on behalf of any service user.</p> <p>We respect the patients' right to control their own financial affairs and we believe that:</p> <p>Patients should be responsible for their own affairs if possible. (Where there is evidence of a patient becoming incapable of managing his own affairs, Mrs Heather Hamilton, as the registered person, will report the matter in writing to the local or referring Trust.)</p> <p>HPNH has in the past given information to the office of care and protection giving details of service users' petty cash accounts. We would provide the same information to the referring trust if asked.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Discussions with a representative of the home and a review of the records evidenced that the home were not acting as nominated appointee for any service user on the day of inspection. The home does, however, receive monies from service user representatives to be spent by the home on the service user's 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>Moving towards compliance</p>

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

At time of inspection, the inspector evidenced that the home was holding cash balances for a small number of service users. The inspector examined the service users petty cash book/ledger maintained by staff at the home which evidenced that good basic record keeping controls were in place. The inspector also noted that two signatures were recorded against each entry and the ledger had been reconciled on a regular basis. Good practice was observed.

The inspector reviewed the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, podiatry, toiletries or other non-frequent sundry items. The inspector noted that the home maintain clear details on “patients’ monthly sundries” records detailing income and expenditure, together with other records to substantiate each transaction, such as a shop receipt for expenditure or hairdressing/chiropractic record.

Discussions with a representative of the home revealed that a senior member of care staff regularly makes small purchases on behalf of service users with the receipts for these purchases returned to the home thereafter. The inspector spoke with the senior member of care staff who was on duty during the inspection and noted that the staff member was able to clearly describe the controls around making purchases on behalf of service users.

A review of a sample of receipts from expenditure made evidenced a small number of instances where a personal loyalty points card had been used when paying for items purchased on behalf of service users. The inspector noted that it was inappropriate for a representative of the home to personally benefit from these purchases.

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

A representative of the home described how the home had recently amended the documentation used to record expenditure made on behalf of service users by the member of care staff. The inspector noted that the home had recognised an opportunity for improvement and had proactively changed its processes accordingly. Good practice was observed.

The home maintains copies of payment remittances from the commissioning trusts which detail the amount receivable by the home and the amount to be contributed by the service user/representative where relevant.



The inspector noted that the home also maintain a record of invoices raised in respect of the contribution payable by the service user or their representative. An examination of a sample of these charges for a defined period evidenced that the correct amounts had been charged to service user or their representative.

The inspector noted, however, that the costs of hairdressing and chiropody services facilitated within the home were not included in the home's individual agreements with service users. The inspector highlighted that it was important to be transparent about the costs to service users of services by external providers but facilitated within the home. Requirement 1 in respect of providing up to date agreements to each service user (including current fees and financial arrangements) has been listed above.

In reviewing the records for hairdressing and chiropody services, the inspector noted that these records had not been routinely signed by both the practitioner and by a representative of the home at the time of treatment. The inspector stressed the importance of this control in confirming the treatment received by the service user and the associated cost.

**Requirement 5 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. The inspector noted that a bank account was in place to manage the comfort fund monies. The inspector also noted that this account was named appropriately i.e.: Hamilton PNH residents' fund. Good practice was observed.

The inspector noted, however, that the home did not have a policy and procedure in place to guide the administration of the comfort fund.

**Recommendation 1 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>
	Substantially 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:	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> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>HPNH has a safe for the storage of money. Valuables are kept in the “valuables box” and a record of any such valuables is kept in a book. The valuables box and accompanying book are kept in a locked cuboard and only the nurse in charge has access to this cuboard. Only the nurse manager and general manager of HPNH have</p>	<p>Substantially compliant</p>

<p>access to the safe.</p> <p>Where money and valuables are deposited by service users of the home for safe keeping and returned, a record is signed and dated by the service user/ his/her representative, and the member of staff receiving or returning the possessions. At present no valuables are being held.</p> <p>To date we have never had an assessment of any service user which dealt with the safety and security of his her property. If such an assessment was made HPNH would make individualised arrangements to safeguard the service user's property. HPNH actively discourages any patients with confusion to keep any valuables. This advice is given in the Individual Residency Agreement and in the Advice to New Residents and Relatives.</p> <p>Both the Individual Residency Agreement and Advice to New Residents and Relatives make service users aware of how money and valuables are stored and how they may have access to their individual financial records at any time.</p> <p>To date we have never had an assessment or review of any service user which placed any restrictions on access to their money/valuables. If this were the case it would be reflected in the HSC Trust needs / risk assessment and the HPNH care plan.</p> <p>Because we currently hold no valuables it has been quite some time since the Valuables book has been reconciled.</p> <p>The patients' petty cash accounts is reconciled regularly. This is done at least quarterly.</p>	
<p><b>Inspection Findings:</b></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.</p> <p>The inspector noted that a valuables book was being used to record any valuables deposited with the home for safe keeping. On reviewing the book, the inspector noted that there were a number of items which appeared to be held by the home at the time of inspection. Subsequent discussion with staff at the home revealed that the book had not been updated to reflect that valuables had been returned to family members at some point. The</p>	<p>Moving towards compliance</p>

<p>inspector highlighted the importance of updating the records to evidence that the home no longer had custody of items which had been deposited by service users.</p> <p><b>Requirement 6 is listed in the QIP in respect of this finding.</b></p> <p>Discussion with the registered manager revealed that the home had not maintained a record of the furniture and personal possessions brought by each service user into their room.</p> <p><b>Requirement 7 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>Substantially 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 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>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>The initial assessment is carried out within the first six weeks, usually by the local district nursing team. After this time reviews are carried out by the permanent placement team. If transport is an issue this will be discussed at both the assessment and review stages. These issues will be discussed, either with the patient or the patient's representatives as appropriate.</p> <p>HPNH does not provide in-house transport. If a service user requires transport we organise a local taxi service. We receive an invoice from the taxi firm and the individual service user is charged through the monthly sundries account.</p> <p>HPNH does not provide in-house transport.</p> <p>No service user uses a motability vehicle</p> <p>HPNH receives no benefits on behalf of service users.</p> <p>HPNH ensures that any vehicles used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. As stated above there is no vehicle leased on the motability scheme.</p> <p>There are no vehicles at HPNH to provide transport services.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	
On the day of inspection, the home did not provide transport services to service users.	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



## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Lucinda Hamilton 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

HAMILTON CARE HOME

28 APRIL 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 Lucinda Hamilton 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 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>	Once	<p>Individual agreements to each service user have been updated to reflect current fees with the breakdown of how these fees are made up. An appendix will be sent out if any changes are made to the fees and a signed acknowledgment will be retained in the resident's file.</p> <p>Two copies have been sent to each service user/representative with one signed copy to be returned to the nursing home and retained in the resident's file.</p> <p>If a resident did not have a family member or representative this agreement would be shared with the HSC trust care manager.</p>	4 weeks from the date of inspection: 26 May 2014

2	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>We give at least 28 days written notice to each resident/representative.</p> <p>This will include changes to hairdressing, podiatry etc.</p> <p>A signed copy of this change to the resident's agreement will be kept in the resident's file.</p> <p>We will record if a resident or the their representative chooses not to sign this agreement.</p>	From the date of the next change
3	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.</p>	Once	<p>This has been included in the new resident's agreement with a covering letter highlighting this point.</p> <p>We do not at present have any residents who do not have a family member or friend to act as their representative but in the future if we do we will share all this information with the HSC trust care manager.</p>	4 weeks from the date of inspection: 26 May 2014

4	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	This has been addressed.	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the hairdressing or barber 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	A new hairdressing and podiatry book has been commenced and this has been fully addressed.	From the date of inspection
6	18 (2) (l)	The registered person is required to ensure that records of items deposited for safekeeping are regularly reconciled to the items held. 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 new residents' valuables book has been commenced and this will be regularly reconciled. Dates will be the dates these items were deposited and are now signed by two persons and similarly when items are returned.	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	Once	This has been commenced and all furniture and personal possessions of monetary or sentimental value are listed for all residents within the Hamilton Nursing Home. Any entry whether an addition or disposal will be dated and signed by two members of staff or by a member of staff and relative at the time of the entry.	4 weeks from the date of inspection: 26 May 2014

		<p>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>			
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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	Appendix 2	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, reconciliation etc.	Once	This policy has now been written and added to our Policies and Procedures 2014.	4 weeks from the date of inspection: 26 May 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Lucy Hamilton
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			<b>28 May 2014</b>
B.	Further information requested from provider				