



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

## **Announced Finance Inspection**

<b>Name of Establishment:</b>	<b>Cairngrove</b>
<b>RQIA Number:</b>	<b>1465</b>
<b>Date of Inspection:</b>	<b>22 December 2014</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>021081</b>

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

<b>Name of Home:</b>	Cairngrove
<b>Address:</b>	Balmoral Avenue, Rathfriland Road, Newry, BT34 1JS
<b>Telephone Number:</b>	0283026 6442
<b>Email Address:</b>	cairnhillhomes@hotmail.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Cairnhill Home 'A' Limited
<b>Registered Manager:</b>	Lisa Austin
<b>Person in Charge of the Home at the Time of Inspection:</b>	Lisa Austin
<b>Number of Registered Places:</b>	23
<b>Number of Service Users Accommodated on Day of Inspection:</b>	23
<b>Date and Time of Inspection:</b>	22 December 2014 09.40 – 13.30
<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**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager, senior care assistant 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 Southern Health and Social Services Board initially registered Cairngrove in August 1992.

The facility is located central to Newry City and is comprised of 23 single bedrooms, two sitting rooms, a relaxation room, a dining room, kitchen and laundry, toilet / washing facilities, a passenger lift, staff accommodation and offices.

The home is set within its own grounds and car parking space is available.

The home is registered to provide nursing care for a maximum of 23 patients with a Learning Disability under and over 65 years.

## **7.0 Summary of Inspection**

On the day of inspection, the inspector initially met with the registered manager at the home and later visited the offices of the organisation in Newry City Centre to review additional books and records with administrative staff.

During the course of the inspection, concerns arose in respect of the charging arrangements relating to the home's transport scheme.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve a notice of failure to comply with Regulation 12 (1) (a) (b) of the Nursing Homes Regulations (Northern Ireland) 2005.

The registered person attended a meeting with RQIA on 27 January 2015. At the meeting, the registered person provided a full account of the actions which would be taken to ensure the improvements necessary to achieve full compliance with the required regulation.

In light of the inspection findings and discussions held with the registered person on 27 January 2015; RQIA did not issue a notice of failure to comply with Regulation 12 (1) (a) (b) of The Nursing Homes Regulations (Northern Ireland) 2005.

Owing to the range of matters arising from the inspection which require action from the registered person, a further finance inspection will be carried out within a short timescale.

**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 inspector was advised that recently the home has begun to provide an individual agreement to newly admitted service users. Only six service users in the home had been provided with an individual agreement.

Discussion with the registered manager and administrative staff identified that the home had not previously notified all service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees would be payable.

Two requirements have been made. The home could demonstrate a convincing plan for full compliance by the end of the inspection year.

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

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

A representative of the home is acting as nominated appointee for seven of the service users in the home. There was no written record to detail the rationale for the arrangement being in place.

The home maintains a clear schedule of the separate social security benefits received on behalf of service users. Records are maintained which demonstrate the process in place to ensure that the portion of service user benefits owed to home is transferred over and clear records exist to substantiate the amount and the timing of these transfers.

The home did not have written authorisation in place from service users/their representatives for the home to spend service users' money on identified goods or services.

The inspector noted that the home's policy on "handling of residents' finances" states that "receipts are not requested for small items". It was noted that this did not reflect simple controls around cash handling and could potentially put the member of staff in a vulnerable position. It was noted that when a receipt was not available for a purchase; the service user's records should detail that no receipt was available. It was noted that the home's policy and procedure must be updated to reflect the change in practice.

The inspector noted that within the sample of the service users' expenditure records reviewed, a representative of the home had used a personal loyalty card when making purchases in a supermarket.

In reviewing a sample of the records for hairdressing services facilitated within the home, the inspector noted that the treatment record left by the hairdresser did not detail what service had been delivered for the price and the record was not signed by a representative of the home to confirm that the service users listed had received the treatment charged for.

Five requirements have been made. The home could demonstrate a convincing plan for full compliance by the end of the Inspection year.

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

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

The home has a safe place to enable service users to deposit cash or valuables for safekeeping. There is no safe book in place to record the movement of items of value deposited for safekeeping in and out of the safe place.

Entries made in service users' property records were not consistently signed and dated by two persons. There were no records of furniture and personal possessions beyond clothing.

Two requirements have been made. The home could demonstrate a convincing plan for full compliance by the end of the Inspection year.

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

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

A transport service is provided by the home and is available to all service users. Charges for transport services are not linked to actual usage; therefore the charging arrangements in place on the day of inspection were not equitable.

The home does not have a written transport policy and procedure in place, nor are there any written agreements with service users or their representatives in respect of the provision of transport services by the home. As noted above, the registered person was invited to meet with RQIA on 27 January 2015 to discuss this matter and an acceptable proposal was made by the registered person to achieve full compliance with the required regulation.

One requirement has been made.

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



**8.0 Inspection Findings**

**Statement 1**

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

<b>Criteria Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user</li> <li>• The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment</li> <li>• Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement</li> <li>• The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property</li> <li>• The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement</li> </ul>	
<p><b>Inspection Findings:</b></p> <p>The inspector reviewed a copy of the home's service user guide on the day of inspection. The inspector noted that in respect of fees, the guide contained a statement that "contracts are provided by the trust and agreed in partnership with the home provider...and the nurse manager". The inspector noted that while a contract is in place between the home and the commissioning trust (s), an individual agreement is required to be provided to each service user detailing the individual terms and conditions in respect of their residency in the home.</p> <p>The registered manager advised that the home had become aware that individual agreements were required and had provided these to any new service user admitted to the home in the last year. At the time of the inspection,</p>	<p>Moving towards compliance</p>

six service users had an agreement in place. The inspector acknowledged this, but noted that agreements must be in place with all of the service users in the home and that this should be done retrospectively for all service users who didn't have an individual agreement with the home. The inspector noted that the standard form of contract should be reviewed to ensure that the contents clearly reflected Regulation 5 (1) (a) (b) 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 individual agreement which has to be in place with all service users.

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

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

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

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

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

**Statement 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 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

**COMPLIANCE LEVEL**

<p>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>Inspection Findings:</b></p>	
<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. Discussion with the home's administrator and a review of the records identified that staff complete regular reconciliation of the amount received from the trusts against the home's own records of fees receivable.</p> <p>Discussion with the home's administrator identified that a representative of the home is acting as nominated appointee for seven of the service users in the home. The inspector noted that there was no written record to detail the rationale for the arrangement being in place. The inspector highlighted the importance of obtaining written agreement from the service user/their representative to detail why this financial arrangement was in place.</p> <p>The inspector noted that where no family representative was available for any service user, the registered person must contact the service user's HSC Trust care manager regarding any financial arrangement. The inspector was unable to locate any written confirmation from the Social Security Agency detailing the name and date of appointment of the nominated appointee.</p> <p><b>Requirement 3 is listed in the QIP in respect of this finding.</b></p>	<p>Moving towards compliance</p>

The inspector noted that the home maintain a clear schedule of the separate social security benefits received on behalf of service users which enables the home to ensure that the correct benefits have been received for individual service users. The inspector was shown records which demonstrated that a process is carried out by the home administrator to record week by week, the amount of separate benefits received for the identified service users.

The home's administrator confirmed that no monies belonging to any service user are paid into an account used in carrying on the establishment. The inspector reviewed documents which identified that the benefits for a number of service users are paid directly into an account used solely for the receipt of benefits; the inspector noted that the account was named in favour of the service users in the home.

The administrator described the process which is in place to ensure that the portion of service user benefits which are owed to home by way of the service users' contributions is transferred over to the home and clear records exist to substantiate the amount and the timing of these transfers. This indicated that this process was being managed well by the home.

The home's administrator was able to clearly describe and demonstrate to the inspector how the controls in place to safeguard service users' monies worked; particularly around the home's internal audit/reconciliation processes which are completed at regular intervals.

The inspector discussed how decisions were made about how to spend the service users' money on their behalf. The inspector was advised that the registered manager and senior staff would make these decisions. The inspector noted that it was best practice to have a written authorisation from the service user or their representative to indicate the scope of what the home had authority to purchase from money deposited with the home for safekeeping.

Discussions identified the home did not have these written authorisations in place on the day of inspection.

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

The inspector noted that the home had a method of recording income and expenditure for service users in service users' "cash books". Staff records the date, the name of the service user and the nature and amount of expenditure. However, the inspector noted that there were no signatures recorded against each entry in the cash

books. The inspector clarified that two signatures must be recorded against every transaction detailed on behalf of service users. The inspector acknowledged however, that following feedback from a recent finance inspection of another home in the group, the home had begun to record two signatures against these transactions from that date.

The inspector discussed with the registered manager and senior care assistant on duty how service users were supported to spend their money. Staff described how the service users are supported on a regular basis to make purchases of goods and services in the local shops. The inspector noted that the home's policy on "handling of residents finances" states that "receipts are not requested for small items". The inspector noted that it was not acceptable to have a policy of not requesting receipts are returned from expenditure when staff were assisting service users to spend their money. The inspector noted that this did not reflect simple controls around cash handling but also potentially put the member of staff in a vulnerable position. The inspector acknowledged that there were some exceptional circumstances where a receipt detailing how a service user's money had been spent would not be available such as mobile food retailers; however these circumstances should be exceptional. The inspector noted that when a receipt was not available for a purchase; the service user's records should detail that no receipt was available.

The inspector discussed this with the registered manager who advised that following feedback from a recent finance inspection of another home in the group, the home had begun to obtain receipts for all service users' expenditure. The inspector noted that this statement was supported by receipts available from the date of the earlier finance inspection.

The inspector noted that the home's policy and procedure must be updated to reflect the change in practice.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of a number of service users. The inspector noted that the home's administrator maintains a written record of what is spent by service users every month together with a computerised record detailing total income and expenditure, including social security benefits. The inspector sampled a number of records of expenditure for these service users and was able to trace these entries to the corresponding receipts retained.

In reviewing some examples of expenditure recorded on behalf of service users, the inspector noted that within the sample of the records reviewed, a representative of the home had used a personal loyalty card when making purchases in a supermarket. The inspector noted that this was not acceptable practice and highlighted the importance of emphasising this with the relevant staff.

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

In reviewing a sample of the records for hairdressing services facilitated within the home, the inspector noted that the treatment record left by the hairdresser did not detail the treatment provided nor was the record signed by a representative of the home to confirm that the service users listed had received the treatment charged for. The inspector stressed the importance of these controls in confirming the treatment received by the service user and the associated cost.

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



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

**Statement 3**

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

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>▪ The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place</li> <li>▪ Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions</li> <li>▪ Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property</li> <li>▪ Service users are aware of the safe storage of these items and have access to their individual financial records</li> <li>▪ Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan</li> <li>▪ A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures</li> <li>▪ A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed</li> </ul>	
<b>Inspection Findings:</b>	
<p>The inspector reviewed the safe place within the home with the registered manager and was satisfied with the controls around the physical location of the safe place and the persons with access. The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection.</p>	<p>Moving towards compliance</p>

The inspector noted that there was no safe book in place in the home to record what items were held within the safe place, including the cash box, any keys etc.

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

The inspector and the registered manager discussed how service users' property was recorded. The registered manager provided the inspector with a folder which contained the records of service users' property. The registered manager advised that recording service users' property had commenced approximately two years previously and that the home had since begun to record the addition or removal of any items of service users' property. The inspector reviewed a sample of the records and noted that items recorded were almost exclusively clothing. The home had a template in use for recording items which detailed the item, the date purchased or disposed of (including the reason why) and space for two signatures to verify the entry in the record. It was noted that some entries had only one signature recorded and some entries had not been dated. The inspector noted that the registered manager should ensure that if there were any other items of furniture or personal possessions, the service users' records must be updated to include these items.

**Requirement 9 is listed in the QIP in respect of this finding.**

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

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

**Statement 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>Inspection Findings:</b></p>	
<p>A transport service is provided by the home and is available to all service users. The majority of service users pay one of two fixed rates for transport, depending on whether they are in receipt of the high or low rate of the mobility component of Disability Living Allowance.</p> <p>Of the twenty three service users in the home on the day of inspection: seven were paying £40 per week, eight were paying £21.55 per week, two were paying either the high or low rate and six were not paying anything for transport services.</p> <p>The responsible person and their representatives confirmed that all of the service users have equal access to and use the transport services provided by the home.</p> <p>The home does not have a written transport policy and procedure in place, nor are there any written agreements with service users or their representatives in respect of the provision of transport services by the home.</p> <p>As noted in section seven above, the registered person was invited to meet with RQIA on 27 January 2015 to discuss this matter and an acceptable proposal was made by the registered person to achieve full compliance with the required regulation.</p> <p><b>Requirement 10 is listed in the QIP in respect of this finding.</b></p>	<p>Not compliant</p>

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

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

## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Lisa Austin 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**

**CAIRNGROVE**

**22 DECEMBER 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 Lisa Austin either during or after the inspection visit.

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

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

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

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

**STATUTORY REQUIREMENTS**

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user.</p> <p>Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	Once	In process	Three months: 22 March 2015

2	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. The service user's individual agreement must be updated accordingly.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	In Process	From the date of inspection
3	22(3)	<p>The registered person must request written confirmation that a representative of the home has been authorised by a service user or their representative or care management to approach the Social Security Agency to act as 'nominated appointee' for the individual service users. This confirmation once received, must be available in the service user's records.</p> <p>The registered person must request written confirmation from the Social Security Agency to confirm for the seven service users identified during the inspection, the name of the appointee and the date they were approved by the Social Security Agency. The registered person must ensure that the individual service users' agreements with the home accurately reflect</p>	Once	Confirmation for service users was approved on 28 <sup>th</sup> March 2007, same available upon request	Two months: 22 February 2015


		these arrangements and the records to be retained.			
4	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.</p> <p>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	In process of obtaining same	Three months: 22 March 2015
5	19 (2) Schedule 4 (9)	Where a purchase is made on behalf of a service user or where a member of staff supports a service user to spend their own money and a receipt is not available for the purchase; the service user's financial records should reference that no receipt was available. The registered person should ensure that these instances are in exceptional circumstances only. Arrangements	Once	Done	From the date of inspection

		<p>should exist to ensure that patterns of staff failing to return a receipt for expenditure made while supporting a service user outside of the home are identified in a timely manner and investigated accordingly. Staff should be advised of the importance of returning receipts in all but exceptional circumstances.</p> <p>The home's policy and procedure on "handling of residents finances" should be updated to reflect new practice for staff in the home.</p>			<p>Two months: 22 February 2015</p>
6	14 (4)	<p>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.</p>	Once	Policy updated to reflect same	From the date of inspection
7	19 (2) Schedule 4 (9)	<p>The registered person must ensure that the treatment records for hairdressing or other service facilitated within the home detail the treatment and the cost to the identified service users. Treatment records must be signed by both the person providing the treatment and a member of staff at the home to verify the treatment received and the associated cost to each service user.</p>	Once	Being done	From the date of inspection
8	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that a written "safe book/register" is introduced to record any items held within the safe place. This should record anything held within the safe place including items deposited for safekeeping on behalf of service users. Should any item be</p>	Once	Register has been introduced on 23 <sup>rd</sup> March 2015	Two months: 22 February 2015

		<p>deposited for safekeeping, the record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.</p> <p>The safe register must be reconciled and signed and dated by two persons at least quarterly.</p>			
9	19 (2) Schedule 4 (10)	<p>The registered person must ensure that inventory records for all service users are updated to reflect any items of furniture or personal possessions beyond clothing. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p> <p>Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</p>	Once	Policy updated to reflect same	Two months: 22 February 2015
10	12 (1) (a) (b)	<p>The registered person is required to ensure that a transport policy and procedure and charging system is developed which reflects the principle that charges made to service users for transport reflect actual individual usage.</p> <p>The registered person must consult with the HSC trusts involved in commissioning care for service users in the home regarding any proposed changes to the provision of transport to individual service users.</p>	Once	Draft forwarded	Four months: 22 April 2015

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>	Lisa Austin
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Charles Digney

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