



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

## **Announced Finance Inspection**

<b>Name of Establishment:</b>	<b>Brooklands</b>
<b>RQIA Number:</b>	<b>1478</b>
<b>Date of Inspection:</b>	<b>16 February 2015</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>20931</b>

**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>	Brooklands (1478)
<b>Address:</b>	10 Newry Road Kilkeel BT34 4DT
<b>Telephone Number:</b>	0284176 4968
<b>E mail Address:</b>	therese.conway.bhl@googlemail.com
<b>Registered Organisation/ Registered Provider:</b>	Brooklands Healthcare Ltd Therese Conway
<b>Registered Manager:</b>	Deborah Campbell
<b>Person in Charge of the Home at the Time of Inspection:</b>	Deborah Campbell
<b>Number of Registered Places:</b>	57
<b>Number of Service Users Accommodated on Day of Inspection:</b>	54
<b>Date and Time of Inspection:</b>	16 February 2015 09.50 – 15.30
<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**

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 home administrator
- 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

Brooklands Private Nursing Home is a purpose built two-storey building situated in its own grounds on the outskirts of Killeel.

The home is registered as a nursing home and can provide care under the following categories:

### Nursing Care (47)

- I Old age not falling into any other category
- PH Physical Disability under pensionable age

### Residential Care (7)

- I Old age not falling into any other category

### Conditions of Registration

- A maximum of 4 persons in category NH-PH
  - 2 persons in category NH –LD
  - 2 persons in category NH PH (E)
  - 1 person in category NH-DE

## 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 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. Of four files sampled, only two contained a signed agreement.

All service users had not been informed in writing of any increase in the fees payable by or in respect of the service user.

Two requirements have been made.

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

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

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and up to date records exist to support income and expenditure for service users.

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

The home is directly in receipt of the personal allowance monies for one service user. The arrangements for this were not detailed in the service user's records. This arrangement should be recorded in writing for transparency and shared with the HSC trust care manager.

A sample of records identified that treatment records provided by the hairdresser and podiatrist were not routinely dated by both the person providing the service and a representative of the home to confirm that the service charged for had been delivered. Actual treatments provided should be specified.

Three requirements have been made.

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

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

The home has a safe place to enable service users to deposit cash or valuables for safekeeping. The home maintains a regularly reconciled record of cash deposited and used on behalf of service users. A safe book was in place, but had been used for many years, making a reconciliation of the remaining items in the safe place an onerous task. An updated safe register should be introduced.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified weaknesses in record keeping: some records reviewed had not been signed or dated.

Two requirements have been made.

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

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

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

No requirements or recommendations have been made.

The home has achieved a compliance level of 'not applicable' 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>	
<b>Provider's Self-Assessment:</b>	
<p>Patient's Guide is issued on day of admission or no later than 5 days after admission. This Guide specifies the terms and conditions of the service to be delivered. All monies and valuables received by members of staff is checked and signed by two staff members and taken to the administrators office as soon as possible. The administrator checks the content and issues a two-part receipt for any cash received. All residents are care managed and therefore residents contributions are determined by the Trust</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information for service users including personalising of service users' rooms to their taste and the arrangements for the home to safeguard any valuables should the service user wish to deposit them for safekeeping.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager and administrator; and selected four service users' files and associated records for further examination. On examining the sample of four service users' files, the inspector noted that only two of the four service users had a signed agreement on file; the remaining service users did not have any written agreements on file. The two signed agreements which were on file did not reflect the current fees for those individual service users.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted service users and on review, the inspector noted that this agreement did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2.</p> <p>Specifically, the inspector noted that: the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the date of admission; the duration of the service user's stay in the home; a copy of the home's complaints procedure; the arrangements for any financial transactions undertaken on behalf of service users by the home and the records to be kept; 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).</p> <p><b>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p> <p>There was no written evidence to identify that all service users or their representatives had been advised of the increase in fees over time.</p> <p><b>Requirement 2 is listed in the QIP in respect of this finding.</b></p> <p>The inspector noted that the home has a resident property policy detailing procedures for staff to follow in order to safeguard service users' money and valuables.</p>	<p>Moving towards compliance</p>

<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 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

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<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>Provider's Self-Assessment:</b></p>	
<p>A record of all amounts deposited and spent is kept for all residents. This itemises each entry and is signed for by the resident/representative or two staff members. On admission the resident / representative will sign the form for management of residents personal allowance and other allowances which allows the staff in the home to purchase items at the residents request or at short notice. All records and receipts are attached to the balance sheet clearly stating the expenditure. A reconciliation of the money held by the home is carried out monthly by manager and administrator. In the event that a service user is not capable of managing their affairs, the manager will write to the care manager to advise of same. Residents finances are discussed at the annual care review meeting with the care manager and a copy of balance sheet is given to the care manager.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant.</p> <p>The inspector reviewed the records relating to amounts charged to a service user paying fees directly to the home and was satisfied that the correct amounts were being charged by the home.</p>	<p>Moving towards compliance</p>

The registered manager advised that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector was advised that the home now uses a template to obtain the written permission of the service user or their representative to use money lodged with the home on specific items or services.

The inspector requested a sample of files to review and noted that of four files reviewed; none had the written authorisation template in place. The inspector noted that the written authorisations must be sought from current service users in the home.

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

Discussion identified that the home does not operate a bank account on behalf of any service user or the service users as a group. Staff advised that the only money handled by the home is that which is deposited by family representatives or received otherwise to spend on hairdressing, podiatry, toiletries and other identified items.

The inspector reviewed a sample of receipts written for lodgements of money to the home and noted that the receipts were routinely signed by two members of staff; good practice was observed.

The inspector discussed the financial arrangements in place at the home for one identified service user. The inspector noted that the organisation's head office receives the service user's social security benefits from the commissioning trust and in turn, deducts the portion of the service user's benefits which are owed to home by way of the service users' contribution to their fees. The remaining personal allowance owed to the service user is transferred over to the home and clear records exist to substantiate the amount and the timing of these transfers.

The inspector noted that the registered manager and the administrator could clearly explain this arrangement; however it was not documented in the service user's records. The inspector noted that this arrangement should be clarified in writing and detailed in the service user's updated individual agreement (see Requirement 1). The inspector also noted that a written note of the arrangement should be sent to the service user's HSC trust care manager, with a copy retained on the service user's records and updated as necessary.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users, such as that in respect of hairdressing and podiatry services, toiletries etc. The inspector noted that the home maintain individual cash records for service users for whom they hold money which detail income and expenditure. Records were neat, kept up to date and included a reference number for purchase receipts so that these could be easily traced; entries were signed by two people. The records also reflected that there were regular reconciliations of the monies held for each service user which were also signed by two people. Good practice was observed.

The inspector sampled a number of transactions from the records and was able to trace these entries to the corresponding records to substantiate each transaction, such as copy receipt for cash lodgement or the hairdresser's treatment record for a treatment provided.

As noted above, a hairdresser and private podiatrist visit the home to provide treatments to service users. In reviewing a sample of the records for hairdressing and podiatry, the inspector noted that the respective treatment records did not detail the individual treatments provided to service users, hairdressing records had been signed by the hairdresser and a member of care staff but the dates had not been recorded.

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

The inspector discussed the home's comfort fund with the registered manager and administrator. The inspector noted that the home has a comfort funds policy in place detailing the procedure to follow in respect of the administration of the comfort fund.

The inspector reviewed the administration of the comfort fund and noted that this adhered to the homes policy and procedure. The inspector noted that receipts were available confirming lodgements made and invoices from purchases were available and being retained by the home to identify how the comfort fund money was being spent; regular reconciliations of the comfort fund monies were also being carried out and recorded.

<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:**

<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>Provider's Self-Assessment:</b>	
<p>A safe is located in the administrators office which is kept locked out of office hours. A numerical code is required to open the safe and this is only known by the manager and administrator. When returning items this is recorded in the residents belongings record and/or safe contents book. Residents requiring security for their items are</p>	<p>Substantially compliant</p>

<p>aware they can use the office safe, get a key for their locked cupboard or a key for their bedroom. Residents are able to get access to their financial records. A reconciliation for safe items is completed monthly by the manager and administrator</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 undertook a count of a random sample of the cash balances and items deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector also noted that staff performs regular reconciliations of the cash and valuables held within the safe place.</p> <p>The inspector noted that there was a safe book in place at the home where items had been recorded for safekeeping, there was also evidence to identify that the record was regularly reconciled. The inspector noted that in order to trace the record of the items in the safe place, it was necessary to review all of the book, as items had been deposited over a long period of time. The inspector noted that it was preferable if there was a safe register which detailed the items in the safe place in a concise way, so that it was possible to see at a glance, what items of cash or other valuables were deposited in the safe place.</p> <p><b>Requirement 6 is listed in the QIP in respect of this finding.</b></p> <p>The inspector requested the inventory/property records for four service users. Of the four records examined, the inspector noted that there was inconsistency in the way the records had been made. One record was signed and dated by two people, one record was signed but not dated and the remaining two records were neither signed nor dated. This indicated to the inspector that the process of recording service user inventory was not being managed well.</p> <p><b>Requirement 7 is listed in the QIP in respect of this finding.</b></p>	<p>Moving towards compliance</p>

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

<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
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the

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<p>transport scheme</p> <ul style="list-style-type: none"> <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>Residents use their own private transport and the charge is agreed between both parties. There is no transport scheme used in Brooklands</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>At the time of inspection, the home did not provide transport to service users. The home has arrangements in place to support service users to avail of other means of transport.</p>	<p>Not applicable</p>

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

## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Deborah Campbell 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**

**BROOKLANDS**

**16 FEBRUARY 2015**

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

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

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

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

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

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

**STATUTORY REQUIREMENTS**

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</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. 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>An appendix has been formulated so that this can be inserted into each individuals agreement on a yearly basis detailing the current fees being paid.</p> <p>A signed copy of the Service users agreement is kept on file for all residents. Where a resident is unable to sign the agreement or does not have a family member then the agreement will be shared with the care manager. When a resident or their representative refuses to sign this will be recorded and signed by Home Manager.</p>	Six weeks: 30 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. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>The resident or representative will be notified of increase in fees in accordance with Trust tariffs increases. The residents agreement is updated when necessary. Where a resident or representative does not sign the agreement this will be recorded and signed by the manager.</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</p>	Once	<p>Written authorisation is obtained from each resident or representative on pre-agreed expenditure of personal monies. Records will be kept and relevant persons informed in the event of failing to obtain authorisation.</p>	Six weeks: 30 March 2015

		monies authorisation should be shared with the HSC trust care manager.			
4	19 (2) Schedule 4 (3)	The registered person is required to write to the HSC trust which has commissioned the care for the service user identified during the inspection and set out in detail the arrangements in place with the organisation/home regarding how the service user's money is being managed and the controls and safeguards which are in place at the home to ensure that the service user's personal monies are appropriately safeguarded on their behalf. A copy of this detailed note should be retained on the service user's records in the home and updated as necessary.	Once	Correspondence has been sent to the HSC trust in relation to identified service user, to agree arrangements on how the residents money will be managed, controlled and safeguarded. A copy of these arrangements will be held on file.	Four weeks: 16 March 2015
5	19 (2) Schedule 4 (9)	The registered person must ensure that the persons providing the hairdressing and podiatry services both sign and date the treatment records. Members of staff signing the records must also date the records. The actual treatments provided to service users must be detailed on the records.	Once	New template in place stating the treatment type, price of treatment, total paid, signed and dated by hairdresser / podiatrist and countersigned and dated by staff member.	From the date of inspection
6	19 (2) Schedule 4 (9)	The registered person is required to ensure that an updated written "safe book/register" is introduced to record any existing items held within the safe place. The safe book should clearly reflect all of the items held in the safe place and enable those reconciling the items in the safe place to the record to see at a glance what is expected to be contained in the safe place. Should any item be deposited for safekeeping,	Once	Computerised inventory of safe now in place. Any items deposited will be recorded and receipted and signed by office administrator and manager. When items are returned to the resident or representative the record will be updated, receipted and signed by two signatories.	Four weeks: 16 March 2015

		<p>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>			
7	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users.</p> <p>The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home. All inventory records should be updated on a regular basis. Any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	Once	On admission each resident's key worker will maintain a list of all items brought into the home. Any additional items will be recorded accordingly to include items of value or requiring PAT testing	Four weeks: 16 March 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>	DEBORAH CAMPBELL
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	THERESE CONWAY

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			09/04/2015
B.	Further information requested from provider				