



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Glenview
RQIA Number:	1485
Date of Inspection:	2 March 2015
Inspector's Name:	Briege Ferris
Inspection ID:	21192

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

Name of Home:	Glenview
Address:	9 Cabragh Road Dungannon BT70 3AH
Telephone Number:	02887767132
E mail Address:	glenview.nursing@btconnect.com
Registered Organisation/ Registered Provider:	Glenview Eleanor Sands
Registered Manager:	Eleanor Sands
Person in Charge of the Home at the Time of Inspection:	Eleanor Sands
Number of Registered Places:	45
Number of Service Users Accommodated on Day of Inspection:	36
Date of Previous Finance Inspection:	23 January 2007
Date and Time of Inspection:	2 March 2015 11.15 – 16.30
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

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

3.0 Purpose of the Inspection

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

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

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the Inspection process.

4.0 Methods/Process

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self declaration), pre-inspection analysis and the inspection visit by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager and the home's 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:

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

6.0 Profile of Service

Glenview Private Nursing Home is registered to provide nursing care in these categories of care: old and infirm, dementia, and physically disabled. The home is also registered to provide residential care in the old and infirm category of care.

7.0 Summary of Inspection

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

The home provides an individual agreement to each service user admitted to the home which is updated to reflect new fees over time. The inspector noted that on reviewing a sample of the individual files in place with service users the individual financial arrangements with selected service users were not clearly reflected in their individual written agreements.

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.

One requirement has been made.

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

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

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 receipts for lodgements must be provided consistently to those making lodgements for safekeeping on behalf of service users.

Records of reconciliations of money held on behalf of service users had been made, however there were gaps of more than three months between reconciliations. A review of records identified that a representative of the home had used a loyalty card to obtain points when making some purchases on behalf of service users.

Comfort fund records identified that expenditure made from the fund adhered to the home's policy and procedure; however it was recommended that the associated policy and procedure be expanded.

A sample of records identified that treatment records provided by the hairdresser were routinely signed by both the person providing the service

and a representative of the home, however the individual treatments provided to service users was not detailed. The use of a template to record treatments was also recommended.

Five requirements and two recommendations 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 clear record of cash deposited and used on behalf of service users; however no concise safe register was in place.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified that a template had been used to record items and that there was evidence of updating within the sample of records. The inspector noted that only one person had signed the records sampled despite the template in place requiring two persons to sign and date the record.

Two requirements have been made.

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

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

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

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 a personalised written agreement
 The agreement contains details the charges payable by the service user
 The home does not provide financial support to its service users.
 The home notifies each service user in writing when they are made aware of any increase in the charges payable at least 4 weeks in advance if possible.

Substantially compliant

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide and the home brochure. The inspector noted that the guide contained a blank copy of the standard form of contract between the home and the service user.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager and home's administrator; and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted that all four service users had a signed agreement on file and each of the four agreements included the current weekly fee for the individual service users. The inspector noted however, that all of the agreements did not detail by whom the fees would be payable and the method of payment used by each party, where relevant.</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 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 duration of the service user's stay in the home; the arrangements for any financial transactions undertaken on behalf of service users by the home and the records to be kept; the arrangements for the management of the service user's valuables; the arrangements for regularly reviewing the agreement and the cost of the itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing).</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>A review of the records held established that the home had previously notified service users/their representatives of any increase in the fee over time.</p> <p>The inspector noted that the home has a financial policy and procedure for staff to follow entitled "Patients/Residents Monies Held by the Home".</p>	<p>Substantially compliant</p>

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

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

Statement 2

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

Criteria Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • 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 	

<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"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement 	
<p>Provider's Self-Assessment:</p>	
<p>The placing Health and Social Care Trust describes the service users needs and abilities and the appropriate level of support in supporting them to manage their finances. The home maintains the necessary records. If items are purchased then there is written authorisation in place from either the service user or the next of kin, each transaction is signed and dated by the service user or their representative and a staff member or two staff members if neither are unable to sign. Arrangements are in place to ensure that the home can respond to requests made by service users at short notice. The home maintains up to date records of transactions undertaken by staff A reconciliation of money/possessions held by the home is undertaken quarterly The home does not act as nominated appointee or agent for any service users. No bank accounts are operated by the home on behalf of a service user. Where the registered person deems that a service user is becoming incapable of managing their own affairs then this is reported to the placing Health & Social Care Trust at the annual contract review meeting and the Keyworker.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to a sample of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>The registered manager and home administrator stated 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 goods or services on service users' behalf.</p> <p>The inspector noted that while there were some individual authorisations in place for identified service users, other service users for whom the home were purchasing goods and services on their behalf, did not have written authorisation in place. The inspector noted the importance of ensuring consistency in the approach to recording financial arrangements in place to support service users with their money and also highlighted the importance of this control for the home.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p> <p>Discussion identified that that home operates a separate bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as hairdressing, cigarettes etc. The inspector noted that the bank account was appropriately named in favour of the service users in the home. There was written evidence that regular reconciliations of the bank account were being carried out and recorded, and signed and dated by two members of staff, good practice was observed.</p> <p>As noted above, money is deposited with the home by service users' representatives to spend on hairdressing, cigarettes and other identified items. Discussion with the registered manager and the home's administrator identified that there is not a consistent practice of providing a written receipt to family members lodging money with the home for safekeeping. The inspector noted that a duplicate receipt book was in place which must be used every time a lodgement was made to the home for safekeeping on behalf of service users.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>The inspector reviewed a sample of the records for expenditure incurred on behalf of a broad sample of service users such as that in respect of hairdressing, cigarettes, and other sundry items. The inspector noted that the</p>	<p>Moving towards compliance</p>

home maintain individual records for service users for whom they hold money which detail income and expenditure. Records were neat, kept up to date and each entry was signed by two persons. The records also reflected that there were reconciliations of the monies held for each service user which were also signed by two people. Good practice was observed.

The inspector noted that the time between some reconciliations was longer than a period of three months and highlighted the importance of carrying out at least quarterly reconciliations.

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

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. On reviewing a sample of records of purchases made by home on the service users' behalf, the inspector noted that a representative of the home had used a personal loyalty card to gain points when making purchases of items. The inspector noted that this was not acceptable practice and highlighted the importance of emphasising this with the relevant staff.

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 the home's administrator. The inspector noted that the home has a comfort funds policy in place, detailing the procedure to follow in respect of the management of the comfort fund.

The inspector noted that the comfort fund policy and procedure was quite short and may not adequately describe the principles, ethos and scope of expenditure of the service users' comfort fund.

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

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.

As noted above, a hairdresser visits the home to provide treatments to service users. In reviewing a sample of the records for hairdressing, the inspector noted that a book in use to record treatments provided by the hairdresser. The inspector noted that the majority of treatments are provided free of charge by the home. The

<p>home's administrator explained that care staff in the home record the names of the service users to be treated on the day and the hairdresser indicates (by ticking) that the person has been treated. The inspector noted that the home used a separate treatment page to record more expensive treatments which are not provided free of charge by the home.</p> <p>It was noted that the names of the service users, the signature of the hairdresser and a member of staff in the home and the total cost were recorded on each treatment day record. The inspector noted however that in keeping with best practice, the individual service received by each service user was not recorded on the treatment record.</p> <p>Requirement 6 is listed in the QIP in respect of this finding.</p> <p>The inspector discussed how best to record treatments by outside professionals and noted that a template format is often helpful to capture all of the required information in one place and cut down on repeatedly writing the same items each treatment day. The inspector made a recommendation in this regard.</p> <p>Recommendation 2 is listed in the QIP in respect of this finding.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

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:

- The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place
- Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions
- Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user’s property
- Service users are aware of the safe storage of these items and have access to their individual financial records
- Where service users experience restrictions in access to their money / valuables, this is reflected in the service user’s HSC trust needs / risk assessment and care plan
- A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home’s SVA procedures
- 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

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p>	
<p>The home provides a lockable safe for the storage of money and valuables with robust controls around who has access. Where items of value or monies are deposited these are recorded and sign in both by the service user/client representative and a staff member. The home does not have any involvement with service users property. Service users and their representatives are made aware of the arrangements with respect to the safe keeping and access to their valuables, monies and records relating to them. No restrictions are placed on service users in relation to access. Reconciliation of money and valuables held for safekeeping is carried out at regular intervals. Property details of service users is retained on admission and amended as required</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector undertook a count of a random sample of the cash balances deposited for safekeeping with the home and noted that these agreed to the records retained.</p> <p>The inspector noted that there was a 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 the entire book, as items had been deposited over a long period of time. The inspector noted that there must be a safe book/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>Requirement 7 is listed in the QIP in respect of this finding.</p>	<p>Substantially compliant</p>

<p>The inspector requested the inventory/property records for three service users. The inspector noted that a template entitled “record of resident’s belongings” was in use to record items on behalf of service users. The inspector noted that there was a separate page within the template to record items of “personal equipment” and “valuables” and the template included guidance for staff on the level of detail to record; good practice was observed in respect of this finding. There was also evidence that the records sampled had been updated over time to record new additions.</p> <p>All three records were dated; however each of the three records had been signed by one person, despite the template requiring that two signatures be recorded; which serves as protection for both the service user and the members of staff making the record.</p> <p>Requirement 8 is listed in the QIP in respect of this finding.</p>	
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<p>PROVIDER’S OVERALL ASSESSMENT OF THE HOME’S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE HOME’S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</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
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the

COMPLIANCE LEVEL

<p>transport scheme</p> <ul style="list-style-type: none"> The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place Ownership details of any vehicles used by the home to provide transport services are clarified 	
<p>Provider's Self-Assessment:</p>	
<p>The home does not make charges to its service users with respect to transport arrangements.</p>	<p>Compliant</p>
<p>Inspection Findings:</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>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Eleanor Sands as part of the inspection process.

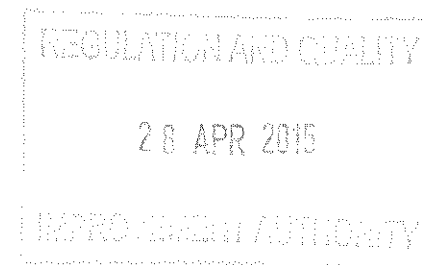
The timescales for completion commence from the date of inspection.

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

GLENVIEW

2 MARCH 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Eleanor Sands 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. 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>THIS IS IN PLACE.</p> <p>INDIVIDUAL SERVICE USER AGREEMENTS ARE BEING REVIEWED AND WILL BE SIGNED BY SERVICE USER / NEXT OF KIN / REPRESENTATIVE WHEN COMPLETE.</p> <p>THIS WILL BE ADHERED TO.</p>	Four weeks: 30 March 2015

2	19 (2) Schedule 4 (3)	<p>The registered person must ensure that for those service users for whom the home engage in any transactions for goods or services, written authorisation is obtained from the service user or their representative to spend the personal monies of service users on pre-agreed expenditure.</p> <p>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.</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 personal monies authorisation should be shared with the HSC trust care manager.</p>	Once	<p>THIS IS IN PLACE AND WILL BE REVIEWED.</p> <p>THIS WILL BE ADHERED IF REQUIRED.</p> <p>THIS WILL BE ADHERED TO.</p>	Four weeks: 30 March 2015
3	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that the home consistently provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home.</p>	Once	<p>GLENVIEW HAS A DUPLICATE RECEIPT BOOK FOR RECORDING CASH BEING HANDED OVER AND WILL BE CONSISTENTLY PROVIDE A RECEIPT AND SIGN ACCORDINGLY.</p>	From the date of inspection

4	19 (2) Schedule 4 (9)	The registered person is required to ensure reconciliations of the monies/valuables held on behalf of service users in the home are performed, recorded, and signed and dated by two persons at least quarterly.	Once	THIS IS IN PLACE AND CONTINUES TO BE DONE.	From the date of inspection
5	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	STAFF HAVE BEEN INFORMED NOT TO USE PERSONAL LOYALTY CARDS TO BENEFIT FROM PURCHASES MADE ON BEHALF OF SERVICE USERS.	From the date of inspection
6	19 (2) Schedule 4 (9)	The registered person must ensure that the individual treatment received by each service user is recorded in the hairdressing records.	Once	THIS HAS BEEN ADDRESSED.	From the date of inspection
7	19 (2) Schedule 4 (9)	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 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.	Once	THIS IS IN PLACE.	Two weeks: 16 March 2015
8	19 (2) Schedule 4 (10)	The registered person must ensure that any entry in the service users' records of "personal belongings", whether an addition or disposal, is	Once	THIS IS BEING ADDRESSED.	Four weeks: 30 March 2015

		<p>dated and signed by two people at the time the entry in the record is made. The registered person must ensure that a retrospective review of the existing records for service users is carried out and two signatures are recorded to identify that the items recorded on each service user's individual record are accurate at the date of the review.</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	25.16	It is recommended that the registered person expands and updates the home's current policy and procedure on the management and administration of the service users' comfort fund monies. The relevant staff members should be made aware of the contents of the updated policy and procedure.	Once	THE COMFORT FUNDS POLICY IS BEING UPDATED AND RELEVANT STAFF MEMBERS WILL BE MADE AWARE OF SAME.	Four weeks: 30 March 2015
2	25.16	It is recommended that the registered person introduces a template for recording services performed by the hairdresser. This would remove the need to handwrite the names of person's receiving service on each occasion and would capture the costs of the respective services in a consistent manner, thus avoiding duplication and the potential for errors to occur. The name, type of service, and associated cost should be recorded as well as the signature and date of the hairdresser and a member of staff who can verify that the service users received the treatments indicated.	Once	THIS IS ADDRESSED.	Two 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Carol Sands CAROL SANDS
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	MERUYN GREGG.

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	<input checked="" type="checkbox"/>			18/05/15
B.	Further information requested from provider				