



Announced Primary Finance Inspection

Name of Establishment:	Croaghpatrick
RQIA Number:	1593
Date of Inspection:	5 January 2015
Inspector's Name:	Briege Ferris
Inspection ID:	20584

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

Name of Home:	Croaghpatrick
Address:	Miller Hill 235 Millisle Road Donaghadee BT21 0HY
Telephone Number:	02891888383
E mail Address:	croagh.patrick@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care James McCall
Registered Manager:	Wilhelmina Anne Devoy
Person in Charge of the Home at the Time of Inspection:	Wilhelmina Anne Devoy
Number of Registered Places:	67
Number of Service Users Accommodated on Day of Inspection:	46
Date and Time of Inspection:	5 January 2015 10.00-15.00
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager and other members of staff
- Examination of records
- File audit
- Evaluation and feedback

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

5.0 Inspection Focus

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

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

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

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

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

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

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

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

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

6.0 Profile of Service

Croaghpatrick Care Home is situated in a very pleasant rural, coastal site, overlooking the Irish Sea. It is sited in a quiet location reached by a tree-lined driveway.

The large gardens are well-tended and add to the relaxed atmosphere, which is a feature of this home. The gardens are private and safe, affording patients and visitors the choice to take walks in the grounds of the home.

There are good car parking facilities available.

Local bus services to Bangor, Donaghadee and Ballywalter are close by at the end of the driveway. Local community services and main shopping areas are approximately one mile from the home in Donaghadee.

The home is registered for 67 nursing beds. The registered manager confirmed that the number of beds effective for use at present is 60. Previously shared rooms have been adapted and are being used as spacious single rooms.

Bath/shower rooms and WCs are accessible to all communal and bedroom areas throughout the home.

The home is owned and managed by Four Seasons Health Care.

The registered manager is Mrs Anne Devoy who has responsibility for managing all aspects of care and services provided for patients.

The home is registered to provide care under the following categories of care:

- I: Old age not falling into any other category.
- PH: Physical disability other than sensory impairment.
- PH (E): Physical disability other than sensory impairment over 65 years.
- TI: Terminally ill.

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; historically this had not been updated to reflect new fees and financial arrangements over time, however this was now being implemented by the home. Two of four agreements sampled were out for signature at the time of inspection. The remaining two agreements had both been signed in December 2014 and on reviewing these agreements, the inspector noted that

they did not detail the names of the persons by whom the fees were payable and the respective methods of payment.

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. Records relating to amounts charged to a sample of service users contributing to their fees identified that the correct amounts were being charged by the home.

Records examined identified that there are good controls in place around the recording of income and expenditure; however a sample of records evidenced that treatment records provided by the hairdresser/podiatrist were not routinely signed by a representative of the home to confirm that the service charged for had been delivered, despite the template for treatments reflecting the need to record this information.

The home has achieved a compliance level of 'substantially compliant' 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 and regularly reconciled record of cash deposited and used on behalf of service users.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified inconsistency in the record keeping: records examined had not been signed or dated; however within the sample of records examined, there was evidence that records had been updated.

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 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:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • 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 	
Provider's Self-Assessment:	
Provider is compliant with all contents of statement 1. Croagh Patrick Care Home is not responsible for undertaking any financial transaction on the service user's behalf.	Compliant
Inspection Findings:	
The inspector was provided with a copy of Four Seasons' service user guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and associated appendices. The inspector noted that the guide contained information for service users on: fees (in general); charging for additional services (including an appendix detailing the current charges for services within Croaghpatrick); the management of service users'	Substantially compliant

personal monies and insurance. The inspector noted good practice in regard to the transparency and detail provided both within the Four Seasons guide and also the home's own appendices.

The inspector discussed the individual financial circumstances of service users in the home with the registered manager and administrative staff; and selected four service users' files and associated records for further examination.

On examining the sample of four service users' files, the inspector noted the following: only two signed agreements were on file for the four service users. The inspector noted that these agreements reflected the correct total weekly fee payable for the individual service users, but did not reflect that more than one party was contributing to the total fee. For instance, for one service user the weekly fee was recorded as being payable by the service user/their representative, which did not reflect that the commissioning trust were contributing £100 per week towards the total fee.

The inspector noted that neither of the two signed agreements detailed the persons by whom the the fees would be payable and the respective methods of payment by each party.

The inspector noted that the two signed agreements reviewed had both been signed in December 2014. The inspector was advised that the other two agreements were out for signing by representatives.

Requirement one is listed in the Quality Improvement Plan (QIP) in respect of the above.

Discussion with the registered manager and administrative staff identified that the organisation had previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees were payable. The inspector highlighted that the changes referred to in the notification correspondence also had to be reflected in the agreement in place with the service user/their representative, so that the service user agreements were brought up to date. Staff present acknowledged that this would be actioned for any subsequent changes.

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 	

<p>for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Home to act as nominated appointee</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement 	
Provider's Self-Assessment:	
<p>Croagh patrick Care Home is fully compliant with Statement 2. All our clients are incapable of managing their own finances and property as Croagh Patrick is a care home for frail elderly , therefore the resident's Next of Kin either assist or are appointee for their own relative. This is always reviewed at least annually in Care Review with Care Manager if not before.</p>	Compliant
Inspection Findings:	
<p>A review of the records evidenced 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 sample of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home. 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>	Substantially compliant

Discussions with the registered manager and administrative staff and a review of the records established 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. Receipts for money received by the home are provided to those making lodgements, a copy of which is retained by the home. The inspector reviewed a sample of records supporting that this procedure was being followed.

A review of a sample of four service users' records identified that two personal allowance authorisations were in place to provide the home with the necessary written authorisation to purchase goods and services on behalf of each service user. The registered manager advised the inspector that the remaining two service user authorisations had been sent to the family members to sign and return to the home. The inspector noted that a copy of the draft authorisations for the remaining two service users was on their individual files. The inspector noted that the return of the authorisations should be followed up by the home along with any other outstanding authorisations for service users not sampled by the inspector.

The inspector reviewed a sample of the records for expenditure incurred on behalf of four service users such as that in respect of hairdressing and podiatry services. The inspector noted that the home maintain "personal allowance account statements" detailing income and expenditure. 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 recorded on the statement. Good practice was observed.

In reviewing a sample of the records for hairdressing and private podiatry services facilitated within the home, the inspector noted that these records were signed by the person providing the treatment, but not by a representative of the home, despite the written template for treatments having a requirement to record this information. The inspector stressed the importance of this control in confirming the treatment received by the service user and the associated cost.

Requirement two listed in the QIP in respect of this finding.

The inspector also reviewed the records in respect of the service users' comfort fund or "resident social fund" which is normally funded from contributions from the community, service users' family/friends and from internal fundraising by the home.

The inspector noted that home has a transparent policy and procedure in place for the administration of the fund. A review of the records for expenditure from the fund established that the controls as outlined within the policy and procedure were being adhered to.

A review of the records identified that the home has a pooled 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, toiletries etc. Balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular basis. Good practice was observed.

Staff spoken with displayed a high degree of familiarity with the controls in place to safeguard service users' monies particularly around the home's internal audit/reconciliation processes which are completed at regular intervals.

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 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

Provider's Self-Assessment:	
Croagh Patrick Care Home is fully compliant with Statement 3. A reconciliation of money and valuables held by the home is carried out on a monthly basis.	Compliant
Inspection Findings:	
<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 reviewed the items deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector noted that the cash held within the safe place was checked on a weekly basis and that a full reconciliation of the safe place was carried out on a monthly basis. Good practice was observed.</p> <p>The inspector requested the inventory/property records for four service users. The inspector noted that in all four cases, records of property had been made on a "record of personal effects form" which was part of the admission record for the service users.</p> <p>The inspector noted that the property records were not signed or dated by two persons; however, it was noted that there was an effort to record the detail of items. For example, the inspector noted that one record stated "1 television, Samsung 28 inch" while another recorded "one small table". The inspector was encouraged to see that an addition of items to a service user's room had been recorded for one service user; these recent additions had been dated but not signed by the person who made the record.</p> <p>The inspector therefore noted inconsistency in the practice of record keeping for service users' personal property.</p> <p>Requirement three is listed in the QIP in respect of this finding.</p>	Substantially compliant

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 4

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

Criterion Assessed:

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place Ownership details of any vehicles used by the home to provide transport services are clarified 	
Provider's Self-Assessment:	
Croagh Patrick Care Home does not provide a transport scheme, we can however provide our service user with a copy of our transport policy if required	Compliant
Inspection Findings:	
At the time of inspection, the home did not provide transport to service users.	Not applicable

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
	Not applicable

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Wilhelmina Anne Devoy 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
CROAGHPATRICK
5 JANUARY 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 Wilhelmina Anne Devoy 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. 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	<p>If client contributions are to be paid directly to the home this will be detailed on all further terms and conditions and retained in the service user records.</p> <p>It will be documented in the home terms and conditions if the service user or their representative chooses not to sign the agreement.</p> <p>Where the service user is unable and there are no family or friend to sign the terms and conditions a copy will be sent to the HSC care manager for their records.</p>	4 weeks: 2 February 2015


2	19 (2) Schedule 4 (9)	The registered person must ensure that hairdressing and podiatry treatment records are signed by both the person providing the treatment and a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	From the date of the inspection I can confirm that hairdressing and podiatry treatment records are signed by the person providing the treatment and a member of staff.	From the date of inspection
3	19 (2) Schedule 4 (10)	<p>The registered person must ensure inventory records are updated on a regular basis and that any entry, whether an addition or disposal, must be dated and signed by two members of staff at the time of the entry.</p> <p>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	<p>All staff have been advised of the importance of recording inventory details consistently. Items of significance will be highlighted for ease of identification.</p> <p>Records are updated regularly and any changes are signed by two members of staff.</p>	From the date of inspection

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	Anne Devoy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

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



QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓		03/03/15
Further information requested from provider			