



Announced Primary Finance Inspection

Name of Establishment:	Haypark
RQIA Number:	1617
Date of Inspection:	9 January 2015
Inspector's Name:	Briege Ferris
Inspection ID:	20585

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:	Haypark
Address:	36 Whitehall Parade Belfast BT7 3GX
Telephone Number:	02890641784
E mail Address:	info@hayparkresidential.com
Registered Organisation/ Registered Provider:	J McWhirter Haypark Homes Ltd
Registered Manager:	Ms Jennifer McClean
Person in Charge of the Home at the Time of Inspection:	Ms Jennifer McClean
Number of Registered Places:	30
Number of Service Users Accommodated on Day of Inspection:	28
Date and Time of Inspection:	9 January 2015 09.40 -14.30
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 residential care 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 residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

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 assistant manager
- 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

Haypark is a private residential home for 30 residents in single room accommodation, with a sink in each bedroom. The home is situated within the Belfast Health and Social Care Trust geographical area. Opened in 1990 in a building that was originally a Victorian hospital, the home is set in a fairly densely populated urban area close to the Ormeau Road, local amenities and public transport.

The home has a number of attractive period features and is spacious, with bedroom accommodation on all three floors. Two lounge areas, one of which is designated as a smoking room, a dining room and a staff office are situated on the ground floor. A lift is available for access to the upstairs rooms.

Although situated in a residential area, with hard surface parking spaces around it, the home enjoys a good level of privacy with residents describing the area as 'quiet'.

The home is registered to accommodate residents within the following categories of care:

I	Old age not falling into any other category
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years

There is a condition on the home's registration certificate as follows: There shall be one identified resident in category RC-MP/MP (E).

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 however that the agreements in place with service users did not fully reflect the requirements of Regulation 5 of the Residential Care Homes Regulations (NI) 2005 or DHSSPS Residential Care Homes Minimum Standard 4.2.

The inspector noted that at least one service user who had been assessed as incapable of managing their finances had signed their agreement. The inspector noted that in this and any other relevant case, the service user's agreement must be shared with their representative or HSC trust care manager.

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 controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Records exist to support income and expenditure for service users. It was noted that the template in use should be amended to include additional information. The inspector was advised by the registered manager that she was acting as nominated appointee for three service users. There was no official social security office confirmation of the name of the appointee or the date of appointment on file for the service users.

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

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

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

The home has a safe place to enable service users to deposit cash or valuables for safekeeping. There was no safe record in place to record the cash or valuables in the safe place. The inspector noted that when in place, this record must be reconciled at least quarterly.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified inconsistency in the record keeping: some records had been updated to reflect new items belonging to service users had been added and there was also a record indicating that a service user had declined to give consent for their property to be recorded by staff. This entry had been dated and signed by two persons; the inspector acknowledged this as good practice. The inspector noted, however, that there was inconsistency in the record keeping; records reviewed had one, two or three signatures recorded in some cases; however, four records were not signed at all.

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.

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:

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:**

admin
 Haypark residential home provides service users with a personalised written agreement, detailing the specified terms and conditions in respect of any specified service to be delivered. Our fee from April 2014 is £461 paid for all trust funded and self funded service users. The fees are paid through credit transfer on a monthly basis. Haypark residential home fees are increased each April in line set by the Belfast Health and Social Service Trust. Haypark residential home does not require any top up fee.

Compliant

Inspection Findings:	
<p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager and assistant manager and selected three service users' files and associated records for further examination.</p> <p>On examining the sample of three service users' files, the inspector noted the following: three service users' agreements reflected the correct fee payable for each service user, and all three agreements had been signed by the service user, the registered manager and witnessed by another member of staff in the home.</p> <p>The inspector noted, however, that one of the service users selected was a patient of the Office of Care and Protection and therefore it may not have been appropriate for the service user to sign the agreement personally. The inspector noted that where there were concerns about a service user's ability to understand and sign their individual agreement with the home; in these circumstances, a service user's agreement should be signed by their representative or shared with their HSC trust care manager.</p> <p>The inspector noted that within the sample of agreements examined, two service users were contributing a portion of their social security benefits to the home in respect of the weekly fee; these details were not reflected in the service users' individual agreements.</p> <p>The inspector noted that the agreement for one service user had been annotated on two occasions; the amount of the fee payable weekly for or in respect of the service user had been amended twice to update the details over time. The inspector noted that this was not best practice; she noted that when the amount of any fees changed over time, an updated agreement (or appendix to the agreement) detailing the new financial arrangements should be issued for agreement and signature. Previous agreements or appendices should be retained by the home.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted service users. On review, the inspector noted that this agreement also did not fully reflect the requirements of Regulation 5 of the Residential Care Homes Regulations (NI) 2005 or DHSSPS Residential Care Homes Minimum Standard 4.2.</p> <p>Specifically, the inspector noted that the following was not included in the standard form of contract: 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 minimum period of notice for any change in the fees payable; the duration of the service user's stay; a copy of the home's complaints procedure; the arrangements for regularly</p>	<p>Moving towards compliance</p>

reviewing the agreement; the arrangements for management of service users valuables; the arrangements for any financial transactions undertaken by the home on behalf of service users and the records to be kept; and an itemised list of agreed services and facilities over and above the general service and facilities, if any.

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

The inspector noted that the home had a policy in place addressing the arrangements to safeguard any money or valuables on behalf of service users and the arrangements for recording the details of any expenditure incurred on behalf of service users including the records to be retained.

The registered manager advised that she was acting as nominated appointee for three service users in the home. The inspector noted that the agreements for the three identified service users should detail the individual arrangements in place for the named appointee to support service users in this capacity, including arrangements for service users to receive their personal allowance and the records kept in respect of these individual arrangements.

Further discussion regarding Appointee arrangements are detailed in the following section of the report.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Provider to complete
INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	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

COMPLIANCE LEVEL

<p>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>Haypark residential home maintains records of any amounts paid in by respect of each service users for all agreed services as specified in the service users agreement.</p> <p>Haypark residential home maintains records of personal allowances monies received on behalf of the service user.</p> <p>Each transaction is signed and dated by the service user their representative and a member of staff.</p> <p>If the service user/their representative are unable to sign for receipt of the money two members of staff witness the handover of the money and sign and date the record.</p>	Compliant
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.</p> <p>The registered manager advised that no service user/their representative were being invoiced directly for care charges. The registered manager informed the inspector that all of the service users in the home were care-managed by Belfast HSC trust and that for all but three service users, care charges were received by the home directly from Belfast HSC trust.</p>	Moving towards compliance

Further discussion identified that the remaining three service users identified during the inspection were contributing to their care charges from their respective social security benefits received directly by the home. The registered manager advised the inspector that she was acting as nominated appointee for these three service users. The registered manager noted that the service users in question had lived in the home for many years and the arrangements regarding appointeeship had been made at the time of each service user being admitted.

The inspector reviewed records provided in respect of the three service users and noted correspondence from the social security agency had been retained on file for many years. Some correspondence relating to the service users was addressed to the registered manager; some was simply addressed to the home. There were no official documents confirming the name of the appointee and the date of appointment for any of the service users.

While the registered manager was able to explain the rationale for the appointee arrangements being put in place, the inspector noted that it was important to ensure there was a record detailing the rationale for a representative of the home to take on the role of nominated appointee. The inspector noted that the registered manager should seek retrospective authority for these arrangements from the service user or their representative or HSC trust care manager.

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

The inspector noted that the registered manager maintains a clear schedule of the separate benefits received on behalf of each of the three service users which enables her to ensure that the right benefits have been received for the individual service users. These schedules also detail the portion of service users' benefits which are owed to home by way of contributions to care charges. Records exist to substantiate the amount and the timing of the transfer of the balance of benefits received by the home on behalf of service users i.e.: the service users' personal monies. The inspector noted that records of the amounts of money transferred to service users on a regular basis are maintained which are routinely countersigned.

Discussion and a review of the records identified that monies are received from service users' representatives to be spent by the staff to purchase goods or services on each service users' behalf. The inspector noted that countersigned receipts detailing lodgements of cash to the home for this purpose are retained. The inspector noted that there should be written authorisation from the service user/their representative for the home to spend service users' money on identified goods and services. Discussions identified that written authorisations were not in place on the day of inspection.

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

The registered manager explained that the home had a written authorisation in place in respect of one identified service user; this authorisation detailed that the service user's representative had signed to agree to collect the service user's personal allowance monies received by the home for the purposes of ensuring that the identified service user received all of the personal or luxury items which they required. The inspector noted that a copy of the authorisation signed by the service user's representative and a representative of the home was retained by the home. The registered manager advised the inspector that the service user's family were aware of and in agreement with the arrangement. In addition, the registered manager advised that the arrangement was working well and that the service user received all of the benefits of their money through this arrangement.

The inspector noted that it would be important to detail this arrangement within the service user's agreement with the home also. The inspector advised that the individual agreements for the three identified service users must be shared with the service users' HSC trust care managers.

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

The inspector noted that the home maintain records of income and expenditure for service users which record the name of the service user, the amount signed out, the amount recorded on receipts returned, the amount of any change returned and the signatures of two people. The inspector noted that while the majority of the information required in the income and expenditure record/ledger was included, some items of information were not included. Specifically, the inspector noted that the balance of money brought forward and carried forward was not included, as well as the running balance of money held. The inspector noted that if the running balance was £nil, then this should be recorded. The inspector also noted that there was no evidence that a reconciliation of the ledgers had been carried out; the inspector noted that reconciliations should be carried out at least quarterly and signed and dated by two people.

As noted above, the inspector noted that records had been signed by service users who may not have the capacity to understand the nature of the document they are signing. The inspector highlighted that where this is the case, two members of staff must sign each entry in the ledgers.

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 four service users and was

able to trace a sample of entries to the corresponding receipt retained by the home. The registered manager advised the inspector that the home provide hairdressing treatments free to service users as well as toiletries and newspapers.	
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PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

Statement 3

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

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ 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 	

Provider's Self-Assessment:	
<p>Haypark residential home advises service users to allocate and member of their family or their representative to take care of any valuables or large amounts of money. Service users may hold on to small amounts of money for their own personal use. Any small amounts of money held by the home on behalf of a service user will be recorded dated and signed by the service user and their representative and member of staff.</p> <p>Any purchases made on behalf of a service user records are maintained.</p> <p>If a service user becomes incapable of managing their finances the registered manager will contact the Belfast social care trust without delay. Any monies held at Haypark residential home for a service user who has become incapable of managing their finances will be given to their care manager to be kept in patients bank.</p>	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 viewed the contents of the safe place and confirmed that on the day of inspection, no cash or valuables belonging to service users were lodged for safekeeping.</p> <p>The inspector noted that there was no safe book/record in place to record the cash and valuables within the safe place and noted to management that this should be in place and should be reconciled to the items in the safe place at least quarterly. Two persons must sign and date the record to verify the contents of the safe place agree to the record held.</p> <p>Requirement 5 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for service users and was provided with the property book used to record all service users' inventory. On reviewing the entries in the property book, the inspector noted that there was evidence of good practice; there was evidence that records had been updated to reflect that new items belonging to service users had been added and there was also a record indicating that a service user had declined to give consent for their property to be recorded by staff. This entry had been dated and signed by two persons, the inspector acknowledged this as good practice.</p> <p>The inspector did note, however, that there was inconsistency in the record keeping; records examined had one,</p>	Moving towards compliance

two or three signatures recorded in some cases; however four records were not signed at all. Two loose pages were found at that back of the property book. The inspector queried this with the registered manager who advised that these two records had been made by family members and given to the home at the time of the service users' admission. The inspector acknowledged this, but noted that the records should be adequately secured to the book.

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

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Provider to complete
INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	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:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • 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 	

<p>service user for each journey, including any amount in respect of staff supervision charges</p> <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:	
Haypark residential home does not provide any transport for service users. Any hospital appointment for service users; will be made by the hospital or their gp will make the arrangements. For any other transport needed for the service user family or their representative will arrange. Service users also can hire taxi service	Compliant
Inspection Findings:	
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.	Not applicable

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

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 Ms Jennifer McClean 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

HAYPARK

9 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 Ms Jennifer McClean 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 Residential Care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Residential Care Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p> <p>The individual agreements for the three identified service users must be shared with the service</p>	Once	<p>The registered manager has reviewed service users agreements to comply with requirements under Regulation 5 of the Residential Care Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Residential Care Homes 2008, which details the minimum components of the agreement. A copy of all signed service users agreements are retained in the service users personal files.</p> <p>Where service users or their representatives is unable to, or chooses not to sign their agreement this is recorded, the service users HSC trust-manager will be asked to sign or his/her behalf.</p> <p>The three identified service users care managers have been contacted to read and sign the agreement.</p>	Four weeks: 6 February 2015

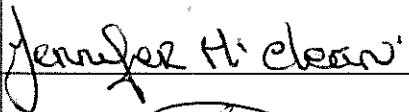

		users' HSC trust care managers.			
2	22 (3)	<p>The registered person must request written confirmation that a representative of the home has been authorised by a service user or their representative or care management to approach the Social Security Agency to act as 'nominated appointee' for the individual service user. This confirmation once received, must be available in the service user's records.</p> <p>The registered person must request written confirmation from the Social Security Agency to confirm for the three service users identified during the inspection, the name of the appointee and the date they were approved by the Social Security Agency.</p> <p>The registered person must ensure that the individual service users' agreements with the home accurately reflect these arrangements and the records to be retained.</p>	Once	<p>The registered manager has requested written confirmation from the Social Security Agency that she is appointed appointee for the three identified service users. This confirmation has been received in writing and is in the service users file on the 16/02/2015.</p> <p>The registered manager has reviewed the service users agreements and has added a break down of how the fees are being paid to Haypark Residential Home..</p>	Four weeks: 6 February 2015
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.</p> <p>The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the</p>	Once	<p>The registered manager has now obtained written authorisation of each service user to spend their personal monies and will be updated as required.</p> <p>The registered manager will ensure that any representative of a service user (including care manager or next of kin will sign their records of use of any personal monies used on their behalf..</p>	Four weeks: 6 February 2015

		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 an 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.			
4	19 (2) Schedule 4 (9)	<p>The registered person must ensure that a standard financial ledger format is used to record cash transactions for service users. In addition to the details recorded on the template in use at the time of inspection, the following information should also be recorded: the balance brought forward and carried forward and the running balance of money held on behalf of the service user, even if the balance is £nil.</p> <p>Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry.</p> <p>Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p> <p>The registered person must be satisfied that any service user who signs the income and expenditure</p>	Once	<p>The registered manager has amended the template used and has included the balance brought forward of money on behalf of service users even if the balance is nil. Records made on behalf of service users are legible any mistakes are appropriately dealt with a clear line will be crossed through and the correct entry amended on the line below and initialled by the member of staff recording the entry. All reconciliations of monies/valuables held in the home for service users are audited, recorded, signed and dated by two members of staff quarterly. The registered manager will ensure signing the income monies and expenditure records has the requisite capacity to do so, if they are not two members of staff will sign each entry.</p>	From the date of inspection

		records has the requisite capacity to do so; if not, two members of staff must sign each entry.			
5	19 (2) Schedule 4 (9)	The registered person is required to ensure that a safe record is introduced to record the items contained within the safe place. This 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. The safe record should be reconciled to the contents of the safe place, at least quarterly. Two persons must sign and date the reconciliation.	Once	The registered manager has put in place a safe record template to record any items contained within the safe deposit box which is locked in the filing cabinet Audits of any items held on behalf of service users will be undertaken at least every three months Two members of staff will sign and date there records...	Four weeks: 6 February 2015
6	19 (2) Schedule 4 (10)	<p>The registered person must ensure that records of furniture and personal possessions for all of the current service users are reviewed and updated where necessary. The date of and signatures of the persons carrying out the review of the records should be recorded.</p> <p>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.</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>The registered person will ensure that records of any items of furniture or/and personal possessions for all service users are reviewed and updated. Service users representative or next of kin are encouraged to review and up-date each service users records when any new personal items of furniture has been purchased on their behalf, Records should be signed and dated on each new entry.</p> <p>All staff have been advised of the importance of recording inventory details. Service users are encouraged to nominate a representative or next of kin to hold on their behalf any items of value</p>	Four weeks: 6 February 2015

				Any electrical items will be included within Hayparks scheduled PAT testing scheme, and will be clearly marked with a highlighter in the residents property records.	
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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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons			Inspector	Date
	Yes	No		

A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>B. J.</i>	3/3/15
B.	Further information requested from provider				