



## **Announced Finance Inspection**

<b>Name of Establishment:</b>	<b>Kensington</b>
<b>RQIA Number:</b>	<b>1624</b>
<b>Date of Inspection:</b>	<b>14 October 2014</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>20575</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500   Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of Home:</b>	Kensington
<b>Address:</b>	2 Groomsport Road Bangor BT20 5LN
<b>Telephone Number:</b>	02891459047
<b>E mail Address:</b>	joanne.alpinehouse@hotmail.com
<b>Registered Organisation/ Registered Provider:</b>	Sathrouhun Bogun Kensington
<b>Registered Manager:</b>	Joanne Glendinning
<b>Person in Charge of the Home at the Time of Inspection:</b>	Joanne Glendinning
<b>Number of Registered Places:</b>	7
<b>Number of Service Users Accommodated on Day of Inspection:</b>	6
<b>Date and Time of Inspection:</b>	14 October 2014 10.00 – 13.30
<b>Name of Finance Inspector:</b>	Briege Ferris

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect 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
- Examination of records
- File audit
- Evaluation and feedback

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

## **5.0 Inspection Focus**

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

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

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

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

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

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

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

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

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

## 6.0 Profile of Service

Kensington Private Residential Home is a detached two-storey house which is situated within the South Eastern Health and Social Care Trust geographical area. It is located close to local amenities and Bangor town centre. The grounds are well maintained and there is car parking.

There are two living/dining rooms, a communal toilet and bathroom, a staff/visitor toilet, and a conservatory and kitchen on the ground floor. There is one double bedroom on the ground floor and the first floor has accommodation in five single bedrooms.

## 7.0 Summary of Inspection

The inspector met with Joanne Glendinning, the registered manager, at the home on 14 October 2014. Joanne provided access to all of the records and discussed all matters with the inspector. Joanne advised that the home does not have an administrator. The inspector would like to thank Joanne for her co-operation throughout the 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; however, the agreement in use by the home at the time of inspection 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. There was no evidence that all service users/their representatives had, over time, been informed in writing of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.

The 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

Discussion with the registered manager during the inspection identified that the current needs of the service users were such that the home was not involved in supporting service users with their money whatsoever. The registered manager advised that no one from the home was acting as nominated appointee, nor did any family representatives of service users deposit money with the home for safekeeping on behalf of any service user.

The home has achieved a compliance level of '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

On the day of inspection, the home was not involved in handling any service users' money or valuables. There was no cash or valuables belonging to service users deposited with the home whatsoever. The inspector discussed what physical security arrangements could be introduced should the needs of the service users increase; the registered manager was able to clearly describe what safekeeping arrangements could be introduced if the need arose.

A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced shortcomings in record keeping: a number of records had not been signed or dated and items recorded required greater description.

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 a transport service to service user. 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.

<b>Statement 1</b> <b>The home maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care:</b>	
<b>Criteria Assessed:</b> <ul style="list-style-type: none"> <li>The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user</li> <li>The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment</li> <li>Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement</li> <li>The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property</li> <li>The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> <p>The home provides each resident with a current copy of the residents guide and a copy of the individual residents agreement. The resident will be given a copy of the residents agreement to retain for their own records while the home shall retain a second signed copy for there records.The agreement details the current charges and if any top-up is payable, detailing who is responsible for paying the top-up and how much the top-up is.The agreement will also include details of the trust that is responsible for paying the residents fees and if the resident is privately funded the agreement will detail who is responsible for paying the individuals fees.</p> <p>At present the home does not look after any residents finances,nor does the home assist any of the residents to manage there finances.The policy and procedure reflects this. Should the current arrangements change then the</p>	Compliant



<p>policy and procedure will be updated to reflect the changes.</p> <p>If there is any increase in the charges the residents, their representative or their family member shall be notified of the changes at least four weeks in advance.</p>	
<p><b>Inspection Findings:</b></p> <p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on potential arrangements for supporting the service user to manage their money and information on fees, in general.</p> <p>On examining the sample of three service users' files, the inspector noted that two of the three agreements did not reflect the correct fee applicable for those individual service users.</p> <p>The inspector noted that the agreements met the majority of the requirements as set out in the Residential Care Homes Minimum Standard 4.2. However, the inspector highlighted that the current form of agreement and the service user agreements examined, 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.</p> <p><b>Requirement one is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p> <p>The inspector noted that third party top-up payments were applicable for a number of service users. While the registered manager was able to explain to the inspector what these were for, the inspector noted that the agreements did not reflect the reason for the additional payment.</p> <p>Where an additional payment/third party top is payable in respect of a service user, the agreement should specifically detail the reason for the additional charge, by whom it will be paid and the services (if any) provided for it.</p> <p><b>Requirement two is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p> <p>A review of a sample of the records established that the home had not previously notified all service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable. The inspector explained to the registered manager that when there was any change in the amount to be paid in respect of the service user's care or accommodation, the home is required to inform the service user/their representative in writing of the up to date arrangements and update the service user's agreement accordingly.</p>	<p>Moving towards compliance</p>

Requirement three is listed in the QIP in respect of this finding.	
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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
	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"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent</li> <li>• If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay</li> <li>• If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement</li> </ul>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>The Home receives pre assessments from the hospitals, social workers or care managers before the resident comes into the home were possible, these assessments will detail the individuals needs, the level of care they required and if the resident has the capacity to look after their own financial affairs. If the resident has a family member or a representative looking after their financial matters, the details of this person shall also be recorded within the residents agreement.</p> <p>The home retains a record of the monthly remittance for each resident, detailing the amount paid and if any top-up payment is included and if so how much.</p> <p>At present the Home does not assist or look after any of the residents finances. The current residents have been assessed as having capacity to look after their own affairs with the exception of two residents. The family of one resident takes responsibility for the management of their finances and the second resident is currently being assisted by the Belfast Trust.</p> <p>Should the Home in the future have the facility to assist or manage residents finances a detail record will be retained by the Home, detailing every transaction. Each transaction will be witnessed and dated by two members of staff and receipts will be retained for proof of purchase. The receipts will also be signed by two members of staff in order to verify the purchase and where possible the resident will also be asked to sign. The records of transactions will be available for inspection. These records will be kept up to date and will be reconciled quarterly.</p>	Compliant

<p>Where the resident has been deemed as not having capacity, an agreement will be put into place between the Home, the next of kin/family members or the representative to identify what the Home can spend the residents money on.</p> <p>At present the Home does not act as a nominated appointee for any resident, if this should change then an agreement will be put into place which will be agreed by the resident, the referring trust and the home.</p> <p>The Home does not operate a bank account for any resident.</p> <p>Where it becomes evident that a resident is becoming incapable of managing their finances and property the registered manager will inform the referring Trust (care management) in writing.</p> <p>The Home keeps a record of each residents belonging and property, the record is updated regularly.</p>	
<b>Inspection Findings:</b>	
<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. Discussion with the registered manager and a review of the records identified that the home does not invoice any service user or their representative for accommodation/personal care; fees are received directly from the commissioning trusts, including any amounts payable in respect of third party top-up payments.</p> <p>The inspector spent a significant amount of time with the registered manager discussing service users and the extent to which service users were able to manage their own financial affairs. This discussion identified that on the day of inspection, the home was not involved in supporting service users with their money whatsoever. The registered manager advised that no one from the home was acting as nominated appointee, nor did any family representatives of service users deposit money with the home for safekeeping on behalf of any service user.</p> <p>The registered manager also informed the inspector that there were no bank accounts held on behalf of service users nor did staff support any service users with any banking tasks. It was clear from the discussion that, because of the current level of independence of the service users and/or family support, the home was not presently required to support any service users to manage their money.</p> <p>The inspector queried whether there was a comfort fund/fundraising fund for the service users and was advised by the registered manager that there was none.</p> <p>The registered manager provided the inspector with a copy of financial policies and procedures and highlighted that where it would be necessary to become more involved in supporting service users to manage their money, these policies would be used to guide staff.</p>	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
	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:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> <li>▪ The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place</li> <li>▪ Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions</li> <li>▪ Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property</li> <li>▪ Service users are aware of the safe storage of these items and have access to their individual financial records</li> <li>▪ Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan</li> <li>▪ A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handled in accordance with the home's SVA procedures</li> <li>▪ A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed</li> </ul>	
<b>Provider's Self-Assessment:</b>	
The Home does not offer the service of keeping residents valuables or monies at present. The Home does not	Not applicable

have a safe. However we can supply small lockable safety deposit boxes. The service user will be responsible for the safety deposit box.	
<b>Inspection Findings:</b>	
<p>The inspector discussed the current arrangements in place in the home to support service users to manage their money. As noted above, the inspector noted that on the day of inspection, the home was not involved in handling any service users' money or valuables. There was no cash or valuables belonging to service users deposited with the home whatsoever. The inspector discussed what physical security arrangements could be introduced should the needs of the service users increase; the registered manager was able to clearly describe what safekeeping arrangements could be introduced if the need arose.</p> <p>The inspector reviewed the inventory/property records for all six service users. The inspector noted that there were some shortcomings in the record keeping, some records had not been signed or dated. In addition, the inspector noted that the description of some items lacked detail; for example: "1 TV", "1 Fridge". The inspector highlighted this to the registered manager and noted that when recording items, staff should record a clear description including make/model, size etc.</p> <p><b>Requirement four is listed in the QIP in respect of this finding.</b></p>	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Not applicable
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> <li>• The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment</li> <li>• The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge</li> <li>• 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</li> <li>• 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</li> <li>• Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept</li> <li>• Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle</li> <li>• 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)</li> <li>• 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</li> <li>• 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</li> </ul>	

<ul style="list-style-type: none"> <li>Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme</li> <li>The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place</li> <li>Ownership details of any vehicles used by the home to provide transport services are clarified</li> </ul>	
<b>Provider's Self-Assessment:</b>	
We do not provide transport for residents.	Not applicable
<b>Inspection Findings:</b>	
At the time of inspection, the home did not provide a transport service to service user. The home has arrangements in place to support service users to avail of other means of transport.	Not applicable

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

## 8.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Joanne Glendinning 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.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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

KENSINGTON

14 OCTOBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Joanne Glendinning 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 must 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. 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 must be shared with the HSC trust care manager.</p>	Once	Residents agreements have been updated to contain details of the current charges for each individual resident. The agreement also contains details of the method of payment used, whom is responsible for the residents finances etc. The agreement will be signed by the resident (where possible), the registered manager, the residents representative or the residents next of kin.	25 November 2014

2	5 (3) (a) (b) (c)	The registered person must ensure that where a third party top-up charge is payable in respect of any service user; the service user's individual written agreement (a) records the reason for the additional charge; (b) by whom it will be paid and (c) list the services, if any, provided for it.	Once	Information regarding top-up fees will also be detailed within the the residents agreement. Details of top-up fees include: the cost, who is responsible for paying the third party top-up and what method off payment is used.	25 November 2014
3	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable.</p> <p>The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>The resident, the next of kin or the residents representative will be informed at least 28 days before increases to top-up charges or increases to fees occur.</p> <p>The home will also display such information on the notice board in the main hallway.</p>	From the date of the next change
4	19 (2) Schedule 4 (10)	<p>The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all newly admitted service users. The registered person must also ensure that a retrospective record is made of the furniture and personal possessions owned by existing service users accommodated in the home.</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</p>	Once	The existing inventory list has been updated, the list is now more detailed re: possessions owned by each resident. The inventory list will be updated as and when needed or when items have been purchased or replaced or removed. The home is responsible for insuring all electrical items are pat tested, the staff will ensure that any electrical item brought into the home before the homes annual pat testing will	25 November 2014

		members of staff at the time of the entry. The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.		be pat tested before use. All inventory lists will be signed by two members of staff and dated.	
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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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>		Joanne Glendinning			
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>		Mr Bogun			
QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			3 December 2014
B.	Further information requested from provider				