



The **Regulation** and
Quality Improvement
Authority

Primary Announced Finance Inspection

Name of Establishment:	Limetree
RQIA Number:	1630
Date of Inspection:	27 October 2014
Inspector's Name:	Briege Ferris
Inspection ID:	20578

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:	Limetree
Address:	133 Comber Road Dundonald Belfast BT16 2BT
Telephone Number:	02890480252
E mail Address:	swailgertrude@hotmail.co.uk
Registered Organisation/ Registered Provider:	Gertrude Alexandra Priscilla Nixon Limetree
Registered Manager:	Gertrude Alexandra Priscilla Nixon
Person in Charge of the Home at the Time of Inspection:	Gertrude Alexandra Priscilla Nixon
Number of Registered Places:	44
Number of Service Users Accommodated on Day of Inspection:	44
Date and Time of Inspection:	27 October 2014 10.00 - 16.00
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 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 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

Limetree Private Residential Home is situated in spacious grounds on the periphery of Dundonald. It is close to shops, local amenities and public transport. The home is situated within the geographical area of the Belfast Health and Social Care Trust. The home has accommodation for 44 residents in four double, and thirty- five single bedrooms, many of which offer en-suite facilities.

There are two lounge areas, one large room on the ground floor and a smaller on the first floor. A hallway on the first floor provides a comfortable sitting area and is furnished appropriately. The dining room is located on the ground floor and accommodates all residents. All rooms are linked to a carers call system. There is parking available to the front of the home.

7.0 Summary of Inspection

The inspector met with the registered person/registered manager, deputy manager and assistant manager at the home on the day of inspection. Full access was provided to all of the relevant records and those present provided useful and detailed explanations of the arrangements in place to safeguard service users' money and valuables.

The inspector would like to thank those present for their co-operation throughout the inspection process.

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 and financial arrangements over time; 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.

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

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

The home has robust controls in place to ensure that money deposited for safekeeping is appropriately safeguarded. The inspector identified that the layout of records of income and expenditure did not reflect best practice. Reconciliations were being recorded and signed by two persons on a regular basis.

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.

Hairdressing treatment records were not routinely signed by a representative of the home at the time of the treatment to confirm that the service charged for had been delivered.

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 two safe places within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a regularly reconciled record of cash deposited and used on behalf of service users. No non-cash valuables were deposited on the day of inspection. A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced shortcomings in the record keeping: a number of records had not been signed or dated.

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 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.

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:	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 	<p>COMPLIANCE LEVEL</p>
Provider's Self-Assessment:	
<p>COMPLIANT AS PER LIMETREE'S POLICIES AND PROCEDURES</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector was provided with a copy of the home's service user guide on the day of inspection. The inspector noted that the guide contained information on the opportunity for service users to personalise their rooms and arrangements for safeguarding service users' money, valuables and property.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered person/registered manager, deputy manager and assistant manager; and selected four service users and their records for further review.</p> <p>On reviewing the records, the inspector noted that signed agreements were in place for all four service users. The inspector noted that the agreements in place did not clearly set out the weekly fee, the person(s) by whom the fees would be payable and which method of payment would be used by each party. However, the inspector noted that the agreements clearly detailed the reason for the payment of a third-party top up in respect of those service users sampled.</p> <p>The inspector was also provided with the home's current form of agreement for new individual service users and, on review, the inspector noted that this agreement also did not fully reflect the requirements of Regulation 5 of the Residential Homes Regulations (NI) 2005 or DHSSPS Residential Homes Minimum Standard 4.2.</p> <p>Specifically, the inspector noted that: as referenced above, the fees sections did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party; the date of admission of the service user; the duration of the service user's stay; a copy of the home's complaints procedure; the arrangements for any financial transactions; and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing and the associated costs).</p> <p>Requirement one is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>Discussion with staff and a review of the records held, established that the home 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 are payable. The inspector clarified that any changes to the fees payable by or on behalf of service users must be reflected in the service user's agreement. The inspector suggested that it may be helpful to set out the information on fees and financial arrangements in an appendix to the agreement.</p>	<p>Moving towards compliance</p>

<p>The inspector was provided with copies of the home's relevant policies including those addressing the safekeeping of money and valuables, service user agreements and insurance arrangements and the use and provision of transport services. The inspector noted that these policies had been tailored to the specific arrangements in place within the home and were clear and concise. The inspector also noted that the home had a list of signatures of staff permitted to record financial transactions on behalf of service users. Good practice was observed.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

Statement 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

COMPLIANCE LEVEL

<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 	
<p>Provider's Self-Assessment:</p>	
<p>SOME OF THE ABOVE IS NOT APPLICABLE THAT WHICH IS APPLICABLE RECORDS ARE MAINTAINED IN ACCORDANCE WITH THE HOME'S POLICIES AND PROCEDURES</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant.</p> <p>The inspector reviewed the records relating to amounts charged to a selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>Discussions with those present identified 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.</p>	<p>Moving towards compliance</p>

A review of a sample of the service users' records established that on the day of inspection, the home did not have a written authorisation from the service users or their representatives to purchase goods and services on behalf of each service user.

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

Discussion with those present identified that the personal monies for a small number of services are requested from the HSC trusts' patients' bank. The registered person advised that requests are made infrequently as the balances of personal monies held for the service users diminish. The registered person was able to describe this process and the persons within the HSC trusts who are the points of contact for these requests. The inspector noted that the details of these arrangements should be documented and recorded on the service users' files.

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

Discussion with those present and a review of the records identified that the home routinely provides a receipt to those paying fees to the home, including amounts deposited with the home for hairdressing/podiatry etc. The inspector reviewed a sample of receipts for fees paid and identified a number of instances where the receipt was not signed by a second person, as per best practice. The assistant manager also advised the inspector that receipts were not routinely provided to those depositing small amounts of money for safekeeping. The inspector noted that the home should provide a receipt recording the cash being handed over to the home which should be signed by the person lodging the cash and by a representative of the home. A copy of the receipt should be retained by the home.

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

The inspector noted that the home maintained income and expenditure records in a cash book. The inspector noted that while a significant amount of effort was being expended to record and countersign entries; the size of the book being used was too small to allow for a clear record to be made. In addition, as each service user was given one or two pages in the book, once these pages were completed, the person completing the record was required to continue the record in another available space in the book. The inspector noted that the current method was not in keeping with best practice or standard accounting procedure. The inspector explained how a standard financial ledger format should be laid out and highlighted that this must be introduced to record income and expenditure on behalf of the service users.

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

The inspector noted that there was a record of approximately monthly checks of the balances entitled “cash book audit” which were signed and date by two persons and noted that this reflected best practice. The inspector discussed the process of reconciling the records and emphasised for clarity, that the reconciliation involved a scrutiny of the records and trace of receipts and so on.

The inspector reviewed a range of transactions recording expenditure incurred on behalf of service users, such as that in respect of hairdressing, toiletries or other non-frequent sundry items; the inspector was able to trace all of those expenditure entries sampled to the other related documents, such as a hairdressing treatment record. Discussion with the registered person identified that the home did not operate any bank account on behalf of service users.

Discussion with those present identified that on the day of inspection, the home did not operate a comfort fund on behalf of service users.

A review of the documentation recorded for hairdressing services received by service users in the home identified that the home had a book in place to record treatments by the hairdresser. A review of the records and discussion with the assistant manager identified that on each treatment day, the hairdresser writes a receipt for those treated which details the name, treatment, and price. The inspector noted that some of the receipts were signed, some were not. The inspector noted that these receipts were stapled into a hairdressing book and the details on the receipts re-written by the assistant manager. The inspector noted that this represented a duplication of work around this process. It also meant that the necessary details were not consistently being recorded. The inspector noted that each treatment day a record should be available which details the name of the service user, the treatment received, and the associated cost. The hairdresser and a member of staff who can verify that the service user has received the treatment must both sign and date the treatment record.

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

The inspector noted to those present that it may be helpful to develop a template for treatments by the hairdresser which would capture the names of the service users and detail the types of services available and their associated cost. The inspector noted that if this was available, the relevant treatment provided could be ticked and simply signed and dated as per the existing practice. The inspector noted that this would remove the

need to write these details out on every visit.

Recommendation one 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
	Compliant

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:	
ALL RECORDS MAINTAINED AS PER THE HOMES POLICY AND PROCEDURES	Compliant

Inspection Findings:	
<p>The inspector reviewed the safe places within the home and was satisfied with the controls around the physical location of the safe places and the persons with access.</p> <p>The inspector noted that there were no non-cash items belonging to service users lodged for safekeeping on the day of inspection.</p> <p>The inspector noted that while the home had a record of all monies held for safekeeping, the inspector noted that it was best practice to have a written safe record to record the items in the safe places e.g. the cash box containing service users' money, a record of any important documents, the home's petty cash box etc. The inspector noted that this record must be used to record the deposit of any items for safekeeping and must be signed and dated by two persons. The inspector highlighted that this record should be reconciled to the contents of the safe place at least quarterly, with two persons recording, signing and dating the reconciliation.</p> <p>Requirement seven is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for four randomly selected service users. The inspector noted that three of the four service users selected had a record in place; the remaining service user selected did not have a record. The inspector queried this with those present and was advised that the service user identified did not like to have any items in their room which would normally appear on the inventory record. The inspector noted this; however, it was clear that all of the records of service user's inventory would need to be reviewed again. As part of this exercise, all service users should have an updated inventory record and should any service user not have any items which require recording, their individual inventory record should be completed to reflect this.</p> <p>The inspector noted that one service user had purchased a television for their room in the last year and this item was recorded on their inventory. The remaining records reviewed detailed items of jewellery belonging to service users. The inspector noted that a number of the records were not signed or dated, and highlighted to those present that having two people sign and date the records of inventory was an important control to have in place, as not only did it provide a protection for the service user, but it also protected the members of staff making the record.</p> <p>The inspector noted that the home was using a template which they had not developed and the inspector noted</p>	<p>Moving towards compliance</p>

that the template did not lend itself to recording the necessary information easily. The inspector noted that the home should consider developing its own template and the necessary components of the template were discussed.

Requirement eight 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
	Compliant
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:

- 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 	
<p>Provider's Self-Assessment:</p>	
<p>NOT APPLICABLE</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>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.</p>	<p>Not applicable</p>

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

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

9.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Gertrude Alexandra Priscilla Nixon 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

LIMETREE

27 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 Mrs Gertrude Alexandra Priscilla Nixon 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.</p> <p>Individual service user agreements must comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement must be shared with the HSC trust care manager.</p>	Once	COMPLETED	8 December 2014

2	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 representative's name and relationship to the service user are clearly stated on the document.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation must be shared with the HSC trust care manager.</p>	Once	COMPLETED	8 December 2014
3	19 (2) Schedule 4 (3)	<p>The registered person is required to ensure that for those service users identified on inspection; a clear note is drafted for the each service user's file which details the arrangements for that service user to receive their personal allowance monies from the HSC Trust. The note should detail the arrangements for the home to transfer those monies to the service user's balance held in the home and the records which will be retained to provide evidence of that process. The note should also detail the relevant individuals to contact within</p>	Once	COMPLETED	17 November 2014

		the HSC Trusts and the arrangements for the home to ensure that when the service user's money has fallen beyond an identified sum, the home will alert the trust accordingly. This record should be kept up to date and a copy placed on the service users' care and finance files.			
4	19 (2) Schedule 4 (9)	The registered person must ensure that the receipts provided by the home to persons depositing cash for safekeeping are signed by both the person depositing the cash and by a representative of the home.	Once	COMPLETED	From the date of inspection
5	19 (2) Schedule 4 (9)	<p>The registered person must ensure that a standard financial ledger format is used to clearly and accurately detail transaction for patients. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the patient's cash total held and the signatures of two persons to verify the entry in the ledger. If a receipt is not available for expenditure, the record should be annotated to reflect this.</p> <p>Records made on behalf of service users must be legible, with appropriate space available to record all of the above details clearly. Any mistakes should be 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. Correction fluid must not be</p>	Once	COMPLETED	From the date of inspection

		used.			
6	19 (2) Schedule 4 (9)	<p>The registered person must ensure that the person providing the hairdressing services and the service user or a member of staff at the home, both sign the treatment records to verify that the service user has received the treatment and is required to pay this associated cost.</p> <p>(See recommendation one)</p>	Once	COMPLETED	From the date of inspection
7	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that a safe record is introduced to record any items or cash belonging to service users contained within the safe place. The record should also reference that any money or valuables belonging to service users contained in another safe place in the home. Should any items be deposited for safekeeping, the record should reflect the date item was deposited and should be signed and dated by two persons.</p> <p>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. A reconciliation of the items contained within the safe places in the home should be carried out, recorded and signed and dated by two persons, at least quarterly.</p>		COMPLETED	17 November 2014
8	19 (2) Schedule 4 (10)	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all	Once	COMPLETED	8 December 2014

		<p>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. 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>			
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RECOMMENDATIONS

These recommendations are based on Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO	MINIMUM STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	25.16	It is recommended that the registered person introduce a template for recording visits by both the hairdresser. The template should include: the name of the service user; the treatment provided and the associated cost; the date of the treatment; the signature of the hairdresser and the signature of a representative of the home who can confirm that the service user received the treatment. The signatures should also be dated.	Once	COMPLTED	17 November 2014

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	SANDR NIXON
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	SANDRA NIXON

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			09/12/2014
B.	Further information requested from provider				