



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Kingsland Care Centre
Establishment ID No:	1669
Date of Inspection:	29 September 2014
Inspector's Name:	Briege Ferris
Inspection ID:	18052

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:	Kingsland Care Centre
Address:	252 Seacliff Road Bangor BT20 5HT
Telephone Number:	02891273867
E mail Address:	michelle.macmillan@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Ciaran Henry Sheehan
Registered Manager:	Michelle MacMillan
Person in Charge of the Home at the Time of Inspection:	Lindsay Plunkett
Number of Registered Places:	43
Number of Service Users Accommodated on Day of Inspection:	41
Date and Time of Inspection:	29 September 2014 09.20 -14.00
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Inspection Focus

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

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

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

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

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

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

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

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

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

6.0 Profile of Service

Kingsland Care Centre is a purpose built nursing home situated on the outskirts of the seaside town of Bangor, Co. Down. The home commands panoramic views over Ballyholme Bay from bedrooms and lounges situated to the front of the home. There is a small garden and patio area to the side and rear of the home, and adequate car parking is provided. Local amenities and transport services are available close by in the town.

The nursing home provides accommodation for patients over both floors. There is a range of single and double rooms, some with en-suite facilities. Toilet and bathroom facilities are located throughout the home and are accessible to all communal and bedroom areas. A variety of sitting areas, which are tastefully decorated, are provided throughout the home and these are popular with the patients. Catering, dining and laundry services are all provided within the home.

The home is part of the Orchard Care Homes Group. Mrs Michelle Macmillan is the manager for the home. Mrs Macmillan has responsibility for managing all aspects of care and services provided for patients.

The home is registered to accommodate 43 patients who require nursing care, long and short term, physical disablement under and over pension age and terminal illness.

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. The agreement in use by the home at the time of inspection did not fully reflect the requirements of Regulation 5 of the Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2; however it was noted that a revised template had recently been developed to address these matters going forward.

There was evidence that all service users/their representatives had been informed in writing of any increase in the fees payable.

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

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

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. Clear and up to date records exist to support income and expenditure for service users.

The home had (or was awaiting the receipt of) written authorisation from service users/their representatives for the home to spend service users' money on identified goods or services.

Records examined established that there are good controls in place around the recording of income and expenditure, including counter-signed templates in place to capture treatments provided by the hairdresser etc.

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

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

The home has a safe place within the home to enable service users to deposit cash or valuables for safekeeping. The home maintains a clear and regularly reconciled record of cash deposited and used on behalf of service users. The inspector noted that non-cash items deposited for safekeeping had not been recorded however this was being addressed prior to the end of the inspection.

On reviewing the records of service user personal property, the inspector noted inconsistency across the records. Two of four service user records sampled were blank; while the remaining two service users' records had been completed and signed by two people but were not 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 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.

Statement 1

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

Criteria Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user • The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment • Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement • The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property • The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	
Provider's Self-Assessment:	
<p>Each service user is provided with a written guide, including a personalised written agreement detailing 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.</p> <p>The individual agreement details of 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.</p> <p>Currently the home is not involved in supporting any service user in any financial transactions.</p> <p>The Home has a policy and procedure in place to detail the arrangements where support is provided by the company to enable the service users to manage their finances and property</p>	Compliant

<p>The company 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>	
<p>Inspection Findings:</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 the home's fees and those services attracting an additional charge such as hairdressing, dry cleaning and toiletries.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator, and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted the following: two service users had a signed agreement on file, while the remaining two service users' agreements had been sent for signature and were not available in the service users' files on the day of inspection. The inspector noted that the two available agreements reflected the correct fee for the individual service users. However, the inspector noted that the fees section did not clearly reflect by whom each element of the fee (where relevant) would be paid and which method would be used by each party.</p> <p>The home administrator provided the inspector with a revised copy of the service user agreement and its associated appendices and advised that these documents had been received from the organisation's head office the previous week. The home's administrator advised that the revised documents had not yet been introduced in the home. On reviewing these documents, the inspector noted that the appendix detailed the breakdown of the fee payable, the person(s) by whom the fees were payable and the method of payment. The inspector noted that this appendix to the standard form of contract with service users provided the level of detail required by Regulation 5 of the Nursing Homes Regulations (NI) 2005 and reflected the necessary improvements to the template which was in place and identified on the service users' files reviewed on the day of inspection.</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p> <p>A review of a sample of the records established that the home had previously notified all service users/their representatives of any increase in the fee payable.</p>	<p>Substantially compliant</p>

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

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

Statement 2

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

Criteria Assessed:

- 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>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.</p> <p>The home maintains a record of the amounts paid by/in in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement</p> <p>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 or/their representative is unable to sign or choose not to sign for the receipt of money, two members of staff witness the handover of the money and sign and date the record.</p> <p>Where items or services are purchased on behalf of service users written authorisation is in place from the service user/their representation to spend the service user's money on identified items or services.</p> <p>There are contingency plans in place to ensure the home can respond to requests from the service users for access to their money and property at short notice.</p>	<p>Compliant</p>

<p>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.</p> <p>A reconciliation of the money/possessions held by the home on behalf of the service user is carried out, evidenced and recorded at least quarterly.</p> <p>There are no persons associated with the home acting as nominated appointees for any of the home's service users.</p> <p>There are no staff acting as agents to any service users in the home.</p> <p>There are no individual bank accounts operated by the home for individual service users.</p> <p>If it becomes evident that a service user has become incapable of managing their finances and property the Care Manager is informed immediately by the Home Manager.</p> <p>If a service user has been formally assessed as incapable of managing their finances and property the amount of money and 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.</p>	
<p>Inspection Findings:</p>	
<p>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>Discussion with the home's administrator and a review of the records identified that receipts which are signed by two persons were not routinely provided to persons lodging cash at the home for safekeeping on behalf of service users.</p> <p>Requirement 2 is listed in the QIP in respect of this finding.</p> <p>Discussions with the home's administrator and a review of the records established that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does, however; receive monies from service users' representatives to be spent by the home on the service users' behalf.</p> <p>A review of a sample of the records established that the home had personal allowance contracts in place with two of four service users sampled providing the necessary written authorisation to purchase goods and services on behalf of service users. The remaining two personal allowance contracts had been sent to the service users' representatives for signature and had not been returned at the date of inspection.</p>	<p>Substantially compliant</p>

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, chiropody, newspapers or other non-frequent sundry items. The inspector noted that the home maintain clear records on “personal statements” detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipts for cash/cheque lodged or hairdressers or shop receipt for expenditure. The inspector examined a broad sample of transactions in respect of services by the hairdresser, chiropodist, and for newspapers, clothing and toiletries. In each case examined, the inspector was able to trace the record of these transactions to the duplicate record within the home and to the original receipt. A template to record hairdressing treatments and the associated costs was in use in the home which the inspector noted was countersigned to verify the treatment had been provided. Good practice was observed.

A review of the documentation evidenced that the home has a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf. The inspector noted that this account was appropriately named in favour of the service users in the home.

As noted above, balances of service user monies held for safekeeping by the home (whether in cash or in the personal allowance bank account managed by the home) are reconciled on a regular basis and the inspector was able to obtain evidence of this process on the day of inspection. Good practice was observed.

Copies of payment remittances from the commissioning trusts are available detailing the amount receivable by the home and the amount to be contributed by the service user/representative where relevant.

The inspector also reviewed the records in respect of the service users' comfort fund. The inspector noted that the home has a transparent policy and procedure in place for the administration of the comfort fund. A review of the records for expenditure from the comfort fund established that the controls as outlined within the policy and procedure were being adhered to. The inspector noted that a separate bank account exists to administer the comfort fund monies and that this account was appropriately named in favour of the service users in the home.

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

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

Statement 3

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

Criterion Assessed:	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:	
The home provides an appropriate place for storage of money and valuables deposited for safekeeping, robust	Compliant

<p>controls exist around the persons who have access to the safe place. Where money and valuables are deposited by service users within 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 safety and security of their property there are individual arrangements in place to safeguard the service user's property. Service users are made aware of safe storage of items and have access to their individual 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 money and valuables held for safekeeping by the home is carried out at regular intervals, and at least quarterly. Errors or deficits are handled in accordance with the home's SVA procedures. A record is maintained of the furniture and personal possessions brought in by their service user to their room . The record is updated as items are added or taken away.</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>As noted above, the inspector noted that the cash held within the safe place was checked on a regular basis and a full reconciliation of the cash held was carried out monthly.</p> <p>The inspector reviewed the (non- cash) items deposited for safekeeping for a number of service users; however, noted that there was no written record of these items maintained. The inspector noted that following discussion with the home's administrator on the day, prior to the end of the inspection, the home's administrator had created a record of the non-cash items deposited for safe-keeping on behalf of service users. The inspector advised the home's administrator that these items would need to be verified by another person and signed and dated by both persons, with a written reconciliation carried out at least quarterly thereafter.</p> <p>Requirement 3 is listed in the QIP in respect of this finding.</p> <p>The inspector requested the inventory/property records for four service users which should record the items of furniture and personal possessions brought by each service user into their room. On reviewing the records the inspector noted inconsistency across the records. Two service users had a 'property list 'and 'valuables list' in their records; both service users' records were blank. However, the remaining two service users' records had</p>	<p>Moving towards compliance</p>

been completed. The inspector noted insufficient detail recorded such as 'one plasma television...one digital television'; the make/size or colour of these items had not been recorded. The inspector noted that while both of the latter records had been signed by two people (good practice), neither record had been dated, making it impossible to establish when the items were recorded as being in the service users' rooms.

The above findings indicated to the inspector that the process of recording service users' inventory was not being managed well by the home.

Requirement 4 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 	
Provider's Self-Assessment:	
	Not applicable
Inspection Findings:	
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

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Not applicable

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Lindsay Plunkett 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

KINGSLAND CARE CENTRE

29 SEPTEMBER 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 Lindsay Plunkett either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

STATUTORY REQUIREMENTS

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005


NO	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	5 (1) (a) (b)	<p>The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements 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.</p> <p>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	<p>The revised agreement document has been sent out to all residents or their representative. As noted in the body of the inspection the inspector had sight of the revised document and noted that the appendix detailed the breakdown of the fee payable the person(s) by whom the fees were payable and the method of payment. The inspector further noted that this appendix to the standard form of contract with service users provided the level of detail required by Regulation 5 of the Nursing Homes Regulations (NI) 2005 and reflected the necessary improvements required from the previous document. Where a Service user does not have a family member or friend to act as their representative, the individual's care manager will be ask to check out the document.</p>	8 weeks: 24 November 2014

2	19 (2) Schedule 4 (9)	The registered person must ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed and dated by the person lodging the cash and by a representative of the home.	Once	A receipt book is in place to record any cash being handed over for safekeeping and is signed and dated by the person lodging the money and by a representative of the home.	From the date of inspection
3	19 (2) Schedule 4 (9)	The registered person is required to ensure that the newly created record of items deposited for safekeeping is regularly reconciled to the items held. The record should reflect the date items were deposited and should be signed by two persons. Where items are returned to the service user or their representative, the record should be updated with the date the item(s) were returned and include two signatures to verify the return of the items.	Once	A register is now in place to record any items deposited for safekeeping and is reconciled monthly and signed by two persons. The record reflects the dates items were deposited and signed by two persons. Where items are returned to the service user or their representative, the record is signed by the service user or their representative The record is updated with the date items are returned and is signed by 2 persons	8 weeks: 24 November 2014
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 members of staff at the time of the entry.</p>	Once	<p>An updated inventory for all service users personal possessions is underway for current residents and for all new residents admitted to the home. These records will be updated as residents bring things to the home and or as residents dispose of items. All entries will be dated and signed by two members of staff.</p> <p>Staff have been made aware of the importance of recording inventory details consistently and high lighting</p>	8 weeks: 24 November 2014

		<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>		<p>any items of significant value or electrical equipment which requires testing before use in the home.</p>	
--	--	--	--	--	--

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	Annie Frobisher
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			11/11/2014
B.	Further information requested from provider				