



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment: Cairnmartin Court Care Home
Establishment ID No: 11101
Date of Inspection: 23 June 2014
Inspector's Name: Briege Ferris
Inspection No: 18053

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:	Cairnmartin Court Care Home
Address:	250 Ballygomartin Road Belfast BT13 3NG
Telephone Number:	02890722050
E mail Address:	michellebaird@priorygroup.com
Registered Organisation/ Registered Provider:	Mrs Caroline Denny Priory Elderly Care Ltd
Registered Manager:	Ms Michelle Baird
Person in Charge of the Home at the Time of Inspection:	Ms Michelle Baird
Number of Registered Places:	62
Number of Service Users Accommodated on Day of Inspection:	61
Date and Time of Previous Finance Inspection:	None
Date and Time of Inspection:	23 June 2014 10.00 – 14.30
Name of Finance Inspector:	Briege Ferris

2.0 Introduction

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

Cairnmartin Court Care Home is a purpose built three storey, detached private nursing home. The home is managed and operated by the Priory group of homes.

The home offers bright and spacious accommodation for 62 service users on the ground and first floors. The bedrooms are all single rooms with ensuite shower and toilet facilities. Each has been furnished with a profiling bed and a range of furniture providing storage for service users' personal possessions.

There are sitting rooms and dining rooms located throughout the home. All are tastefully decorated and have comfortable furnishings. The main sitting room on the ground floor looks out on to an enclosed garden situated at the rear of the building. The first floor sitting room provides a panoramic view of North and East Belfast. All service users have access to the garden.

There are two assisted bathrooms on each floor of the home, ensuring that bathing facilities are available for service users. Communal toilets are located throughout the home and are clearly signed for ease of identification.

A passenger lift ensures that facilities are accessible to all service users and visitors.

The second floor accommodates the laundry, kitchen, staff rest rooms, storage space and a staff training room.

The home is registered to provide nursing care (NH) within the following categories and conditions:

- | | |
|---------|---|
| NH - I | Old age not falling into any other category to a maximum of 31 service users |
| NH - DE | Dementia care to a maximum of 31 service users accommodated within the dementia unit. |

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; however this is not updated to reflect new fees and financial arrangements over time. 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.

There was no evidence that all service users/their representatives had been informed in writing at least 28 days in advance 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.

Two requirements have been made.

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 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 inspector noted that a representative of the home had used a loyalty card to gain points when making purchases on behalf of service users.

The home did not have written authorisation in place for the home to spend service users' money on identified goods or services for all of the service users sampled.

Records examined established that there are good controls in place around the recording of income and expenditure. However, a sample of records evidenced that treatment records provided by the hairdresser/chiroprapist were not routinely signed by both the person providing the treatment and the service user or a representative of the home to confirm that the service charged for had been delivered.

The inspector noted a small number of items which the inspector advised should have been paid for by the home and not from the comfort fund. These included items of furniture and soft furnishings for the lounges in the home.

The inspector noted that section 11 of the home's amenity fund (comfort fund) policy and procedure (FIN 07) made specific reference to the types of items which should not be purchased from the amenity fund, however the policy had not been adhered to in these instances.

Four requirements have been made.

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

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

The home has a safe place 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. A sample of the records of furniture and personal possessions brought into the service users' rooms evidenced poor record keeping: a number of records had not been signed or dated and items of value had been recorded but not adequately described to enable them to be easily identified.

1 requirement has been made.

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 provided transport service to service users at no charge. A policy and procedure regarding transport services was in place on the day of inspection.

No requirements have been made.

The home has achieved a compliance level of 'compliant' 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 	<p>COMPLIANCE LEVEL</p>
Provider's Self-Assessment:	Compliant
<p>Cairnmartin Court issues a resident agreement on admission. This agreement details the weekly fees and services to be delivered in respect of these charges, it also details the method of payment.</p> <p>The arrangements and records to be kept are specified in the residents agreement page 2. All transactions are recorded on a triplicate receipt book and signed by 2 persons.</p> <p>FIN 03 Financial controls, OP25 Service user funds and FIN07 v 04 amenity funds (comfort funds) details the appropriate arrangements that are in place to enable service users to manage their finances and property.</p>	<p>Compliant</p>

<p>Head - office provides all necessary notification of fee increases as Cairnmartin is not a billing home - this information is not held at site level at present however we have requested a copy of the letter to be sent to the site and details of who sent to regarding the last fee increase. This process is currently under review by Nicola Bales - Head of Finance. Tops ups charges remain unchanged for 2013/2014 thus no notification required to the third party/resident. The arrangements for this is detailed in each service user agreements.</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 policy for service users to bring personal property into their rooms and the details of additional services available for access within the home such as hairdressing, chiropody etc. for which an additional charge (not stated) will be payable.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator and regional administrator; and selected three service users' files and associated records for further examination.</p> <p>On examining the sample of three service users' files, the inspector noted the following: two individual service user agreements reflected the current fee arrangements, while the remaining service user did not have an individual agreement on their file.</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 Nursing Homes Regulations (NI) 2005 or DHSSPS Nursing Homes Minimum Standard 4.2. Specifically, the inspector noted that the current form of agreement did not reflect the following information: the duration of the service user's stay; a copy of the home's complaints procedure; the arrangements for any financial transactions undertaken on behalf of the service user and the records to be kept; the arrangements for regularly reviewing the agreement and an itemised list of agreed services and facilities over and above the general service and facilities (such as hairdressing, podiatry and their associated costs etc).</p> <p>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</p>	<p>Moving towards compliance</p>

A review of a sample of the records found 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, including the level of any contribution from the service user's social security benefits, the home is required to inform the service user/their representative in writing of the up to date arrangements.

Requirement 2 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 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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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 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 • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent • If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay • If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement 	
Provider's Self-Assessment:	
<p>Records are kept of all personal allowances paid in and out - this is evidenced by a triplicate receipt book which is signed/witnessed by 2 people, this is then recorded against the residents record on income processing. Any items over £50 is authorised by the home manager to allow for unexpected purchases.</p> <p>A weekly cash reconciliation is completed on all personal allowances, monthly statements are printed and reconciled back for each resident, safekeeping is reconciled at least quarterly.</p> <p>Company policy is that we don't hold appointeeships or bank accounts on behalf of residents.</p>	Compliant
Inspection Findings:	
<p>A review of the records evidenced that the home had access to copies of the trust remittances confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to service users contributing to their</p>	Moving towards compliance

fees and was satisfied that the correct amounts were being charged by the home.

Discussion with the home's administrator and regional administrator and a review of the records evidenced that on the day of inspection, no representative of the home was acting as nominated appointee for any service user. The home does however receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector examined a sample of records for cash lodged with the home and was able to trace these lodgements to the copy of the receipt provided to the person lodging the cash. The inspector noted that receipts were signed by both the person lodging the money and representative of the home receiving the money and noted good practice in respect of these controls.

The inspector reviewed the files for three service users to review the personal allowance contracts in place between the home and the service user or their representative. The inspector noted that one service user's contract had been signed to indicate that authorisation to make identified purchases of goods or services on behalf of the service user had not been provided. The inspector noted that the home was making purchases of services on behalf of the service user in spite of this. The inspector discussed this with the registered manager who stated that the home would have paid for the service which had been received by the service user as the service user did not have any money lodged for spending. The inspector noted that the personal allowance contracts should be reviewed when they are signed to ensure that where authority is not provided to the home; alternative arrangements are discussed and agreed in writing with the service user or their representative.

The inspector noted that the second service user sampled had a personal allowance contract in place; however, it was noted that authorisation was not provided to the home to purchase the services of the hairdresser or podiatrist. It was noted that the third service user sampled did not have a personal allowance contract on their file.

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

The inspector reviewed a sample of the records for expenditure incurred on behalf of service users such as that in respect of hairdressing, podiatry, or other non-frequent sundry items. The inspector noted that the home maintain clear records detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or receipt for expenditure. The inspector traced a sample of transactions and was able to evidence the all of the relevant documents.

In reviewing a sample of the records for hairdressing and podiatry services facilitated within the home, the inspector noted that these records were not routinely signed at the time of providing the service by the hairdresser/podiatrist by a representative of the home or by both parties. The inspector stressed the importance of these controls in confirming the treatment received by the service user and the associated cost.

Requirement 4 is listed in the QIP in respect of this finding.

Within the records of income and expenditure recorded for one service user, the inspector noted that a supermarket loyalty card had earned points for the person making the purchase on behalf of a service user. The inspector discussed this with the registered manager who stated that this card belonged to the member of staff who had made the purchase and not the service user.

The inspector clarified that representatives of the home should not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.

Requirement 5 is listed in the QIP in respect of this finding.

The inspector also reviewed a sample of the records in respect of the service user comfort fund which is usually funded from contributions from the community, service users' family/friends and from internal fundraising by the home. The inspector noted that the records were clear and provided written evidence of two signatures recorded against transactions and regular reconciliation.

The inspector noted a small number of items which the inspector advised should have been paid for by the home and not from the comfort fund. These included items of furniture and soft furnishings for the lounges in the home.

The inspector explained that the service users' comfort fund is used to benefit the body of service users in the home as a whole and not to purchase goods or services which should be provided by the home. The inspector noted that section 11 of the home's amenity fund (comfort fund) policy and procedure (FIN 07) made specific reference to the types of items which should not be purchased from the amenity fund "...purchases made from the amenity fund must be (b) be for items, services and activities that the company is required to provide as part of its contractual obligations eg: general decoration, linen, electrical equipment, furniture and furnishings."

<p>The inspector discussed this with the registered manager and clarified that the cost of these items should be repaid to the service users' comfort fund. In addition, the inspector noted however a full review of the entire comfort fund expenditure records by the home would be necessary. The inspector noted that this may identify any other items which should have been paid for from the home's own funds.</p> <p>Requirement 6 is listed in the QIP in respect of this finding.</p>	
--	--

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</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 3

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

Criterion Assessed:

- The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place
- Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions
- Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property
- Service users are aware of the safe storage of these items and have access to their individual financial records
- Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan
- A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures
- A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed
-

COMPLIANCE LEVEL

<p>Provider's Self-Assessment:</p> <p>The home has a safe which is coded and fixed to the building. Code is only know to the home administrator - if there is staff movement the code is changed.</p> <p>Items deposited for safekeeping are logged in a hard backed book and signed dated by 2 memebbers of staff, this is reconciled quarterly and the envelope is sealed with the date, description also on it.</p> <p>Residents have access to their personal allowances and safekeeping during office hours. Monthly statements are printed and given to NOK on receipt of money.</p> <p>A record of all personal possessions is recorded on form AM19 form and this is kept in the care file in Cairnmartin Court. Safekeeping is reconciled at least quarterly - any deficits are reported to the home manager/regional admin manager to investigate.</p>	<p>Provider to complete</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. The inspector noted that there were a small number of items deposited for safekeeping by service users and that there was a written record of regular reconciliations of the cash and valuables held within the safe place.</p> <p>The inspector requested the inventory/property records for three service users. Of the three records examined, the inspector noted that two records were neither signed nor dated, while the remaining record was signed and dated by on person. The inspector also noted that within one service user's record, the item '1 TV' had been recorded. The inspector noted that this did not provide adequate detail to sufficiently identify the item. The inspector advised the registered manager and administrators that best practice would be to record the make, model and colour of the television.</p> <p>This indicated to the inspector that the process of recording service user inventory was not being managed well.</p> <p>Requirement 7 is listed in the QIP on respect of the finding.</p>	<p>Moving towards compliance</p>

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

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

Statement 4

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

Criterion Assessed:

- 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

COMPLIANCE LEVEL

<p>service user for each journey, including any amount in respect of staff supervision charges</p> <ul style="list-style-type: none"> • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme • The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place • Ownership details of any vehicles used by the home to provide transport services are clarified 	
<p>Provider's Self-Assessment:</p>	
<p>Cairnmartin Court does not charge for transport.</p> <p>Details of the insurance is displayed in the front foyer and the minibus is serviced yearly - last service was 14th May 2014 for PSV test.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p>	
<p>On the day of inspection, a transport service was available for service users in the home. Discussion with the regional administrator and a review of the records established that service users were not charged for transport services.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL Provider to complete</p>
--	---

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
---	--

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Michelle Baird 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

CAIRNMARTIN COURT

23 JUNE 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 Michelle Baird 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)	The registered person must provide individual agreements to each service user currently accommodated in the home (or their representative) which detail the current fees and financial arrangements in place in respect to the individual service user. Individual service user agreements should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.	Once	The site is reviewing all resident agreements and will ensure that all reflect the required standards.	4 August 2014
2	5 (2) (a) (b)	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	Once	From the next change a letter will be sent to all informing them of the new fees this will be an appendix to the existing resident agreement	From the date of the next change


		variation in the method of payment of the fees or the person by whom the fees are payable. 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.		detailing the current fees.	
3	19 (2) Schedule 4 (3)	The registered person arrange should arrange to review the personal allowance contracts for all of the service users within the home to ensure that any expenditure which the home is currently making on behalf of the service user should exactly reflect the authorisation provided by each service user/their representative. If the remaining personal allowance contracts with service users/their representatives not examined on the day of inspection need to be updated, this should be actioned within the timescale indicated.	Once	The admin and regional admin have conducted a review of the personal allowance contract against the monthly statements and ensured that all contracts detail the required authorisation	4 August 2014
4	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the hairdressing and podiatry services and the service user or a member of staff at the home, signs the treatment records to verify the treatment and the associated cost to each service user.	Once	Admin aware of this and will ensure she checks the invoice is signed by the hairdresser and a member of staff on all occasions.	From the date of inspection
5	14 (4)	The registered person must ensure that representatives of the home do not use personal loyalty cards to benefit from purchases made on behalf of service users in the home.	Once	Notices have been displayed in the home detailing that loyalty cards must not be used. Administrator will ensure staff spending on behalf of residents are also aware of this when signing money out and admin	From the date of inspection

				will ensure receipts coming back in are checked to ensure no loyalty cards have been used.	
6	27 (2) (d)	<p>The registered person must ensure that any expenditure paid from the service users' comfort fund is used for the benefit of the body of service users at the home and does not fund any items which should be paid for by the home. The rationale for any purchase made from the comfort fund must be clear. The record of previous purchases of any items from the service users' comfort fund must be scrutinised, and the cost of any items which should have been paid for by the home be repaid to the service users' comfort fund. RQIA should be informed in writing, of the outcome of the review of previous comfort fund purchases.</p> <p>The registered person should ensure that relevant staff are reminded of the guidance included within the home's policies and procedures regarding the amenity/comfort fund.</p>	Once	This has now been reimbursed.	4 August 2014
7	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. 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</p>	Once	Nurses have been given Am form 19 to detail all residents inventory and will ensure this is filled out and signed by 2 persons.	4 August 2014

		<p>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.</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	Michelle Baird
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Caroline Denny

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			8 September 2014
B.	Further information requested from provider				