



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment: Park Manor

Establishment ID No: 11120

Date of Inspection: 12 May 2014

Inspector's Name: Briege Ferris

Inspection No: 18036

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:	Park Manor
Address:	6 Thornhill Road Dunmurry Belfast BT17 9EJ
Telephone Number:	02890307700
E mail Address:	parkmanor@macklingroup.com
Registered Organisation/ Registered Provider:	Mr Brian Macklin Macklin Group
Registered Manager:	Ms Elizabeth Thompson
Person in Charge of the Home at the Time of Inspection:	Ms Elizabeth Thompson
Number of Registered Places:	78
Number of Service Users Accommodated on Day of Inspection:	76
Date and Time of Previous Finance Inspection:	None
Date and Time of Inspection:	12 May 2014 10.30-13.45
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

Park Manor private nursing home is a purpose built 78 bedded nursing home situated within Dunmurry in South Belfast. Located on the Thornhill Road, it is convenient to Belfast and Lisburn with good local access to public transport and shopping, yet retains a semi-rural aspect with pleasant views over neighbouring fields and woodland areas.

The home is operational over four floors with the lower ground floor supporting a large pleasant reception area leading to administrative offices, private meeting rooms, hairdressing room, large treatment room, kitchen, and laundry and staff facilities.

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 does 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.

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

The home has robust controls in place to ensure that money deposited and used on behalf of service users is appropriately safeguarded. The inspector noted that the a standard financial ledger format should be used to ensure that any monies withdrawn for expenditure on behalf of service users (and any change returned) should be recorded, not the amount of expenditure. The inspector noted that a sample of records evidenced podiatry treatment records which were not routinely signed both by the podiatrist and a representative of

the home to confirm that the service charged for had been delivered. The home maintains records of charges to service users for accommodation and personal care, where relevant. The inspector noted that the home had introduced a clear policy and procedure to guide the administration of the service users' comfort fund.

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. Records evidenced regular reconciliations of money and valuables deposited for safekeeping by the home. The inspector noted that within the records of money and valuables deposited for safekeeping, items had been returned to a service user's representative, however the person receiving the items had not signed to verify they had received them.

A sample of the record 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 by two persons and it was difficult to tell when the records had been updated and by whom.

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.

Statement 1

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

Criteria Assessed:

- The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
- The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment;
- Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
- The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property;
- The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement.

COMPLIANCE LEVEL

Provider's Self-Assessment:

Each resident receives a written guide specifying the terms and conditions of service delivered. This also includes the amount and methods of payment and a copy of the agreement is kept in the home. A policy is in place to underline the support which service users receive if they choose to manage their own finances and property.
 All service users are notified in writing at least 4 weeks in advance of any increase in charges and the arrangements for this are documented in the service users agreement.

Compliant

Inspection Findings:	
<p>The inspector discussed the individual financial circumstances of service users in the home with finance staff and selected three service users' files and associated records for further examination.</p> <p>The inspector requested the individual agreements in place for these service users and was informed that two of the individual service user agreements had been sent to service users' representatives; however these had not been returned. The inspector highlighted that if this was the case; a copy of the unsigned individual service user's agreement should be kept on file and should reflect that a signed copy had not yet been returned and what action was being taken (if any) to secure a signed agreement.</p> <p>In light of this, the inspector selected a further two alternative service user files for examination.</p> <p>On examining the sample of three service users' files, the inspector noted the following:</p> <ul style="list-style-type: none"> - Two individual service user agreements did not reflect the current fee arrangements for these service users. - One individual service user agreement reflected the current fee arrangements for this service user. It was noted that this service user had recently been admitted to the home. <p>The inspector was also provided with the home's current form of agreement for 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:</p> <p>-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 to the home and the duration of the service user's stay. The inspector noted that a list of services and facilities over and above the general service and facilities (such as hairdressing, podiatry etc) was included in the body of the agreement; however the associated costs were not detailed alongside these. The inspector was provided with a separate document detailing the costs of hairdressing and podiatry services within the home and noted that this information should be contained within or as an appendix to the agreement itself.</p> <p>Requirement 1 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

A review of a sample of the records evidenced 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 finance staff 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;
- 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 assessment underlines the service users needs and capabilities and underlines the support the home needs to give to enable the service user to manage their own finances. The home maintains a record of all payments for services provided , a record of all monies received in respect of a service user and this is signed in and dated by a staff member and the resident or their representative or by 2 staff members. Records are kept of all transactions by staff in respect of a resident and relevant receipts are maintained. No monies are kept in the home in respect of a resident except casual monies for e.g hairdressing services. A reconciliation of finances is done quarterly and no staff member acts as an appointee or agent for a resident. The home does not operate a bank account on behalf of any resident. No service user at the moment manages their own affairs.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with finance staff and a review of the records evidenced that no representative of the home was acting as nominated appointee on behalf of any service user on the day of inspection. The home does however; receive monies from service user representatives to be spent by the home on the service user's behalf. The inspector noted that if the home were purchasing goods or services on behalf of any service user, it was necessary for the home to obtain written authorisation from the service user/their representative to make these</p>	<p>Moving towards compliance</p>

purchases.

Discussions with finance staff revealed the home did not have these written authorisations in place on the day of inspection.

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

The inspector examined a sample of records for expenditure undertaken and was able to trace the selected transactions to the duplicate records within the home and to the original receipt. The inspector noted that the records were countersigned and there was evidence of regular reconciliations being performed and recorded by two persons.

The inspector noted that while the home had a method of recording income and expenditure for service users; the ledgers/records were not laid out using the standard method for recording financial transactions. The inspector clarified that the current method was not in keeping with best practice or standard accounting procedure. The inspector highlighted that where an amount of money had been spent on behalf of a service user (outside of the home), representatives of the home were recording the amount of expenditure rather than recording the withdrawal of cash from the service user's balance and the return of any change.

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

In reviewing a sample of the records for hairdressing and podiatry services, the inspector noted that the hairdressing service records were routinely signed by both the hairdresser and a representative of the home. Good practice was observed.

In reviewing a sample of the records for podiatry services provided within the home, the inspector noted that these records had not been signed by both the podiatrist and by a representative of the home at the time of treatment. The inspector stressed the importance of this control in confirming the service received by the service user and the associated cost.

Requirement 5 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. 	
Provider's Self-Assessment:	
<p>The home provides a safe for storage of monies and valuables for safekeeping. There are strict systems in place as to who has access to the safe. All deposits are recorded in and out by the resident or their representative and a staff member. All service users have a lockable drawer in their bedroom for the storage of personalised items of small value. The details of this are explained to the service user on admission. A reconcilliation of all</p>	<p>Compliant</p>

<p>monies is done and documented quarterly by the home . Any errors are clearly documented and investigated and if necessary, reported to SVA.</p>	
<p>Inspection Findings:</p>	
<p>The inspector requested the inventory/property records for three service users. The inspector noted that a template was in use in the home which included sections to capture “admitted by” and “list completed by” information. Within one record examined, the inspector noted two different names beside the above headings. It was not clear whether the two persons recorded were both present at the time the inventory record was made. Within another record, one person’s name appeared beside both headings; therefore, it appeared that only one person was present when the inventory record was made. The inspector highlighted that when a record was being made which related to the money or valuables of a service user, two people should also sign and date the record.</p> <p>In addition, the inspector noted records which appeared to have been updated i.e.: the record contained the handwriting of two people. The inspector noted that the apparent additions had not been signed or dated.</p> <p>The absence of basic record keeping controls including signing and dating of the records indicated to the inspector that the process of recording service users' inventory was not being managed well by the home.</p> <p>In one record the inspector noted that a member of staff had recorded that a service user had an item of electrical equipment in their room which belonged to them. The inspector also noted that the person recording the information had detailed the make of this item; good practice was observed. The inspector highlighted that the record could be improved further by advising staff to record the colour and model number of these items.</p> <p>Requirement 6 is listed in the QIP in respect of this finding.</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>The inspector also noted that staff performs regular reconciliations of the cash and valuables held within the safe place. In examining the records, the inspector noted that within the records, items had been returned to a service user’s representative; however, the person receiving the items had not signed to verify they had received the items.</p>	<p>Moving towards compliance</p>

The inspector highlighted that where there was any record in relation to money or valuables belonging to a service user, two persons must sign and date the record.

Requirement 7 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>The home does not own or provide transport arrangements for service users.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>On the day of inspection, the home did not provide transport services to service users.</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>

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with () 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

PARK MANOR

12 MAY 2104

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Elizabeth Thompson 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 should comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and 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 should be shared with the HSC trust care manager.</p>	Once	<p>Following the recent confirmation of 2014/2015 Fees advised by Trust new agreements with change of fees are being sent to each person.</p> <p>A copy of the signed agreement will be retained in each service users file.</p> <p>In the instance that the agreements have not been signed a record of this will be retained.</p> <p>If a Trust Managed Service User does not have relative / representative then the agreement will be shared with the Trust Care Manager and this will be documented.</p>	4 weeks from the date of inspection: 9 June 2014

2	5 (2) (a) (b)	<p>The registered person must provide at least 28 days written notice to each service user or their representative of any increase in the fees payable by or in respect of the service user, or any variation in the method of payment of the fees or the person by whom the fees are payable. The registered person must ensure that any changes to the individual service user's agreement are agreed in writing by the service user or their representative. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	Once	<p>As per current practice any increase in fees will be detailed in writing giving 28 days notice. A copy of this notification will be held in each Service Users File.</p> <p>An appendix will be added to the Residents Contract detailing the Financial Agreement between the resident and the Home detailing the fees payable and method of payment.</p> <p>A signed copy of which will be kept in the Service Users File & where a Service User or their representative is unable to or chooses not to sign this will be recorded.</p>	From the date of the next change
3	19 (2) Schedule 4 (3)	<p>The registered person must ensure that written authorisation is obtained from each service user or their representative to spend the personal monies of service users on pre-agreed expenditure. The written authorisation must be retained on the service user's records and updated as required. 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. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where an</p>	Once	<p>A new appendix will be sent out along with the new contracts following recent announcement 2014/2015 Fees.</p> <p>The Appendix will detail and seek authorisation from the Service User or their representative to spend personal monies on pre-agreed expenditure.</p> <p>If the authorisation is signed by anyone other than the Service User themselves the document will include the representatives Name</p>	4 weeks from the date of inspection: 9 June 2014

		HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager.		and relationship to the service user. The authorisation will be retained on the Service Users File and updated as and when required. If a Trust Managed Service User does not have relative / representative then the agreement will be shared with the Trust Care Manager and this will be documented.	
4	19 (2) Schedule 4 (9)	The registered person is required to ensure that a standard financial ledger format should be used to clearly and accurately detail every transaction recorded on behalf of a service user. Records of cash withdrawn from service users' balances should be recorded along with any change returned from shopping.	Once	Whilst every transaction is recorded on behalf of a Service User this movement will be expanded to include the withdrawal and receipt of change as opposed to simply the actual expenditure. Note that going forward it is our intention to not hold cash in the majority for our Residents where at all possible and that incidentals and services will be invoiced.	From the date of inspection
5	19 (2) Schedule 4 (9)	The registered person must ensure that both the person providing the podiatry services and the service user or a member of staff at the home, signs the service records to verify the service and the associated cost to each service user.	Once	The Podiatry Records will be kept with each day recorded on a separate ledger page to include the associated cost and signed / verified by both the person providing the Podiatry Services and the service user or a member of staff.	From the date of inspection

6	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> <p>The registered person should advise staff of the importance of recording inventory details consistently. Items of significant value or those requiring electrical safety testing should be distinctly highlighted on the record for ease of identification.</p>	Once	<p>An updated Inventory Record will be implemented which will make it easier to identify items of value or of a distinct nature.</p> <p>An exercise will be undertaken to record furniture and personal possessions retrospectively owned by existing service users accommodated in the home.</p> <p>The importance of recording inventory details consistently including regular updating of records to reflect additions / disposals and evidenced by signatures of two staff members will be reiterated with all applicable staff.</p> <p>Our contract has also been updated to include a stipulation that the Resident / Representative has a duty to advise us of any addition / removal of possessions to help facilitate accurate inventory.</p>	4 weeks from the date of inspection: 9 June 2014
7	19 (2) Schedule 4 (9)	<p>The registered person should ensure when money or valuables deposited for safekeeping by the home are returned to the service user, there is a written record of acknowledgement of the return of the money or valuables which is signed and dated by two persons, i.e.: by the person(s) returning and receiving the items respectively.</p>	Once	<p>The current process of safeguarding money or valuables deposited for safe keeping has been rebust in the majority - it will be reiterated with all staff tasked with this responsibility and the importance of evidencing the</p>	From the date of inspection

				receipt and return of any item(s) with two signatures (staff member and person returning / receiving item) stressed absolutely necessary in all cases.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Liz Thompson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Mary Macklin

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			5 June 2014
B.	Further information requested from provider				