



The **Regulation** and  
**Quality Improvement**  
**Authority**

## **Announced Finance Inspection**

<b>Name of Establishment:</b>	<b>Kingsway</b>
<b>RQIA Number:</b>	<b>1261</b>
<b>Date of Inspection:</b>	<b>10 November 2014</b>
<b>Inspector's Name:</b>	<b>Briege Ferris</b>
<b>Inspection ID:</b>	<b>20581</b>

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

**1.0 General Information**

<b>Name of Home:</b>	Kingsway
<b>Address:</b>	299 Kingsway Dunmurry Belfast BT17 9EP
<b>Telephone Number:</b>	02890609930
<b>E mail Address:</b>	stuart.johnstone@carecircle.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Care Circle Limited Ciaran Sheehan
<b>Registered Manager:</b>	Stuart Mathew Johnstone
<b>Person in Charge of the Home at the Time of Inspection:</b>	Stuart Mathew Johnstone
<b>Number of Registered Places:</b>	69
<b>Number of Service Users Accommodated on Day of Inspection:</b>	59
<b>Date and Time of Inspection:</b>	10 November 2014 10.00 – 15.30
<b>Name of Finance Inspector:</b>	Briege Ferris

## **2.0 Introduction**

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

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

## 6.0 Profile of Service

Kingsway Private Nursing Home was established in July 2001 and accommodates 69 patients.

It is situated on the main Belfast to Lisburn Road on the outskirts of Dunmurry village.

A range of single and double bedrooms, some with en-suite facilities, is provided in the original building. The bedrooms in the new extension are all single and have en-suite facilities. These two areas of the home are staffed separately, although patients may use any area of the home.

There is a range of sitting rooms, some provided for quiet reflection, and two dining rooms. Bathroom and toilet facilities are well positioned throughout the home.

The home provides a high standard of accommodation.

The home is registered to provide care under the following categories:

### Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
PH (E)	Physical disability other than sensory impairment over 65 years
TI	Terminally ill

## 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 DHSSPS Nursing Homes Minimum Standard 4.2.

There was no evidence that all service users/their representatives had been consistently 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 could demonstrate arrangements to ensure that compliance could be achieved within the inspection year.

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

A review of records identified that while significant effort was being made to record transactions on behalf of service users, records also identified inconsistency in templates being used to do so. There was inadequate space to record entries and while the records identified that spot checks were being carried out, a number of these were only signed by one person. A number of receipts for deposits made by service users or their representatives did not have a corresponding receipt.

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.

Five requirements and one recommendation have been made.

The home could demonstrate arrangements to ensure that compliance could be achieved within the inspection year.

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.

At the time of inspection, the home had a lengthy list of items deposited for safekeeping; significant work had been done to capture the detail of items which had been deposited with the home over a long period of time. It was noted that while most items held were not traceable to identified service users, there were a small number of items which could be traced to service users in the home and that this should be reflected on the safe record accordingly.

A number of records of furniture and personal possessions brought into the service users' rooms were not in service users' files, only one of four records sampled at random was available for review.

The home could demonstrate arrangements to ensure that compliance could be achieved within the inspection year.

Two requirements have 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 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.

No requirements or recommendations 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:**

- 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:**

A copy of the written guide and personal agreement will be available at Inspection. This agreement details the charges payable, service delivered and preferred payment method. Policy documents 01-132, 312, 316, 304, 324, 337, 353, 447 support the criterion to be assessed. Forms to be completed and retained in the Home include the Resident Guide 01-1-05, Resident Agreement to Terms and Conditions 01-07, Register of Residents Personal Property 01-3-05, Residents Individual Account Record 01-3-22, Residents Total Balance Sheet 01-3-23, Residents Valuables for Safe Keeping 01-3-24. Official notification will be disclosed to the service user, care management and NOK in advance if there is an increase in charges payable.

Substantially compliant

<b>Inspection Findings:</b>	
<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 range of additional services available for access within the home such as hairdressing and podiatry for which an additional charge would be payable. The scale of charges within the home was also included in the guide.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the home's administrator and one of the management accountants from the provider organisation. Four service users' files and associated records were selected for further review.</p> <p>On reviewing the sample of four files, the inspector noted that one service user did not have an agreement on file, while the remaining three agreements reviewed did not reflect the current fee arrangements for these service users.</p> <p>The inspector was also provided with the home's current form of agreement for newly admitted individual service users and on review, the inspector noted that this agreement did not fully reflect the requirements of DHSSPS Nursing Homes Minimum Standard 4.2. Specifically, the inspector noted that the agreement did not include: the date of admission of the service user to the home; the duration of the service user's stay; a copy of the home's complaints procedure and the arrangements for any financial transactions undertaken by the home on behalf of the service user, together with the records to be kept.</p> <p><b>Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.</b></p> <p>A review of a sample of the records identified that the home had not consistently 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 those present 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.</p> <p><b>Requirement 2 is listed in the QIP in respect of this finding.</b></p>	<p>Moving towards compliance</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	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"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent</li> <li>• If the home operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay</li> <li>• If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the home on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement</li> </ul>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>All HSC Trust referral and initial assessments are held within the residents care plan. These plans outline the specific needs capabilities and support mechanisms for the service user. All records will be available for review on Inspection. Records include amounts paid in, allowances and income received. All documentation referring to transactions are housed securely within the safe located in administration. In an emergency when a service user requires financial support at short notice outside their current arrangement, all transactions are recorded and signed by 2 staff members within the designated log book or file. Checks and audits are performed weekly and quarterly. No members of staff at Kingsway advocate or act as an agent for service users regarding their personal financial affairs. All written authorisations from service users to operate bank accounts are held within personal files at the Finance Department. The Care Manager is informed of any change to a patients condition where the service user is incapable of managing their affairs. Communication is provided to the refetring Trust when there is an alteration to this.</p>	<p>Substantially compliant</p>

<b>Inspection Findings:</b>	
<p>A review of the records identified that the home retain 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 a selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home. The inspector noted that the home had a schedule in place detailing fees receivable.</p> <p>Discussions with relevant staff and a review of the records identified that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that if the home was purchasing goods or services on behalf of a service user, the home needed written authorisation from the service user/their representative to make these purchases. A review of a sample of service user files identified that written authorisations were not in place on the day of inspection.</p> <p><b>Requirement 3 is listed in the QIP in respect of this finding.</b></p> <p>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 within the sample of records selected, income and expenditure had been recorded on two distinct templates. The inspector noted that records made on "client property" sheets were cramped and did not allow sufficient space for two signatures to be recorded. In addition, errors had been made within these records which had not been dealt with in line with best practice. The inspector also noted that some "spot checks" recorded had been signed by only one person. The inspector highlighted that a standard cash book/financial ledger format should be consistently used to record income and expenditure on behalf of service users. The inspector also noted that reconciliations should be carried out, recorded, signed and dated by two members of staff.</p> <p><b>Requirement 4 is listed in the QIP in respect of this finding.</b></p> <p>The inspector reviewed the records of cash lodged for spending on behalf of a sample of service users and noted that there were some lodgements where a receipt was not available. The inspector highlighted that this control was required as part of the organisations policy and procedure on money and valuables and noted that the policy also dealt with lodgements made outside of normal working hours.</p>	<p>Moving towards compliance</p>

<p><b>Requirement 5 is listed in the QIP in respect of this finding.</b></p> <p>In reviewing the records for hairdressing and chiropody services, the inspector noted that these records had not been routinely signed by both the hairdresser/chiropodist and by a representative of the home at the time of treatment. The inspector stressed the importance of this control in confirming the treatment received by the service user and the associated cost.</p> <p><b>Requirement 6 is listed in the QIP in respect of this finding.</b></p> <p>The inspector also reviewed the records in respect of the service users' comfort fund which is funded from contributions from the community, service users' family/friends and from internal fundraising by the home. The inspector noted that home has a transparent policy and procedure in place for the administration of the comfort fund. The inspector noted that bank account was in place to manage the comfort fund monies and that the account was named in favour of the service users in home. Good practice was observed.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

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

<b>Provider's Self-Assessment:</b>	
<p>A safe is located in the administration building and the keys are stored securely at all times. All valuables are logged and stored within this safe and in turn recorded and signed by 2 members of staff in / out. All conditions and restrictions to service users financial conditions are clearly documented in the Trust care assessment. In reference to safekeeping, the reconciliation of money and valuables is carried out in line with the self assessment (Statement 2). Personal belongings inclusive of furniture are registered and transcribed onto the care plan. Any personal belongings entering the home are risk assessed for fire, patient and environmental safety.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<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 undertook a count of a random sample of the cash balances deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home.</p> <p>The inspector also noted that a number of non-cash items are deposited with the home for safekeeping. The inspector noted that staff had made a considerable effort to ensure that the items deposited were clearly described to aid with identification. In discussing the items deposited for safekeeping, the inspector was informed that the vast majority of the items deposited for safe keeping had been deposited for many years and the owners of the items were not known. The inspector noted however, that during discussions, staff members were able to recall that some items lodged for safekeeping could be identified with a current service user in the home.</p> <p>The inspector noted that it would be necessary for staff to go through all of the items and where possible, identify the items belonging to names service users and record this on the safe record.</p> <p><b>Requirement 7 is listed in the QIP in respect of this finding.</b></p> <p>The inspector requested the inventory/property records for four service users and was provided with the service users' care files where she was informed that this information was kept. On reviewing the four files, the inspector noted that only one of the four service users had a property record on file. This record had been signed by one person and the date of admission recorded. The absence of inventory records on three of the four files sampled indicated to the inspector that the process of recording service users' inventory was not being managed well by</p>	Moving towards compliance

<p>the home.</p> <p><b>Requirement 8 is listed in the QIP in respect of this finding.</b></p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

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

**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"> <li>• Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme</li> <li>• The home ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the home facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the home ensures that the above legal documents are in place</li> <li>• Ownership details of any vehicles used by the home to provide transport services are clarified</li> </ul>	
<p><b>Provider's Self-Assessment:</b></p>	
<p>HSC Trust care assessments pre admission and annual inform the home management of any current or foreseeable needs and resources required for the service user. This will be clearly documented in all relevant files and care plans. There is no service user transport scheme operational at Kingsway. In reference to Standard 18, Policy documents 01-100, 103, 123, 330, 333, 348, 490. Forms 01-1-03, 01-3-34. Please find the Patient Finance Questionnaire 2014/2015 submitted recently with the pre assessment documentation for the pending Primary Inspection.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>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 a policy and procedure “planning and providing transport for residents” providing guidance for staff in respect of this matter.</p>	<p>Compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

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

## **9.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Stuart Mathew Johnstone 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.

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

KINGSWAY

10 NOVEMBER 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 Stuart Mathew Johnstone 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 meet Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	Once	<p>The Resident Agreement issued in respect of each service user has been amended in line with the recommendations outlined opposite and is being forwarded to all service users or their representatives for review and signature.</p> <p>Procedures have also been implemented to ensure compliance with the requirement to share the Agreement, with the service user's HSC trust care manager, in any circumstances where the representative is unable or refuses to sign the agreement.</p>	Six weeks: 22 December 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>A schedule to record changes in fees payable and payment method has been prepared and will be issued to service users, or their representatives, for their review and signature when changes occur.</p> <p>It is confirmed that, where the service user or their representative cannot or chooses not to sign the schedule, 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. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's personal monies authorisation should be shared with the HSC trust care manager. The registered person must ensure that where any representative of a service user (including care manager or next of kin) have signed a document for the home on behalf of the service user, the representative's name and relationship to the service user are clearly stated on the document.</p>	Once	<p>A personal allowance agreement requesting authorisation has been prepared, encompassing the controls requested opposite, and is being issued to relevant service users or their representative.</p> <p>Procedures have been implemented to ensure that where a service user does not have a representative, or their representative refuses to sign, that a copy of the contract is shared with the service user's HSC trust care manager.</p>	Six weeks: 22 December 2014

4	19 (2) Schedule 4 (9)	<p>A standard financial ledger format is used to clearly and accurately detail transaction for service users. This format captures the following information each time an entry is made on the ledger: the date; a description of the entry; whether the entry is a lodgement or a withdrawal, the amount; the running balance of the service user's cash total held and the signatures of two persons to verify the entry in the ledger. Records made on behalf of service users must be legible and any mistakes appropriately dealt with on the face of the ledger i.e.: a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry. Correction fluid should not be used.</p> <p>Reconciliations of the monies/valuables held on behalf of service users in the home must be performed, recorded, signed and dated by two persons at least quarterly.</p>	Once	<p>The existing financial ledger, used in respect of recording service users' monies, has been amended to reflect the changes requested opposite.</p> <p>Procedures have also been amended, to encompass the changes requested, in respect of how corrections should be dealt with and documented.</p> <p>Additionally, procedures have also been amended to require periodic reconciliations and the recording of same.</p>	Four weeks: 8 December 2014
5	19 (2) Schedule 4 (9)	<p>The registered person is required to ensure that the home provide a receipt recording the cash being handed over to the home for safekeeping. The receipt should be signed by the person lodging the cash and by a representative of the home. If the person lodging money for safekeeping cannot or refuses to sign the receipt, two members of staff must sign.</p>	Once	<p>Receipt books recording the receipt of cash to be held by the home for safekeeping are in place and procedures have been amended to require two persons, as requested opposite, to confirm the receipt of monies by signature.</p>	From the date of inspection

6	19 (2) Schedule 4 (9)	The registered person must ensure that the person providing the hairdressing or barber services and the service user or a member of staff at the home, signs each treatment record to verify the treatment and the associated cost to each service user.	Once	A schedule which verifies the provision of treatments and associated cost, as requested opposite, has been implemented.	From the date of inspection
7	19 (2) Schedule 4 (9)	The registered person is required to ensure that the record of valuables deposited for safekeeping reflects the name of the service user to which they belong, where possible. The registered person is required to ensure that records of items deposited for safekeeping are regularly reconciled to the items held. The record should be signed and dated by two persons.	Once	The record of service user valuables held by the home has been amended and each valuable item has been allocated a unique property tag number which is recorded against the item in each service user's property log.  Procedures and related documentation has been implemented to ensure that require periodic reconciliations to be undertaken and by two members of staff and that this is evidenced by two signatures.	Six weeks: 22 December 2014
8	19 (2) Schedule 4 (10)	The registered person must ensure that an up to date inventory is maintained of furniture and personal possessions brought into the home by all 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	Once	The inventory of service user furniture and personal possessions held in the home has been amended and each item added or subtracted recorded against the item in each service user's property log.  Procedures and related documentation has been implemented to ensure that require	Six weeks: 22 December 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>		<p>periodic reconciliations to be undertaken and by two members of staff and that this is evidenced by two signatures. All electrical equipment will be PAT tested and logged under the new residents name within the maintenance folder.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Stuart Johnstone
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓			<b>06/01/2015</b>
B.	Further information requested from provider				