



The **Regulation** and
Quality Improvement
Authority

Announced Finance Inspection

Name of Establishment:	Saintfield Lodge
Establishment ID No:	1291
Date of Inspection:	23 September 2014
Inspector's Name:	Briege Ferris
Inspection No:	18048

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:	Saintfield Lodge
Address:	4 Old Saintfield Road Belfast BT8 8EY
Telephone Number:	02890814010
E mail Address:	saintfield.lodge@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care James McCall
Registered Manager:	Melanie Reyes
Person in Charge of the Home at the Time of Inspection:	Melanie Reyes
Number of Registered Places:	51
Number of Service Users Accommodated on Day of Inspection:	51
Date and Time of Inspection:	23 September 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 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

Saintfield Lodge is a two storey, purpose built home, situated in its own grounds just off the main Saintfield Road. Bedroom accommodation is provided in single rooms situated on both floors of the home. There is a passenger lift between floors and each floor has a dining room and a variety of lounges.

Bathroom, toilet and shower facilities are appropriately located throughout the home. The home is surrounded by landscaped gardens and car parking facilities are available.

Each floor has a dining area, designated smoking room, nurses' station and treatment room. The kitchen, laundry and hairdressing salon are located on the ground floor.

The home is registered to provide care for 51 people within the category of NH - MP, mental disorder excluding learning disability and dementia.

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. Within the sample of agreements examined, the inspector noted that fee information was not correctly reflected in all of the agreements examined. The inspector also noted that some service users had signed their own agreements. One service user who had signed their agreement was a patient of the Office of Care and Protection. It was not clear whether the service user had capacity to sign the agreement.

There was evidence that all service users/their representatives had been informed in writing 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 has achieved a compliance level of 'moving towards compliance' for this theme.

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.

A representative of the home is acting as nominated appointee for ten service users. Within the sample of records examined, information confirming the appointee details was not available. There was evidence that these details had been requested from the relevant external agencies.

The home had written authorisation in place from service users/their representatives for the home to spend service users' money on identified goods or services; however, it was not clear whether the service user who had signed their own personal allowance contract had the capacity to do so.

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 inconsistency in the record keeping; two of four records examined had not been dated by staff, making it difficult to establish when the record was 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 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:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • The home provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user • The individual agreement details all charges payable by the service user to the home, the services to be delivered in respect of these charges and the method of payment • Where the home is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement • The home has a policy and procedure in place to detail the arrangements where support is provided by home staff to enable the service users to manage their finances and property • The home notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	
Provider's Self-Assessment:	
Provider is compliant with all contents of statement 1. Saintfield Lodge Care Home is not responsible for undertaking any financial transactions on the service user's behalf.	Substantially compliant
Inspection Findings:	
The inspector was provided with a copy of Four Seasons' service user guide (for use throughout Northern Ireland) and also with a copy of the home's own brochure and associated appendices. The inspector noted that the guide contained information for service users on: fees (in general); charging for additional services (including an appendix detailing the current charges for services within Saintfield Lodge); the management of service users'	Moving towards compliance

personal monies and insurance. The inspector noted good practice in regard to the transparency and detail provided both within the Four Seasons guide and also the home's own appendices.

The inspector discussed the individual financial circumstances of service users in the home with the home's administrator and business support administrator and selected four service users' files and associated records for further examination.

On examining the sample of four service users' files, the inspector noted that all four agreements detailed the current fees payable. The inspector noted, however, that one service user's agreement did not reflect that the service user was contributing to the cost of their care; the agreement incorrectly detailed that the full fee was being paid by the relevant HSC trust. The inspector also noted that one service user (who is a patient of the Office of Care and Protection) had signed their agreement personally. The inspector highlighted to the registered manager and administrative staff that it may not have been appropriate for this service user to sign their agreement due to potential mental capacity considerations. The inspector noted that these agreements should be reviewed and where deemed appropriate, shared with the service users' representative for signature instead.

Requirement 1 is listed in the Quality Improvement Plan (QIP) in respect of this finding.

A review of the records held established that the home had previously notified service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees are payable.

PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED	COMPLIANCE LEVEL
	Substantially 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, identified 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>Fully compliant with Statement 2. Saintfield Lodge Care Home act as clients nominated corporate appointee for some residents . Arrangments are currently being carried out with the Trust to relinquish the appointeeship back to the Trust. If a client is incapable of managing their finances and property this would be reported in wrting at the annual care review ..</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>A review of the records identified that copies of the HSC trust payment remittances are available confirming the weekly fee for each service user in the home and the amount to be contributed by each service user, where relevant. The inspector reviewed the records relating to amounts charged to a selection of service users contributing to their fees and was satisfied that the correct amounts were being charged by the home.</p> <p>Discussion with the home’s administrator and business support administrator and a review of the records identified that staff complete regular reconciliation of the amount received from the trust against the home’s own records of fees receivable.</p>	<p>Moving towards compliance</p>

Discussion with the home's administrator and business support administrator identified that a representative of the registered person was acting as nominated appointee for ten service users.

The inspector noted that the home maintain a clear schedule of the separate social security benefits received on behalf of the ten service users which enables staff to ensure that the right benefits have been received. This indicated that this process of administering the social security benefits on behalf of service users was being managed well by the home.

The inspector selected one of the ten service users referred to above, as part of the sample of files examined. In reviewing the sample of files, the inspector noted that there were no documents from the Social Security Agency detailing the name and date of appointment of the nominated appointee. The inspector did not however, that there was a letter on file from Four Seasons Health Centre requesting these details from the relevant social security offices. The registered manager and administrative staff described how similar letters had been sent in respect of the remaining nine service users.

The inspector also noted to staff that when a representative of the home was acting as nominated appointee for a service user, the service user's agreement should clearly detail the person acting as nominated appointee and the records to be kept. A review of the agreement for the service user above identified that these details were absent.

Requirement 2 is listed in the QIP in respect of this finding.

Discussion with the home's administrator and business support administrator and a review of a sample of the records identified that the home had personal allowance contracts in place with the service users/their representatives providing the necessary written authorisation to purchase goods and services on behalf of service users.

The inspector noted however, that one of the service users selected as part of the sample (and who is a patient of the Office of Care and Protection) had signed their personal allowance contract personally. The inspector highlighted to the registered manager and administrative staff that it may not have been appropriate for this service user to sign their personal allowance contract due to potential mental capacity considerations. The inspector noted that a review of this service user's contract and any other service user should be carried out, with appropriate signatories identified and secured.

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, toiletries, newspapers or other sundry items. The inspector noted that the home maintain clear records on “personal allowance account statements” detailing income and expenditure, together with other records to substantiate each transaction, such as copy receipt for cash/cheque lodged or hairdressers or shop receipt for expenditure. The inspector traced a sample of transactions and was able to trace all of the relevant documents.

A review of the documentation identified that the home has a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the home for expenditure on the service users' behalf such as hairdressing, toiletries etc.

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

The home has a comfort fund in place for the benefit of the service users. The inspector noted that a separate bank account was in place to manage these monies and that it was appropriately named in favour of the service users. The inspector reviewed a sample of transactions through the comfort fund and noted that these were reasonable. As noted above, all monies held on behalf of service users are regularly reconciled, with appropriate records maintained.

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

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

Statement 3

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

Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> ▪ The home provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place ▪ Where money and valuables are deposited by service users with the home for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions ▪ Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property ▪ Service users are aware of the safe storage of these items and have access to their individual financial records ▪ Where service users experience restrictions in access to their money / valuables, this is reflected in the service user's HSC trust needs / risk assessment and care plan ▪ A reconciliation of the money and valuables held for safekeeping by the home is carried out at regular intervals, but at least quarterly. Errors or deficits are handles in accordance with the home's SVA procedures ▪ A record is maintained of the furniture and personal possessions brought by the service user into their room. This record is updated as items are added or removed 	
Provider's Self-Assessment:	
Provider compliant with statement 3. A reconciliation of money and valuable held by the home is carried out on a	Compliant

<p>mothly basis.</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined the safe place within the home and was satisfied with the controls around the physical location of the safe place and the persons with access.</p> <p>The inspector undertook a review of the items deposited for safekeeping for a number of service users and noted that these agreed to the records held by the home. The inspector also noted that staff performs regular reconciliations of the cash and valuables held within the safe place.</p> <p>The inspector requested the inventory/property records for four service users and noted that each of the four service users had a completed template in place. While the inspector noted that staff had recorded the make/model of items belonging to service users, the inspector also noted some inconsistency within the records reviewed; two of the four records had not been dated.</p> <p>The inspector highlighted that the inconsistency in recording these details would undermine the reliability of the record itself.</p> <p>Requirement 4 is listed in the QIP in respect of this finding.</p>	<p>Moving towards compliance</p>

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

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

Statement 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>Provider is compliant with statemt 4 but there are several areas that are not applicable to Saintfield Lodge Care Home as we do not provide a transport scheme at Saintfield Lodge Care Home . We do however provide the service user with a policy.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>At the time of inspection, the home did not provide a transport service to service user. The home has arrangements in place to support service users to avail of other means of transport.</p>	<p>Not applicable</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</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 Melanie Reyes 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
SAINTFIELD LODGE
23 SEPTEMBER 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Melanie Reyes 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 arrange to review and update/clarify where necessary, the individual agreements which have provided to each service user. Specific attention should be given to the current fees and financial arrangements in place in respect to each individual service user.</p> <p>Individual service user agreements must comply with requirements under Regulation 5 of the Nursing Homes Regulations (Northern Ireland) 2005 and meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement.</p> <p>A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records.</p> <p>Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a service user is a patient of the Office of Care or Protection or has otherwise been formally assessed as lacking the relevant capacity to sign such a document; records should reflect the action taken by the</p>	Once	Addressed. Copy of agreement that requires updating replaced, signed and retained in service user's record.	4 November 2014

		<p>registered person to share the service user's agreement with their designated representative.</p> <p>Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement must be shared with the HSC trust care manager.</p>			
2	19 (2) Schedule 4 (3)	<p>The registered person must arrange to pursue the receipt of the documentary evidence from the Social Security Agency confirming those persons acting as nominated appointee for service users in the home. The registered person must ensure that the individual service user's agreement with the home accurately reflects these arrangements and records to be retained.</p>	Once	<p>Ongoing. Home has been in the process of turning over the service users who are under corporate appointeeship back to the Trust as per agreement with the Care Managers during the Trust Finance Audit</p> <p>Company's Terms and Condition Form being reviewed and is due for revision.</p>	4 November 2014
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.</p> <p>The registered person is required to ensure that where a service user is a patient of the Office of Care or Protection or has otherwise been formally assessed as lacking the relevant capacity to sign such a document; records should reflect the action taken by the registered person to share the service user's personal allowance contract with</p>	Once	<p>Addressed</p> <p>Financial Assessment 3 in place for all service users. Records updated</p> <p>Addressed. Copy of the Terms and Condition sent to representative for signing.</p>	4 November 2014

		<p>their designated representative. 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 allowance contract must be shared with the HSC trust care manager.</p>			
4	19 (2) Schedule 4 (10)	<p>The registered person must ensure that all inventory records are 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. 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>Addressed . All staff provided with a copy of the Policy of Recording Belongings and records updated</p>	4 November 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Melanie Reyes
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jim McCall <i>Carol Cousins</i>

*CAROL COUSINS
DIRECTOR of OPERATIONS*

QIP Position Based on Comments from Registered Persons				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	✓		<i>[Signature]</i>	11/11/14
B.	Further information requested from provider				