



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

## **Announced Finance Inspection**

**Name of Establishment:** Braefield  
**Establishment ID No:** 1428  
**Date of Inspection:** 14 April 2015  
**Inspector's Name:** Briege Ferris  
**Inspection No:** 21613

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Home:</b>	Braefield
<b>Address:</b>	2-6 Carncomb Road Connor Ballymena BT42 3LA
<b>Telephone Number:</b>	028 2589 2233
<b>E mail Address:</b>	lesley.mckillen@carecircle.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Care Circle Ltd/Ciaran Sheehan
<b>Registered Manager:</b>	Lesley McKillen
<b>Person in Charge of the Home at the Time of Inspection:</b>	Lesley McKillen
<b>Number of Registered Places:</b>	50
<b>Number of Service Users Accommodated on Day of Inspection:</b>	46
<b>Date of Previous Finance Inspection</b>	6 January 2010
<b>Date and Time of Inspection:</b>	14 April 2015 10.05 – 16.00
<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

Braefield Private Nursing Home is situated in Connor Village, overlooking an expanse of green fields and countryside. It is convenient to local facilities including places of worship, shops and licensed premises.

## 7.0 Summary of Inspection

The inspector met with the registered manager, the assistant accountant and the home's administrator at the home on the morning of the inspection. The inspector would like to thank those who spoke to the inspector for their co-operation in the inspection process.

**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

On examining a sample of four service users' files, two service users did not have a signed agreement on file, a third service user had an agreement on file dated the year they were admitted to the home, but no subsequent updated agreements. A fourth service user who had lived in the home since 2008 had three signed agreements on file; the agreements for the intervening four years were not on file.

This matter was raised in the inspection which was carried out in 2010 and a requirement to adequately address this is listed in the QIP for the second time.

There was no evidence that service users/their representatives had consistently 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 not compliant for this theme.

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

The home maintains records of charges to service users for accommodation and personal care, where relevant.

A minimal amount of cash is held by the home on service users' behalf. The cost of any services incurred such as on hairdressing or sundry expenditure is routinely invoiced to service users' representatives.

Hairdressing treatments and their associated costs were not being recorded with sufficient detail; the signature of both the hairdresser and a member of staff who could verify that the service user had received the treatment was not recorded on the day of inspection. The countersigning of treatment records was a matter highlighted at the previous inspection of the home; therefore a requirement is listed in the QIP for the second time.

Reconciliations of money and valuables held on behalf of service users were being recorded on a regular basis.

Discussion with staff identified that there are appropriate measures in place at the home for staff to support service users. Staff spoken with displayed a considerate and person-centred approach to supporting individual service users with their needs in relation to expenditure and the management of the money.

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

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

The home has a safe place to enable service users to deposit cash or valuables for safekeeping; however, this was not adequately fixed to the floor/wall on the day of inspection and a requirement is made in this regard.

A minimal amount of cash is held by the home on service users' behalf. The cost of any services incurred such as on hairdressing or sundry expenditure is routinely invoiced to service users' representatives.

The home maintains a regularly reconciled record of cash and any other valuables held in the safe place for service users; however the record of lost property was not being reconciled.

A sample of the records of furniture and personal possessions brought into the service users' rooms identified poor record keeping and inconsistency.

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 transport to service users. The home has arrangements in place to support service users to avail of other means of transport.

The home has achieved a compliance level of 'not applicable' for this theme.



## 8.0 Follow-up on Previous Issues

No	Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5. – (1) Standard 4	An individual written agreement should be in place with all residents. These should be signed by the resident or their representative and the registered person.	Not in place at the time of the inspection on 14 April 2015, this requirement is listed in the Quality Improvement Plan for the second time.	Not compliant
2	18. – (2)(1) Standard 15	Any item of value being lodged to or removed from the safe by the home on behalf of residents should be recorded in the safe book/register with signatures of either the resident and a member of staff or two staff as evidence of agreement of the accuracy record.	There was evidence that this process was being adhered to at the time of the inspection on 14 April 2015.	Compliant
3	18. – (2)(1) Standard 15	The record of items which are held on behalf of residents for safe keeping (the safe book/register) should not be held with the items themselves.	There was evidence that this process was being adhered to at the time of the inspection on 14 April 2015.	Compliant

4	19. – (4)	A policy should be put in place for retention of financial records relating to the residents clearly stating that these will be retained for not less than six years from the date of the last entry.	This was in place at the time of inspection.	Compliant
5	19. – (2) Schedule 4	Records of any additional services provided by the home for residents (hairdressing or podiatry) should be signed by one member of staff and the resident/representative or two staff, evidencing authorisation.	Not in place at the time of the inspection on 14 April 2015, this requirement is listed in the Quality Improvement Plan for the second time.	Not compliant

**9.0 Inspection Findings**

**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**

<b>Provider's Self-Assessment:</b>	
<p>The home provides a written guide including a personalised residency agreement detailing the terms and conditions, as well as the amount and methods of payment in respect of related charges. The home's standard residency agreement has been recently updated to more accurately reflect the requirements of the DHSSPS Nursing Homes Minimum Standards 2008, as interpreted and presented in inspection findings by the RQIA in other finance inspections undertaken at other homes managed by the provider. At the time of submission of this self-assessment a small number of revised residency agreements had been returned and the home will, in due course, send a series of reminders to the relevant parties to request the agreements are signed and returned.</p> <p>The home has a policy which encourages residents to manage their own financial affairs as far as they are able. Should the home be required to support a service user in this regard the residency agreement sets out the arrangements and records to be kept.</p> <p>The written guide details that in the event of an increase in charges payable, the service user or their representative will receive 4 weeks notice. Where fee increases have been applied by the provider, distinct from a HSC Trust, a copy of the letter notifying same is held on the resident's file.</p>	<p>Moving towards compliance</p>

<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 an appendix detailing the range of additional services available for access within the home such as hairdressing, podiatry, including the associated charges.</p> <p>The inspector discussed the individual financial circumstances of service users in the home with the registered manager and the assistant accountant; and selected four service users' files and associated records for further examination.</p> <p>On examining the sample of four service users' files, the inspector noted the following: two service users did not have a signed agreement on file; for one of these service users, there was an unsigned agreement on file dated the year the service user was admitted and second blank agreement dated 2014, which had been annotated "sent to relative 11/11/14". For the second service user, there was an unsigned agreement on file dated the year the service user was admitted and a second blank agreement annotated "sent to relative 10/11/14".</p> <p>A third service user had an agreement on file dated the year they were admitted to the home, but no subsequent updated agreements. A fourth service user who had lived in the home since 2008 had three signed agreements on file; the agreements for the intervening four years were not on file.</p> <p>The above findings indicated to the inspector that the process of providing up to date agreements to service users and providing notification of any increases in the fees over time was not being managed well. This is particularly disappointing given that this matter was raised in the inspection which was carried out in 2010.</p> <p><b>Therefore Requirement 1 is listed in the Quality Improvement Plan (QIP) for the second time.</b></p> <p>The inspector was also provided with the home's current form of agreement for newly admitted service users and on review, the inspector noted that this agreement contained all of the constituent elements as set out in DHSSPS Nursing Homes Minimum Standard 4.2. The registered manager and assistant accountant advised that the new form of agreement had been sent out to all of the service users' representatives for signature and that a few had been returned at the time of inspection.</p>	<p>Not compliant</p>

<p>As detailed above, a review of a sample of the records established that the home had inconsistently service users/their representatives of any increase in the fee or variation in the method of payment or person(s) by whom the fees would payable. Within the sample of files reviewed, some service users had a number of agreements on file, while two of four service users within the sample did not have a signed agreement on file at all.</p> <p><b>Requirement 2 is listed in the QIP in respect of this finding.</b></p> <p>Discussion with the registered manager identified that a member of the administrative staff had not received training in the protection of vulnerable adults, which would include awareness of financial abuse. The registered manager advised the inspector that the member of staff would receive this training at the next opportunity which was identified as May 2015.</p> <p><b>Requirement 3 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><b>Moving towards compliance</b></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><b>Not compliant</b></p>

**Statement 2**

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

<b>Criteria Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• 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)</li> <li>• 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</li> <li>• A reconciliation of the money/possessions held by the home on behalf of service users is carried out, evidenced and recorded, at least quarterly</li> <li>• If a person associated with the home acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the</li> </ul>	

<p>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>The HSC Trust provides care plans prior to admission detailing individual needs and capabilities of each resident.</p> <p>The home holds small amounts of resident monies for a very limited number of service users for safekeeping, however it does not manage any resident’s personal expense allowance or similar funds nor act as appointee for the receipt of SSA benefits. The home maintains a record of the amounts paid in/by in respect of each service user in respect of itemised services and/or facilities which are re-invoiced to service users or their representatives. Procedures have been recently been implemented so that service users / their representatives / two members of staff evidence the service being provided.</p> <p>There are contingency arrangements in place in the event of a resident requiring access to their money or property at short notice. All transactions are recorded and signed by the service user or their representative or two members of staff.</p> <p>Practices have recently been implemented to ensure that service users’ monies and possessions are reconciled at least quarterly.</p>	<p>Moving towards compliance</p>



<p>It is the policy of the home that no member of staff will act as an appointee or agent for any resident, regarding their financial affairs.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Discussions with the registered manager and assistant accountant established that no representative of the home was acting as nominated appointee for any service user on the day of inspection. The home does however; receive monies from service users' representatives to be spent by the home on the service users' behalf. The inspector noted that cash is not routinely lodged for safekeeping; rather, expenditure is agreed with the service user/their representative in advance, which is paid for by the home who subsequently invoice the service user's representative for the cost.</p> <p>Discussion with staff and a review of a sample of the records established 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. Good practice was observed.</p> <p>A review of the records and discussion with staff identified that one service user has an account with a local retailer, to obtain credit. The service user's money is managed by a health and social care trust and statements from the retailer are sent to the HSC trust approximately every 2-3 months. The inspector noted that it is best practice to send statements to the HSC trust every month.</p> <p><b>Recommendation 1 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 four service users such as that in respect of hairdressing and podiatry services. The inspector noted that the home maintain "personal allowance account statements" detailing income and expenditure. The inspector sampled a number of transactions from the records and was able to trace these entries to the corresponding records to substantiate each transaction, such as copy receipt for cash lodgement or the hairdresser's treatment record for a treatment recorded on the statement.</p> <p>Discussion with the registered manager identified that that home does not operate a bank account on behalf of any service user or the service users as a group. (The home does operate a bank account for comfort fund monies, see below).</p>	<p>Substantially compliant</p>

The registered manager confirmed that the only money handled by the home is the limited amount which is deposited by family representatives to spend on hairdressing, podiatry, toiletries and other identified items.

The inspector reviewed how the cost of hairdressing treatments was recorded in the home. The inspector was provided with a book in which the hairdresser had routinely written the names of the service users treated, the treatment provided and the cost, which she had totalled and written at the bottom. The inspector noted that the most recent treatment day recorded in the book was 8 April 2015. However these treatment records were not signed by the hairdresser or by a member of staff to confirm that the service users had received the relevant treatment and incurred the associated costs.

The inspector noted that the recording of hairdressing treatments was raised as an issue in the last inspection of the home; it is therefore disappointing to note that this matter was not addressed. The inspector was provided with a template to appropriately record hairdressing/podiatry treatments, however at the time of inspection, this had not been implemented.

**Requirement 4 is listed in the QIP for the second time in respect of this finding.**

The home maintains copies of payment remittances from the commissioning trusts which detail the amount receivable by the home and the amount to be contributed by the service user/representative where relevant.

The inspector noted that the home also maintain a record of invoices raised in respect of the contribution payable by the service user or their representative. An examination of a sample of charges to four service users for a defined period established that the correct amounts had been charged to service user or their representative.

The assistant accountant confirmed that a comfort fund was in place in the home. The comfort fund is used to provide luxuries to the service users and is usually funded from donations and fundraising. The assistant accountant advised that a bank account was in place. The inspector reviewed the bank statements for this account and noted that (excluding the addition of interest) the balance had not changed in the last year.

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

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

**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:**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>▪ 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</li> <li>▪ 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</li> <li>▪ 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</li> <li>▪ Service users are aware of the safe storage of these items and have access to their individual financial records</li> <li>▪ 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</li> <li>▪ 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</li> <li>▪ 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</li> </ul>	

<p><b>Provider's Self-Assessment:</b></p>	
<p>Service users are made aware of the safe storage facilities provided by the home in the written resident's guide and agreement. Items are held in a safe located, together with items of lost property, in the home manager's office. The combination lock code and copy of key are only available to 4 members of staff.</p> <p>All deposits are recorded and signed by 2 signatories.</p> <p>A record of furniture and personal possessions brought in by service users is maintained in their individual care plans.</p> <p>Practices have recently been implemented to ensure that service users' monies and possessions are reconciled at least quarterly.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector discussed the arrangements for physically safeguarding money and valuables belonging to service users. The inspector noted that the home had a safe place available for service users to deposit money or valuables for safekeeping. The inspector noted that the safe place required some adaption to sufficiently secure it; the details of which were discussed with the registered manager and the assistant accountant on the day of inspection. The registered manager advised that this adaption would be attended to the following day.</p> <p><b>Requirement 5 is listed in the QIP in respect of this finding.</b></p> <p>The inspector noted that a very modest amount of cash was being held on behalf of two service users on the day of inspection. The inspector and the assistant accountant undertook a count of these monies and noted that the cash held was over by nine pence when compared to the records held. It was not clear why this was the case but this highlighted the need to accurately record and regularly reconcile balances and to investigate any discrepancies.</p> <p>A review of non-cash items held in the safe place was also carried out. The inspector noted that the home have both a safe register and a resident valuables and lost property log book, and noted this as good practice.</p>	<p>Moving towards compliance</p>

The inspector noted that a check of the one item deposited for safekeeping had been recorded and signed by two people; however the items found in the home/lost property items had not been reconciled. The inspector highlighted the need to reconcile any item contained in the safe place.

**Requirement 6 is listed in the QIP in respect of this finding.**

The inspector requested the inventory/property records for four service users and was provided with the records for five service users. The registered manager explained that the fifth service user's files contained the new style of recording property and stated that the other records were made on plain paper.

The inspector reviewed the five files. A record of property could only be located on four of the five files; the remaining service user's property could not be located on the file.

Of the four records reviewed, three were recorded on plain paper as the registered manager had described. The inspector noted the following: 1 record did not have the name of the service user recorded, nor was it signed or dated. The inspector noted that "8 rings" and "3 bracelets" had been recorded; another record had the name of the service user detailed but again, this record was neither signed nor dated, a third record had the name of the service users detailed and the date but not the name of the person who made the record. The final record was made using the new template which the registered manager had mentioned, this was set out in a table format, and this record was signed and dated by one person.

The inconsistency in the way that details of service users' property had been recorded indicated to the inspector that the process of recording service user inventory was not being managed well.

**Requirement 7 is listed in the QIP in respect of this finding.**

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

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

**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>	
<b>Provider's Self-Assessment:</b>	
<p>Transportation requirements are met by service user's representative or Northern Ireland Ambulance Service for hospital attendance.</p> <p>No transport is provided by the home and no charges are made to service users.</p>	Not applicable
<b>Inspection Findings:</b>	
<p>The registered manager explained that service users are supported by family members to travel outside of the home and that the home arranges transport for service users to attend hospital appointments.</p>	Not applicable

<b>PROVIDER'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Not applicable

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE HOME'S COMPLIANCE LEVEL AGAINST THE AREA ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Not applicable

## **10.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Lesley McKillen 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

**BRAEFIELD**

**14 APRIL 2015**

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 Lesley McKillen during 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 meets Standard 4.2 of the DHSSPS Minimum Standards for Nursing Homes 2008, which details the minimum components of the agreement. A copy of the signed agreement by the service user or their representative and the registered person must be retained in the service user's records. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded. Where a HSC trust-managed service user does not have a family member or friend to act as their representative, the service user's individual agreement should be shared with the HSC trust care manager.</p>	Two	<p>A revised version of the home's service user agreement, which encompasses the requirements of Regulation 5, had been issued to all service users or their representatives in March 2015.</p> <p>The home's administrative procedures have been altered to ensure that, where a resident or their representative fails to return a signed agreement, reminders are provided and documented. Should the signed agreement not be forthcoming, or the service user does not have a representative to act on their behalf, the home will inform the service user's care manager in writing and provide a copy of the agreement.</p>	Four weeks: 12 May 2015

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.</p> <p>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. A copy of the up to date agreement must be retained on the service user's individual file.</p> <p>The service user's individual agreement must be updated accordingly. Where the service user or their representative is unable to, or chooses not to sign the agreement, this must be recorded.</p>	One	<p>A Fee Amendment Notice, requiring the signature of the service user or their representative, had been implemented in March 2015.</p> <p>Fee Amendment Notices are issued at least 28 days in advance of any increase in the fees payable, or change in payment method, which has been initiated by the home.</p> <p>Where a resident or their representative fails to return a signed Fee Amendment Notice, reminders are provided and documented. Should the signed notice not be forthcoming, or the service user does not have a representative to act on their behalf, the home will record this.</p>	From the date of the next change
3	14 (4)	The registered person must ensure that the member of administrative staff identified during the inspection receives training in the protection of vulnerable adults.	One	The home's administrator has attended training in the protection of vulnerable adults.	By 30 April 2015.
4	19 (2) Schedule 4 (9)	The registered person must ensure that the new template shown to the inspector during the inspection is used to record visits from the hairdresser and podiatrist. Treatments records must be signed by the person providing the treatment and a member of staff who can verify the details of the treatment record.	Two	The template devised in advance of the inspection, and discussed with the inspector, was implemented with immediate effect.	From the date of inspection

5	18 (2) (l)	The registered manager must ensure that the safe in the home is securely fixed to the floor/wall so that it cannot be easily removed.	One	The home's safe was fixed to the floor on 15 <sup>th</sup> April 2015.	1 week: 24 April 2015
6	19 (2) Schedule 4 (9)	The registered person is required to ensure that a reconciliation of lost property items contained in the safe place is carried out, recorded and signed and dated by two people at least quarterly.	One	A reminder has been diarised to ensure a reconciliation of lost property items is completed at least quarterly in line with the home's policies.	Within 2 weeks: 28 April & at least quarterly thereafter
7	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 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.	One	The existing inventory template has amended, as discussed with the inspector on day of inspection, and has been introduced for all existing and new service users.	Four weeks: 12 May 2015

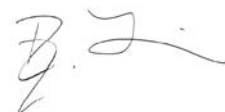
**RECOMMENDATIONS**

These recommendations are based on Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(s)	Timescale
1	25.16	It is recommended that the registered person forward a statement of account from the local retailer to the HSC trust finance department on a monthly basis. This recommendation relates to the service user who has an account with the local retailer.	One	A statement of account has been provided to the HSC trust and on a monthly basis thereafter.	From the date of inspection

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>	Lesley McKillen
<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	✓			03/07/2015
B.	Further information requested from provider				