

Unannounced Finance Follow Up Inspection Report 6 and 10 December 2018



Aaron House

Type of Service: Residential

**Address: 40 Rosneath Gardens, Ballyoran, Dundonald,
Belfast, BT16 1UN**

Tel No: 028 9041 0045

Inspector: Joseph McRandle

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 16 beds that provides care for residents living with learning disabilities.

3.0 Service details

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual(s): Linda May Wray	Registered Manager: Isabella Harper
Person in charge at the time of inspection: Julie Gibson	Date manager registered: 1 March 2017
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Number of registered places: 16

4.0 Inspection summary

An unannounced inspection took place on 6 December 2018 from 10:45 to 11:00 hours and 10 December 2018 from 11:00 to 14:00 hours.

During the inspection on 6 December 2018 the registered manager and the home's administrator were not available and certain records relating to residents' monies could not be accessed. Senior members of staff stated that records were located within the home and the administrator would be able to provide them on her return. The inspection reconvened on 10 December 2018 however, the administrator was still unavailable, the inspector continued with the inspection on 10 December.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The person in charge was informed by the inspector on 6 December 2018, that RQIA received information from the Belfast Health and Social Care Trust (BHSCT) following an audit of residents' monies at Aaron House undertaken on behalf of the BHSCT. The information was in relation to:

- Transport charges for journeys undertaken by residents
- Safe register and safe policy
- Residents' individual written agreements.

The following areas were examined during the inspection:

- Transport arrangements for residents including charges for transport
- Governance systems in place at the home, including system for reconciling residents monies, recording contents of the safe place and the home's policies and procedures
- Controls surrounding management of residents' finances, including system for undertaking purchases on behalf of residents.

Areas for improvement were identified under regulations in relation to the delay in charging residents for journeys, providing further information in relation to the costs associated with the transport scheme, the recording of contents held in the safe place and the recording of transactions undertaken on behalf of residents.

Areas for improvement were identified under standards in relation to updating the policies and procedures with a policy for recording items held in the safe place, recording at least two signatures in residents' transaction sheets and updating residents' written agreements to identify the amount of the weekly fee paid by the Health and Social Care Trusts and the amount paid by residents.

As a result of the inspection RQIA were concerned that the quality of the service within Aaron House was below the standard expected with regard to maintaining up to date records of transactions undertaken on behalf of residents and not maintaining an up to date record of items held on behalf of residents in the safe place. A serious concerns meeting was held with Linda Wray, responsible person and David Hooks, finance manager from the Presbyterian Council of Social Witness, on 18 December 2018. During the meeting the responsible person acknowledged the failings and submitted a detailed action plan to address the identified concerns by 31 January 2019. Based on the information provided and the assurances given, RQIA will manage the concerns through the quality improvement plan.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie Gibson person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As previously discussed RQIA were concerned that the quality of the service within Aaron House was below the standard expected with regard to maintaining up to date records of transactions undertaken on behalf of residents and not maintaining up to date records of items held on behalf of residents in the safe place. The findings from the inspection on 6 and 10 December 2018 were discussed with senior management in RQIA, following which a decision was taken to hold a serious concerns meeting. The inspection findings were communicated in correspondence to Linda Wray, responsible individual, Presbyterian Council of Social Witness, and a meeting took place at RQIA on 18 December 2018.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

4.2 Action/enforcement taken following the most recent care inspection dated 31 October 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 31 October 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: recent written and verbal communication received since previous care inspection, notifiable events submitted in relation to finance issues (there were no financial issues identified), information received from the BHSCT following an audit of residents' monies in Aaron House carried out on their behalf.

During the inspection the inspector met with the person in charge.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors or relatives to speak to the inspector. No relatives or visitors chose to speak to the inspector.

The following records were examined during the inspection:

- Three residents' finance files
- Three residents' written agreements (a further five agreements were spot checked for signatures)
- Record of safe contents
- Monies held on behalf of two residents
- Records of monies held on behalf of two residents
- A sample of records of journeys undertaken by residents
- A sample of records of purchases undertaken on behalf of residents
- Policies and procedures.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 October 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was not due for return at the time of issuing this report. The QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the most recent finance inspection dated 19 May 2010

A finance inspection of the home was previously carried out on 19 May 2010; the findings were not brought forward to the inspection on 6 and 10 December 2018.

6.3 Inspection findings

Transport charges for journeys undertaken by residents

Information received from the BHSCT related to the charging arrangements in respect of the transport scheme operated at Aaron House. Specifically the reasonableness of the rate per mile for residents undertaking journeys and the rate charged to residents for attending medical and dental appointments. Discussion with the person in charge at the inspection on 10 December confirmed that details of the costs associated with the transport scheme were maintained at the home's head office.

During the inspection on 10 December 2018 the finance inspector had a telephone conversation with a representative from the Presbyterian Council of Social Witness. During the conversation the representative confirmed that the details of the costs used to establish the mileage rates were available for inspection. The representative agreed to forward a copy of the costs to RQIA following the inspection on 10 December 2018. The representative advised the inspector that the BHSCT had contacted the Presbyterian Council of Social Witness, by telephone, following the audit undertaken on behalf of the Trust however; no further discussions or meetings with the BHSCT in relation to the transport scheme had taken place.

RQIA received a copy of the transport costs on 17 December 2018 and discussed the charges with a representative from the home's head office on 18 December 2018. As a result of the discussion RQIA has requested clarity in relation to the costs associated with establishing the rate per mile and staff costs. This was identified as an area for improvement.

RQIA are to liaise with the BHSCT in relation to the transport scheme operated at Aaron House. The outcome of this and any relevant actions or learning will be shared with the home as appropriate.

A review of records from the transport scheme, on 10 December 2018, evidenced that journeys undertaken by residents were recorded for each of the two minibuses used to transport residents. The records related to journeys undertaken from 1 April 2018 to 30 September 2018. It was noticed that the last charges made to residents was for the period ending 30 April 2018. No records of charges made to residents or the amount paid by each resident were completed from 1 May 2018 up to the date of inspection on 10 December 2018. The inspector was concerned as to the delay in charging residents for journeys undertaken after 30 April 2018. This was discussed with the person in charge and identified as an area for concern.

Areas for improvement

Two areas for improvement were identified under regulations in relation to the delay in charging residents for journeys and providing further information in relation to the costs associated with the transport scheme.

	Regulations	Standards
Total number of areas for improvement	2	0

Safe register and safe policy

Information received from the BHSCT indicated that at the time of the audit undertaken on behalf of the Trust there was no safe policy or safe register in operation. A review of records on 10 December 2018 evidenced that the last recorded contents of the safe place was undertaken in April 2018. The inspector was concerned that no records were maintained of residents' monies or valuables removed and returned to the safe place since April 2018. This was discussed with the person in charge and identified as an area for concern.

There was no evidence of a policy in place for recording the contents of the safe place during the inspection on 10 December. This was discussed with the person in charge and identified as an area for concern.

A sample of monies held on behalf of two residents was undertaken on 10 December 2018. Monies held on behalf of one of the residents were counted and the amount retained agreed to the balance of monies recorded at the home. It was noticed that there was a significant variance between the actual monies held on behalf of the other resident and the record of monies held. The last recorded entry in the sheet used to record transactions made on behalf of the resident was dated 29 November 2018.

A review of records of transactions undertaken on behalf of the resident, since the 29 November, showed that a receipt for the amount of the variance was in the resident's name. Discussion with staff confirmed that the monies were withdrawn from the home's petty cash to purchase Christmas and birthday gifts on behalf of the resident. The receipt was dated 24 October 2018. Discussion with staff also confirmed that the home's petty cash was subsequently reimbursed from the resident's monies. The resident's transaction sheet was not updated to show that the monies were withdrawn.

The inspector was satisfied that the variance between the actual monies held on behalf of the resident and the records of the monies held was due to a recording issue however, concerns were raised as to the delay in recording transactions on behalf of residents. This was discussed with the person in charge and identified as an area for concern.

A review of other residents' transaction sheets showed that a number of the entries in the sheets had only one signature recorded against them. This was discussed with the person in charge and identified as an area for concern.

Areas for improvement

Two areas for improvement were identified under regulations in relation to the recording of contents held in the safe place and the recording of transactions undertaken on behalf of residents.

Two areas for improvement were identified under standards in relation to updating the policies and procedures with a policy for recording items held in the safe place and recording at least two signatures against the entries in the residents' transaction sheets.

	Regulations	Standards
Total number of areas for improvement	2	2

Residents' individual written agreements

Information received from the BHSCT indicated that at the time of the audit undertaken on behalf of the Trust there were no written agreements in place for a number of residents. A review of eight residents' files at the inspection on 10 December 2018 evidenced that signed written agreements were retained for all eight residents. It was noticed that although the agreements identified the residents' current weekly fee they did not identify if residents paid a contribution towards their fee. This was discussed with the person in charge and identified as an area for improvement.

Areas for improvement

An area for improvement was identified under standards in relation to updating residents' written agreements to identify the amount of the weekly fee paid by the Trust and the amount paid by residents.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Gibson, person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 19 (2) Schedule 4 (17) Stated: First time To be completed by: 31 January 2019	<p>The registered person shall forward to RQIA further clarification in relation to the costs associated with the transport scheme operated at Aaron House (as identified during the discussion on 18 December 2018).</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: To be actioned by the Finance Manager.</p>
Area for improvement 2 Ref: Regulation 19 (2) Schedule 4 (17) Stated: First time To be completed by: 31 January 2019	<p>The registered person shall ensure that residents are charged for outstanding journeys from 1 May 2018 in order to clear the amount of arrears owed by residents. The registered person should also ensure that residents are charged for journeys within a reasonable timeframe.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: This has been addressed by the Finance Manager and Home Administrator and residents have been charged for appropriate journeys.</p>
Area for improvement 3 Ref: Regulation 19 (2) Schedule 4 (9) Stated: First time To be completed by: 21 December 2018	<p>The registered person shall ensure that the record of the contents of the safe place is updated by the required timeframe. A system for recording and checking the contents of the safe place should also be implemented by the same date.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Completed and a new system put in place.</p>
Area for improvement 4 Ref: Regulation 19 (2) Schedule 4 (9) Stated: First time To be completed by: 28 December 2018	<p>The registered person shall ensure that records of transactions undertaken on behalf of residents are updated by the required timescale.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Completed.</p>

Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 21.5 Stated: First time To be completed by 28 December 2018	The registered person shall ensure that a policy for recording items in the safe place is implemented by the required timescale. A record should be maintained showing the names of the members of staff who have signed the record to confirm that they have read and understood the updated policy. Ref: 6.3
	Response by registered person detailing the actions taken: Draft Policy with Finance Manager for final approval.
Area for improvement 2 Ref: Standard 15.7 Stated: First time To be completed by: 11 December 2018	The registered person shall ensure that at least two signatures are recorded against the entries in the residents' transaction sheets at all times. Ref: 6.3
	Response by registered person detailing the actions taken: Actioned and addressed.
Area for improvement 3 Ref: Standard 4.2 Stated: First time To be completed by: 31 January 2019	The registered person shall ensure that residents' agreements are updated to show the amount of the weekly fee paid by the Health and Social Care Trusts and the amount paid by residents. Ref: 6.3
	Response by registered person detailing the actions taken: To be actioned by the Finance Manager.

****Please ensure this document is completed in full and returned via Web Portal****



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