



Unannounced Finance Inspection Report 05 November 2019



Knockeden

Type of Service: Domiciliary Care Agency
**Address: Edenderry Gardens, Gilford Road, Portadown,
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Tel No: 028 383 94050
Inspector: Briega Shannon

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Assurance, Challenge and Improvement in Health and Social Care

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Knockeden is a domiciliary care agency (supported living type) which provides 24 hour personal care (and housing support) to sixteen people who have a learning disability and complex needs. The service user's care is commissioned by the Southern Health and Social Care Trust (SHSCT).

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Mrs Christina Drainey
Person in charge at the time of inspection: Mrs Christina Drainey	Date manager registered: 09 April 2009

4.0 Inspection summary

An unannounced inspection took place on 05 November 2019 from 10.30 to 13.30 hours.

This inspection was underpinned by The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the DHSSPS Domiciliary Care Agencies Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified since the last finance inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found in relation to:

- the availability of a safe place to enable service users to deposit money or valuables for safekeeping
- records of income, expenditure and reconciliation (checks) were available including supporting documents
- there were mechanisms to obtain feedback and views from service users and their representatives
- a range of documents were in place to detail the personalised arrangements to support individual service users with managing their money and
- written policies and procedures were in place to guide financial practices in the service.

Areas requiring improvement were identified in relation to ensuring that:

- formal confirmation of the appointee details (where this is a representative of the agency) are sought in respect of ten identified service users.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were shared with the registered manager at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed as well as the record of calls made to RQIA's duty system. It was previously known to RQIA that the Southern Health and Social Care Trust (SHSCT) were investigating an allegation relating to service users' finances. The SHSCT had not finalised this matter prior to the date of the inspection, however this matter was discussed with the registered manager as part of the inspection. She noted that one of the recommendations made by the HSC trust following an audit of service users finance records was to ensure that a holidays policy was introduced which was now in place and ensuring that controls as outlined in the agency's written policies and procedures are adhered to particularly regarding requesting funds for service users from the HSC trust or other authority.

As noted above, the trust's processes in relation to this matter were not fully completed at the time of the inspection and any further actions to be taken by the service upon the trusts recommendations may be discussed at a future finance inspection of the service.

The following records were examined during the inspection:

- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of transport journey records
- A sample of written financial policies and procedures
- A sample of service users' care and finance files

The findings of the inspection were shared with the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 December 2018

The most recent inspection of the service was an unannounced care inspection. One area for improvement was listed in respect of adult safeguarding training for staff. The finance inspector reviewed information which confirmed that adult safeguarding training was in date for all staff and therefore this area for improvement was validated as met.

6.2 Review of areas for improvement from the last finance inspection

The service has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users and clients from the care, treatment and support that is intended to help them.

The service had a safe place for the deposit of cash or valuables belonging to service users. The inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash and valuables belonging to service users were being held for safekeeping. A written record was in place to record the contents of the safe place and evidence was available to identify that this record was checked by two staff members on a weekly basis. Good practice was observed.

Areas of good practice

The record of safe contents was being checked by two staff on a weekly basis.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the registered manager established that she was acting as appointee for ten identified service users. A sample of two files was reviewed which contained correspondence addressed to both the registered manager and the service user. Official confirmation of the appointee details (from the Social Security Agency) was not on file. An area for improvement was made to request confirmation of same so that this can be filed on the relevant service users' records and reflected in the relevant service users' individual written agreement.

Records of income and expenditure were available for service users, cash balances were checked on a regular basis by two members of staff. Receipts were available for expenditure where service users were supported to make purchases or where purchases were made on a service user's behalf.

Transport services were available to service users and the service maintained a range of detailed records pertaining to transport services which included the following: journeys undertaken and by whom, distance travelled, the cost per mile, the monthly cost charged to the service user for use of the transport and written transport agreements with the relevant service users.

The service also had a range of robust written policies and procedures in respect of the operation of transport services.

Areas of good practice

There were examples of good practice found in relation to the existence of records of income, expenditure and regular reconciliations of monies held and in relation to journey records maintained on behalf of service users.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring that official confirmation of the appointeeship arrangements are sought from the Social Security Agency, so that this can be filed on the relevant service users' records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The day to day arrangements in place to support service users with managing their money were discussed with the registered manager and she described a range of examples of how staff achieved this. Discussion with the registered manager also established that the service had a range of methods in place to encourage feedback from service users or their representatives in respect of any issue.

The registered manager explained how service users had access to their monies at all times as senior members of staff within the service held keys to the safe place.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual service users and mechanisms to obtain feedback and views from service users and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

A range of written policies and procedures were in place addressing support provided to service users to manage their finances as well as those addressing the provision of transport services and in relation to service users' holidays and short breaks.

The administrator was able to confidently describe the controls in place to safeguard service users' monies and valuables and was able to explain these in detail by several examples during the course of the inspection.

A review of a sample of service users' files identified that a range of documents were maintained to describe in detail the arrangements for the service user's tenancy as well as the support provided to the individual service user to enable them to manage their money and property to the fullest extent possible. As noted in section 6.5 above, records were also available regarding income, expenditure and the reconciliation of monies held on behalf of service users.

Documents on file included: consent forms to manage certain aspects of a service users' finances; weekly income and outgoings; evidence of regular spot checks; monthly "personal finance records"; financial agreements; transport agreements; and "asset register".

Areas of good practice

There were examples of good practice found in relation to the range of documents in place detailing the personalised arrangements to support individual service users with managing their money and written policies and procedures were in place to guide financial practices in the service.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the registered manager, at the conclusion of the inspection. 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 agency. 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the DHSSPS Domiciliary Care Agencies Minimum Standards (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 DHSSPS Domiciliary Care Agencies Minimum Standards (Updated August 2011)

<p>Area for improvement 1</p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 04 December 2019</p>	<p>The registered person shall ensure that official confirmation of the appointeeship arrangements are sought from the Social Security Agency, so that this can be filed on the relevant service users' records and reflected in the relevant service users' individual written agreements.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Official confirmation has been sought and a request has been made to the SHSCT to agree new appointee arrangements for 10 tenants from Knockeden.</p>

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



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