

# Unannounced Finance Follow Up Inspection Report 09 March 2020



## Knockeden

**Type of Service: Domiciliary Care Agency**  
**Address: Edenderry Gardens, Gilford Road, Portadown,  
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**Tel No: 028 3839 4050**  
**Inspectors: Joseph McRandle and Catherine Glover**

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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**

Knockeden is a domiciliary care agency supported living type service located in the Southern Health and Social Care Trust area which provides personal care and housing support to up to 16 service users with a learning disability and complex needs.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Christina Draine
<b>Responsible Individual(s):</b> Fiona McAnespie	
<b>Person in charge at the time of inspection:</b> Christina Draine	<b>Date manager registered:</b> 9 April 2009

### 4.0 Inspection summary

An unannounced inspection took place on 9 March 2020 from 10.00 to 13.15 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the DHSSPS Domiciliary Care Agencies Minimum Standards (2011).

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

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.

RQIA received information from the Southern Health and Social Care Trust (SHSCT) following an adult protection investigation of Knockeden Supported living scheme. The investigation was in relation to the financial governance of service users' monies.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the agency.

The following areas were examined during the inspection:

- Transport arrangements for service users, including charges for transport
- Governance systems in place at the agency, including system for reconciling service users' monies, recording contents of the safe place and the agency's policies and procedures

- Controls surrounding management of service users' finances, including management of service users' bank accounts, transactions undertaken on behalf of service users and the procurement of holidays.

Evidence of good practice was found in relation to: retaining the required authorisation to act as service users' appointee, reconciling service users' monies, the planning of holidays for service users, the system in place for recording transactions undertaken on behalf of service users and retaining receipts from transactions.

Areas requiring improvement were identified in relation to: the management of service users' bank accounts, a separate bank account used to make transactions on behalf of service users, charging service users for the purchase of radiators and the governance arrangements relating to service users' finances.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Christina Drainey, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent finance inspection dated 05 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 November 2019.

#### 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 the previous inspection, notifiable events submitted in relation to finance, information received from the SHSCT following an adult safeguarding investigation.

During the inspection the inspectors met with the manager and the agency's administrator

The following records were examined during the inspection:

- two service users' finance files
- safe records
- records of monies held on behalf of three service users
- a sample of records from purchases undertaken on behalf of service users

- policies and procedures
- a sample of records of charges from transport scheme
- a sample of records from service users' bank accounts
- a sample of monthly monitoring reports

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 5 November 2019

Areas for improvement from the last finance inspection		
Action required to ensure compliance with DHSSPS Domiciliary Care Agencies Minimum Standards (Updated August 2011)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 4.2 <b>Stated:</b> First time <b>To be completed by:</b> 04 December 2019	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and a review of two service users' files evidenced that the required documentation authorising the manager to act as the appointee was retained within the service users' files.	

## 6.2 Inspection findings

### Appointeeship

Discussion with the manager confirmed that she was acting as the appointee for a number of service users i.e. a person authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual. A sample of two service users' files evidenced that the required documentation authorising the manager to act as an appointee was retained within the service users' files.

Discussion with the manager confirmed that the agency was in the process of relinquishing the appointeeship to manage the social security benefits on behalf of service users. Copies of the letters forwarded to the SHSCT confirming this action was provided during the inspection.

### **Management of service users' bank accounts**

Discussion with the manager confirmed that bank accounts were managed on behalf of seven service users. A sample of two service users' files evidenced that copies of the authorisation from the Office of Care and Protection (OCP) to manage the bank accounts were retained within both files.

A sample of withdrawals identified from the bank statements was reviewed. The amounts withdrawn corresponded to the amounts recorded as lodged at the agency on behalf of the service users.

It was noticed that the member of staff making transactions from the bank accounts was not one of the named individuals listed within the authorisations from OCP. This was discussed with the manager and identified as an area for improvement.

Discussion with staff and a review of records evidenced that an additional bank account was operated to make payments on behalf of service users. It was noticed that a significant balance of monies remained in the bank account after the transactions were made. There were no records available to identify how much of the remaining balance was owned by each service user. This was discussed with the manager and identified as an area for improvement.

### **Records of reconciliations of service users' monies and records of safe contents**

Good practice was observed as a review of records evidenced that monies and valuables held on behalf of service users were reconciled (checked) weekly. Two signatures were recorded against the records of the reconciliations.

### **Transactions undertaken on behalf of service users**

A review of records from five purchases undertaken on behalf of two service users showed that the details and the amount of the purchases were recorded. Good practice was observed as the amounts deducted to make the purchases and the remaining monies returned from the purchases were recorded separately. Two signatures were recorded against all of the transactions reviewed. Receipts from the purchases were retained at the time of the inspection.

It was noticed that service users were charged for the purchase of four radiators located within each of the four dwellings within the scheme. The inspectors discussed with the manager the rationale for charging service users for the radiators, as they were already paying for utilities. The inspectors advised the manager that they would discuss the purchase with the agency's care inspector within RQIA and would keep the manager informed of the outcome of the discussion.

Following the discussion within RQIA the manager was contacted and advised that as the service users were paying for utilities they should be refunded the monies used to make the purchase. This was identified as an area for improvement.



## Holidays and transport charges

Discussion with staff and a review of records confirmed that a holiday had been planned for a number of service users. Records of the planned costs for the holiday were available at the time of the inspection. A policy and procedure for procuring holidays was in place at the time of the inspection. The policy included a provision for consultation with service users, their representatives (including advocate) and a representative from the SHSCT prior to the holiday being booked.

Discussion with staff confirmed that a transport scheme was in operation at the time of the inspection. A sample of records of journeys showed that the date of the journeys, the names of the service users undertaking the journeys and the destinations were recorded. The miles incurred for the journeys were also recorded. Good practice was observed as the records of the journeys were signed by two members of staff.

The records of the journeys were used to raise invoices to service users. A sample of invoices raised for one service user was reviewed. The miles incurred for the journeys were recorded along with the rate per mile. The miles charged to the service user on the invoice agreed to the records of the journeys undertaken.

Discussion with staff and a review of records confirmed that the ownership of the vehicles used for the transport scheme was reviewed following the adult investigation by the SHSCT. The review was undertaken to ensure that service users were treated equally in relation to the ownership of the vehicles. This review resulted in a number of service users being refunded for the costs of owning the vehicles.

A policy and procedure for the transport scheme was in place at the time of the inspection. The policy detailed the terms and conditions for using the vehicles.

## Governance

Discussion with staff and a review of records confirmed that Radius head office complete a monthly audit of the agency. It was noticed however that the controls surrounding all of the service users' finances did not form part of audit. This was discussed with the manager and identified as an area for improvement.

## Areas of good practice

There were examples of good practice found in relation to: retaining required authorisation to act as service users' appointee, reconciling service users' monies, the planning of holidays for service users, the system in place for recording transactions undertaken on behalf of service users and retaining receipts from transactions.

## Areas for improvement

Four areas for improvement were identified in relation to: the management of service users' bank accounts, a separate bank account used to make transactions on behalf of service users, charging service users for the purchase of radiators and the governance arrangements relating to service users' finances.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	4

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christina Draine, manager, 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 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 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.





A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address [info@rqia.org.uk](mailto:info@rqia.org.uk)

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Domiciliary Care Agencies Minimum Standards (2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.15  <b>Stated:</b> First time  <b>To be completed by:</b> 10 March 2020	The registered person shall ensure that service users' bank accounts are managed by the members of staff listed in the authorisations issued by the Office of Care and Protection.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.15  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2020	The registered person shall ensure that the remaining balance held in the bank account, identified during the inspection, is reconciled to show the amount of monies owned by each service user.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.15  <b>Stated:</b> First time  <b>To be completed by:</b> 10 April 2020	The registered person shall ensure that service users are refunded the cost of the radiators located in each of the dwellings within the service.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.9  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2020	The registered person shall ensure that the controls surrounding service users' finances are included in the audits undertaken by head office. The audit should also identify additional training required by members of staff in relation to the management of service users' finances.  Ref: 6.2  <b>Response by registered person detailing the actions taken:</b>



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