



Camphill Community - Mourne Grange
RQIA ID: 10982
169 Newry Road
Kilkeel
BT34 4EX

Inspector: Briega Ferris
Inspection ID: IN022997

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**Unannounced Finance Inspection
of
Camphill Community – Mourne Grange**

17 August 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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Summary of Inspection

An unannounced finance inspection took place on 17 August 2015 from 10:00 to 17:00. Overall on the day of the inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there are some areas identified for improvement, which are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Regulations (Northern Ireland) 2007.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with Elizabeth Dixon, the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Camphill Community – Mourne Grange/Arthur William Mitchell	Registered Manager: Elizabeth Angela Dixon
Person in Charge of the Service at the Time of Inspection: Elizabeth Angela Dixon	Date Manager Registered: 12 June 2015
Number of Service Users in Receipt of a Service on the day of Inspection: 52	

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following theme has been met:

Inspection Theme: Service users' finances and property are appropriately managed and safeguarded

Statement 1

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and 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 service 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 to service users are transparent and agreed in writing with the service user/their representative

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager, the administrator and two members of staff
- Examination of records
- Review of records
- Evaluation and Feedback

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA in the last twelve months

The following records were examined during the inspection:

- The residents handbook
- The service's policy on:
 - Protecting vulnerable adults
 - Helping people with their money
 - Transportation
- Service user agreements
- A sample of income/lodgements and expenditure records
- A sample of Banking records (Residents' monies)

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the service was an unannounced pharmacy inspection on 27 November 2014; the completed Quality Improvement Plan was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the Previous Finance Inspection

There has been no previous finance inspection of the service.

5.3 Statement 1 - The agency maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care

Is Care Safe?

We were provided with a copy of the resident handbook on the day of inspection. We noted that the guide included relevant information on charges payable by service users, access to money from the safe place and the relevant members of staff to contact if service users wish to discuss their money.

We noted that individual written agreements were in place between service users and the agency which detailed the current charges payable by the service user and the current financial arrangements. However, we highlighted that the agreements did not sufficiently detail the additional services provided to service users in exchange for their DLA care component which is paid to the agency by service users. We noted that the method of payment in the agreement was also required.

Discussions established that a representative of the agency is acting as nominated Appointee for a number of service users. A review of a sample of the agreements identified that this representative had signed agreements on behalf of a number of the service users. We discussed this with the registered manager and noted that this may constitute a conflict of interest and that in future, agreements must not be signed by the representative of the agency on behalf of a service user.

A requirement has been made in respect of this finding.

Discussions with the administrator established that they had not received training in the Protection of Vulnerable Adults. We noted that it was important that this training take place at next available opportunity.

A requirement has been made in respect of this finding.

Is Care Effective?

Discussions established that the agency had involvement in supporting a number of service users with their money, for example a representative of the agency is acting as nominated appointee for a number of service users. As noted above, we highlighted that while the details of the Appointee (where relevant) for a service user must be included in their individual

agreement; if the nominated appointee is a representative of the agency, they must not sign the agreement on behalf of the service user.

We noted that the agency had a number of written policies and procedures to guide practice in respect of safeguarding service users' money and valuables, including a comprehensive policy on helping people with their money.

Is Care Compassionate?

A review of a sample of the records established that all service users or their representatives had been informed in writing of any of increases in the fees payable over time.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement; these were in relation to providing additional information in individual written agreements with service users and the administrator receiving training in the Protection of Vulnerable Adults.

Number of Requirements	2	Number Recommendations:	0
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5.4 Statement 2 - Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained

Is Care Safe?

The agency is in receipt of the social security benefits for an identified number of service users. We noted that the agency maintain a clear schedule of the separate benefits received on behalf of each service user which ensures that the correct benefits have been received for the individual service user. In addition, there is a detailed method of ensuring that the portion of service user benefits which are owed to agency by way of the service users' contributions is transferred over to the agency and clear records exist to substantiate the amount and the timing of these transfers. Good practice was observed in respect of the manner in which these records are maintained.

We reviewed the records relating to amounts charged to a selection of sample of service users contributing to their fees and were satisfied that the correct amounts were being charged by the service.

The agency is in receipt of personal monies for an identified number of service users in the service. These monies are received directly into a pooled bank account which is administered on behalf of the service users and is not associated with the running of the service.

We reviewed a sample of the records of service user income and expenditure recorded on behalf of service users. We noted that clear records are maintained which reflected all of the relevant details and were routinely signed and dated by two people.

The administrator advised us that these are sent through to the agency's accountants on a monthly basis for review. The administrator also advised that a representative from the agency's accountants carries out a monthly check of the records. Discussions established that

there was no written reconciliation of the personal monies recorded; we noted that a written reconciliation must be recorded and signed and dated by two people at least quarterly.

A requirement has been made in respect of this finding.

As noted above, the agency operates a pooled bank account used exclusively for the safekeeping of service users' personal monies which are received by the agency for expenditure on the service users' behalf. The account is named appropriately in favour of the service users in the service.

Is Care Effective?

We noted that there were robust financial arrangements in place to support service users to manage their money. Clear and up to date records were in place detailing the receipt of money and expenditure records maintained on behalf of service users; good practice was observed.

Discussion with the administrator established that the agency did not have written personal allowance authorisations in place to provide the agency with written authority to purchase specific goods and services on behalf of each service user. We noted that these should be introduced for any service user for whom the agency make purchases of goods or services.

A recommendation has been made in respect of this finding.

Is Care Compassionate?

The registered manager advised that there is a good working relationship with HSC trust representatives in order that service users are appropriately supported.

We queried how service users would be able to access their money outside of normal working hours; we noted that each house making up the service has a safe place in order to store money and valuables belonging to service users. Service users therefore have access to their money at all times.

We queried whether any service user had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the service users had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, the financial arrangements were found to be contributing to safe, effective and compassionate care; however there were two areas identified for improvement; these were in relation to obtaining written personal monies authorisations and recording reconciliations of money held on behalf of service users at least quarterly.

Number of Requirements	1	Number Recommendations:	1
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5.5 Statement 3 - A safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained

Is Care Safe?

A safe place exists within the agency to enable service users to deposit cash or valuables. We reviewed the safe place within the agency and were satisfied with the controls around the physical location of the safe place and the persons with access. A safe place for the storage of any money or valuables is also available in the homes of the service users.

Is Care Effective?

We noted that arrangements exist to support service users to access a safe place within their individual houses, good practice was observed.

Is Care Compassionate?

A safe place exists within the agency to enable service users or their representatives to deposit cash or valuables. As noted above, we queried whether any service user had a specific assessed need in respect of their money or any agreed restrictions; the registered manager confirmed that none of the service users had any known assessed needs or restrictions.

Areas for Improvement

Overall on the day of inspection, financial arrangements were found to be contributing to safe effective and compassionate care; no areas for improvement were identified in respect of statement 3.

Number of Requirements	0	Number Recommendations:	0
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5.6 Statement 4 - Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative

Is Care Safe?

The agency has a transport service available to all of the service users. Service users have the option of opting out of using transport services provided by the service.

The registered manager advised that at the time of inspection, the agency were liaising with the host HSC trust regarding transport provision for service users. Written transport provision agreements were in place between the agency and service users for 2014; however, as discussions were ongoing with the host HSC trust, the agency had not issued 2015 agreements to service users or their representatives until discussions with the HSC trust had been finalised.

Is Care Effective?

The agency has a written policy regarding transport provision to service users, which includes the responsibilities of drivers, arrangements for charging for transport services and a black copy of the standard transportation agreement. Charges for transport are recorded on service users' individual financial records are reviewed on an annual basis.

Is Care Compassionate?

The agency's written policy and procedure outlines arrangements for the provision of transport services. Written transport agreements were in place between the service users and the

agency were in place and as noted above, the agency is consulting with the host HSC trust regarding a review of transport provision to service users and finalising charges for the current year.

Areas for Improvement

Overall on the day of inspection, financial arrangements were found to be contributing to safe, effective and compassionate care. No areas for improvement were identified in respect of Statement 4.

Number of Requirements	0	Number Recommendations:	0
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5.7 Additional Areas Examined

There were no additional areas examined as part of the inspection.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Elizabeth Dixon, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards (Updated 2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to finance.team@rqia.org.uk and assessed by us.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 6 (1) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>The registered person must ensure that agreements in place between the agency and individual service users clearly detail the additional service provided to service users in exchange for the payment of DLA care charges. Individual agreements must also include the method of payment of fees. Where the nominated appointee for any service user is a representative of the agency, that person should not sign the agreement on behalf of the service user.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The financial agreement with service users will amended to detail the services provided for DLA care charges and the method of payment of fees. The agreements will state who the appointee is but if the appointee is a representative of the agency they will not sign the agreement. This requirement will be completed by the 17th of Dec '15</p>
<p>Requirement 2</p> <p>Ref: Regulation 15 (9)</p> <p>Stated: First time</p> <p>To be Completed by: 17 December 2015</p>	<p>The registered person must ensure that the administrator receives training in Protection of Vulnerable Adults.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The administrator will receive training in Safeguarding Vulnerable Adults and Child Protection within the timeframe of the 17th of Dec '15</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (d)</p> <p>Stated: First time</p> <p>To be Completed by: From the date of inspection</p>	<p>The registered person must ensure that reconciliations of money held on behalf of service users are carried out, recorded and signed and dated by two people at least quarterly.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Reconciliations of money held on behalf of the service user will be carried out recorded and signed/dated by two people on a minimum of a quarterly basis. As part of the new Financial policy a proforma will also be completed to detail the process. As stated this is in place from the date of the inspection.</p>

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 6 (1)
(b)

Stated: First time

To be Completed by:
17 December 2015

The registered person must ensure that agreements in place between the agency and individual service users clearly detail the additional service provided to service users in exchange for the payment of DLA care charges. Individual agreements must also include the method of payment of fees. Where the nominated appointee for any service user is a representative of the agency, that person should not sign the agreement on behalf of the service user.

Response by Registered Person(s) Detailing the Actions Taken:
The financial agreement with service users will be amended to detail the services provided for DLA care charges and the method of payment of fees. The agreements will state who the appointee is but if the appointee is a representative of the agency they will not sign the agreement. This requirement will be completed by the 17th of Dec '15

Requirement 2

Ref: Regulation 15 (9)

Stated: First time

To be Completed by:
17 December 2015

The registered person must ensure that the administrator receives training in Protection of Vulnerable Adults.

Response by Registered Person(s) Detailing the Actions Taken:
The administrator will receive training in Safeguarding Vulnerable Adults and Child Protection within the timeframe of the 17th of Dec '15

Requirement 3


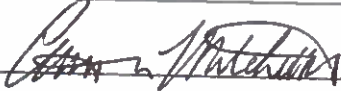

Ref: Regulation 14 (d)

Stated: First time

To be Completed by:
From the date of
inspection

The registered person must ensure that reconciliations of money held on behalf of service users are carried out, recorded and signed and dated by two people at least quarterly.

Response by Registered Person(s) Detailing the Actions Taken:
Reconciliations of money held on behalf of the service user will be carried out, recorded and signed/dated by two people on a minimum of a quarterly basis. As part of the new Financial policy a proforma will also be completed to detail the process. As stated this is in place from the date of the inspection.

Recommendations			
Recommendation 1 Ref: Standard 8.15 Stated: First time To be Completed by: 17 December 2015	It is recommended that the registered person obtain written personal monies spending authorisations from each service user or their representative for whom the agency make purchases of goods or services on behalf of the service user. The authorisations should as far as possible detail specific items or types of expenditure which the agency is permitted to make from the personal monies of the service user.		
	Response by Registered Person(s) Detailing the Actions Taken: A spending authorisation will be completed and signed by each service user, this will include details of items and types of expenditure. This will be completed within the agreed timeframe of the 17 th of Dec '15		
Registered Manager Completing QIP		Date Completed	15.9.15
Registered Person Approving QIP		Date Approved	15/9/15
RQIA Inspector Assessing Response		Date Approved	28/09/15

Please ensure the QIP is completed in full and returned to finance.team@rgia.org.uk from the authorised email address