

Mullaghcarton Road Supported Living RQIA ID: 12094 13A Mullaghcarton Road Lisburn BT28 2TE

Inspector: Briege Ferris

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Unannounced Follow-up Finance Inspection of Mullaghcarton Road Supported Living 22 March 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An announced finance inspection took place on 22 March 2016 from 10.05 to 12.15. During the inspection, we met with the registered manager and the senior member of care staff on duty.

There were no areas for improvement identified following this inspection; this inspection was underpinned by the Domiciliary Care Agencies 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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person:	Registered Manager:
Autism Initiatives NI/Andrew Grainger (Acting)	Mrs Hannah Elizabeth Farrell
Person in Charge of the Agency at the Time of Inspection: Mrs Hannah Elizabeth Farrell	Date Manager Registered: 3 November 2015
Number of Service Users in Receipt of a Service on the Day of Inspection:	

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 service 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 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 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 and the senior member of care staff on duty
- · 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 inspection report and QIP from the inspection of the service on 5 September 2013

The following records were reviewed during the inspection:

- Three service user finance files
- Three service user agreements
- A copy of Service User Financial Policy and Procedures v 2.1
- A sample of income/lodgements and expenditure records
- A sample of "cash received verification" forms
- A sample of weekly and monthly audit records
- Evidence of the reconciliation of service users' monies
- Three records of service users' property

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced care inspection on 21 July 2014. The care inspector was contacted prior to this inspection and confirmed that there were no matters to be followed up.

5.2 Review of Requirements and Recommendations from the Last Finance Inspection Dated 5 September 2013

Previous Inspection Statutory Requirements		Validation of Compliance	
Requirement 1 Ref: Regulation 14 (b) (d)	The registered person is required to develop and submit to RQIA robust policies and procedures in relation to the safe management of service users' finances and property.		
	Action taken as confirmed during the inspection: Following the inspection on 5 September 2013, the organisation submitted its "Service User Financial Support Policy and Procedures". At the inspection of the service on 22 March 2016, the policy and procedures were available and management confirmed that they continued to be used to guide practice.	Met	
Requirement 2 Ref: Regulation 14 (b) (d)	The registered person is required to ensure that policies and procedures directing appropriate financial practices are implemented and to provide RQIA with details of the arrangements in place for monitoring the implementation of these. In particular, recording of financial transactions made on behalf of service users must meet best practice standards, and petty cash provided for staff meals must be kept separate from the monies provided for service users' groceries.		
	Action taken as confirmed during the inspection: As noted above, the organisation's policy and procedure addressing how service users are supported has been in use in the service since 2013. We queried how new members of staff are introduced to the service's policy and procedures; the registered manager and senior described how new members of staff are inducted and receive	Met	

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	money.	
	We were provided with the agency's current mandatory training matrix which is used to identify when each staff member is due to receive the training.	
	It was noted that finance training is mandatory and is provided annually for all staff. The registered manager also described how following the finance training, staff must pass a competency assessment, and we evidenced an example of such an assessment which had recently been completed by a staff member.	
	We viewed the contents of the safe place and noted that petty cash belonging to the organisation was kept completely separate from any monies held for the individual service users.	
Requirement 3 Ref: Regulation 14 (b) (d)	The registered person is required to ensure that all agency staff have received training in the implementation of the policies and procedures outlined above.	
	Action taken as confirmed during the inspection: As noted above, we reviewed a sample of training records which evidenced that training on the organisation's finance policies and procedures is provided for all new members of staff and refresher training on an annual basis, for existing staff members.	Met
Requirement 4 Ref: Regulation 15 (9)	The registered person is required to ensure that service users' finances and property are administered in a manner that does not result in any loss or disadvantage to the service user.	
	Action taken as confirmed during the inspection: Discussion established that staff members are trained in how to support service users with their individual financial needs and to ensure that protocols regarding financial record keeping are adhered to at all times. The organisation's "Service User Financial Policy and Procedures" set out in detail, the measures which staff must take to ensure that service users' money and property is appropriately safeguarded.	Met

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	We reviewed a sample of the records from all three service users ledger books, used to record income and expenditure on behalf of the service users.	
	We noted that record keeping reflected the requirements of the organisation's financial policies and procedures.	
	Discussion also evidenced the range of measures in place to safeguard service users' monies. Staff described how keys to access the safe place are always held by the senior member of care staff in charge and signed for at each staff handover i.e. twice daily.	
	Cash balances are also counted at the staff handover and a record signed by both the staff member coming off duty and the staff member coming on duty.	
	Discussion and a review of the records evidenced that the agency has a robust method of calculating each service user's share of utility costs and the organisation's share of utility costs in respect of the office within the service user's home.	
	We noted that records of these calculations were clear and methodical.	
Requirement 5 Ref: Regulation 15 (9)	The registered person is required to quantify all losses experienced by service users as a result of inappropriate practices.	
	Action taken as confirmed during the inspection: Following the inspection in 2013, the registered person provided this evidence. This matter was therefore not reviewed as part of the inspection on 22 March 2016.	Met
Requirement 6 Ref: Regulation 15 (9)	Any errors made when recording transactions made on behalf of service users, should be crossed out and a reason for the error recorded along with the initials of the staff member making the amendment. A new line should be used to record the correct details.	Met

Action taken as confirmed during the inspection:

A review of a sample of the three service users' cash ledgers evidenced clear, neat and detailed recording of income and expenditure by staff members. The records reflected that two signatures were recorded against every entry; month-end figures were also detailed as part of the regular review and audit of the records. Evidence of correct procedures when errors were made in the ledgers was also evidenced.

5.1 Additional Areas Examined

During the inspection, we reviewed three service users' financial files and noted that each service user had a range of documents to detail each service user's particular needs and abilitles and what measures were in place to support each service user accordingly.

Each service user had financial support plan, financial support assessment, finance support plan, financial risk assessment, budget plan and financial agreement setting out the individual arrangements for the payment of fees and other costs associated with each service user's tenancy.

There was evidence in the records that the very detailed day to day arrangements in place to support each service user (including the financial agreement) were regularly updated and reviewed with agreement to any changes supported with the signatures of staff, and each service user's representative, where relevant. We commended the staff on the detail within the records reviewed.

Each service user also had a personal possessions inventory list detailing the items which they each owned; records reflected good detail such as make, model and precise size of items. Copies of shared utility bills and any other relevant correspondence were also dutifully filed away.

Management confirmed that transport is not provided by the service. Discussion established how each service user is supported to access transport.

No requirements or recommendations resulted from this inspection.

Registered Manager	Hannah Farrell	Date Completed	4.4.16
Registered Person	Prime Clare	Date Approved	44116
RQIA Inspector Assessing Response	VR 3	Date Approved	08/04/16

Please provide any additional comments or observations you may wish to make below:

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.

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