

# Inspection Report

27 April 2022



## Granville

Type of service: Domiciliary Care Agency  
Address: 9 Granville Park, Dungannon, BT70 1JT  
Telephone number: 028 8772 7137

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Mr Patrick Murtagh
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> Registration pending
<b>Person in charge at the time of inspection:</b> Mr Patrick Murtagh	
<b>Brief description of the accommodation/how the service operates:</b>  Granville is a domiciliary care agency (supported living type), which provides housing, care and support to 21 service users. The service users live in five bungalows, which are located on the same site as the registered office.	

## 2.0 Inspection summary

An announced inspection took place on 27 April 2022, from 10.50am to 3.15pm. This was completed by a finance inspector.

Short notice of the inspection was provided to the manager the day before the inspection in order to ensure that arrangements could be made to safely facilitate the inspection in the agency.

The inspection focused on the financial systems and controls in place at the agency regarding service users' monies. These included the systems for recording transactions undertaken on behalf of service users, recording the reconciliations of service users' monies and charging service users' for utilities and transport. The system for retaining service users' monies was also reviewed.

The purpose of the inspection was to assess if the agency was delivering safe, effective and compassionate care and if the agency was well led with respect to the management of service user finances.

During the last inspection by an RQIA care inspector, information was provided which identified potential inappropriate charges to service users for utility bills, such as oil and electric. The inspector was advised that service users were charged for the dwelling used by members of staff. RQIA decided to undertake a finance inspection.

Review of records found good arrangements in place in relation to record keeping and the controls surrounding transactions undertaken on behalf of service users. Concerns were raised during the inspection as service users were charged the full costs of utility bills with no reduction for the dwelling occupied by members of staff. One new area for improvement was identified in relation to these charges.

Following discussion with the aligned care inspector, it was agreed that the areas for improvement identified at the last care inspection would be followed up at the next care inspection.

RQIA would like to thank the staff for their assistance throughout the inspection.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this agency was reviewed. This included previous inspection findings, incidents and correspondence.

The finance inspection was completed by reviewing a sample of service users' financial and property records, the systems for retaining and distributing service users' monies and property and the audit systems for the management of service users' finances and property.

### **4.0 What people told us about the service**

We met with the manager and assistant manager. Staff were warm and friendly and it was evident from their interactions that they knew the service users well. All staff were wearing face masks and other personal protective equipment (PPE) as needed. PPE signage was displayed.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 27 January 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (a)(b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect;  RQIA is to be provided with updates on a quarterly basis, as agreed with senior management.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that competency assessments are undertaken for all staff who are designated responsibility for transcribing medicines; and should ensure that sufficient numbers of competent staff are available at all times, to ensure that there is no delay to new medicines being started.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

<b>Area for improvement 4</b>  <b>Ref: Regulation 16 (5)(a)</b>  <b>Stated: First time</b>  <b>To be completed by: Immediate from the date of the inspection</b>	<b>The registered person shall ensure that all staff receive induction, in keeping with the agency’s policies and procedures.</b>  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>		
<b>Area for improvement 1</b>  <b>Ref: Standard 12.4</b>  <b>Stated: First time</b>  <b>To be completed by: 27 April 2022</b>	<b>The registered person shall ensure that all staff undertake training in relation to DoLS.</b>  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref: Standard 12.4</b>  <b>Stated: First time</b>  <b>To be completed by: Immediate from the date of the inspection</b>	<b>The registered person shall ensure that all staff undertake training in relation to Dysphagia.</b>  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that service users' monies and valuables are appropriately stored, recorded and monitored?

Records of monies and valuables held on behalf of service users were up to date at the time of the inspection. Discussion with staff confirmed that patient personal property accounts (PPP accounts) were managed by the Southern Health and Social Care Trust (SHSCT) on behalf of service users. Service users also had individual bank accounts in their own names for which the agency provided support in managing, such as escorting the service user to make a withdrawal.

Discussion with staff confirmed that service users' care managers at the SHSCT had agreed for staff to support service users in the management of their bank accounts.

The manager was advised, during the inspection, to update service users' files with written confirmation from the care managers of the financial arrangements. This will be reviewed at the next RQIA finance inspection.

A sample of records of bank withdrawals lodged at the agency on behalf of two service users showed that receipts were retained from both withdrawals. The amounts on the receipts reflected the amounts recorded as lodged at the agency.

Records confirmed that reconciliations (checks) between the monies and valuables held on behalf of service users and the records of monies and valuables held were undertaken twice daily. It was noticed that from January 2022 the records had only one signature recorded against the reconciliations. Two signatures had been recorded prior to this date. The manager was advised to ensure that two signatures were recorded against the records at all times. This will be reviewed at the next RQIA finance inspection.

### **5.2.2 What arrangements are in place to ensure that service users' monies, valuables and personal property are appropriately managed and safeguarded?**

Written agreements between the service users' and the agency were in place. The agreements provided details of the terms and conditions in respect of the services provided to service users. Agreed budget plans for service users were also retained as part of the written agreements. The plans included details of the charges for support provided by the agency's staff and utility charges, such as oil and electric. Discussion with staff confirmed that service users' contributed to a "house budget" each Month. These monies were used to pay for utilities and food.

A review of a sample of invoices from the oil and electric suppliers showed that the full amounts of the invoices were divided by the total number of service users within the agency. This provided a charge per service user. The monies used to pay the bills were taken from each of the house budgets. The amount withdrawn depended on the number of service users within each house. Concerns were raised during the inspection as it was noticed that there was no reduction in the bills for the house occupied by agency staff prior to the charge to service users.

We informed the manager that this was an inappropriate charge to service users and the practice had been previously identified by RQIA as potential financial abuse. However, the manager informed the inspector that since the last RQIA inspection, in January 2022, the SHSCT is in the process of implementing a system to reduce the utility charges to each house. The new system will also allow for the reimbursement to service users for previous charges. This was identified as an area for improvement.

RQIA will be in further discussions with the SHSCT following the inspection. Any further action by RQIA will depend upon the outcome of the review by the SHSCT.

Discussion with staff confirmed that SHSCT staff were not using food paid for by services users and if participating in food takeaways, staff paid for their own.

A review of the sample of support costs levied to service users showed that the amounts charged reflected the amounts listed in the invoices issued by the SHSCT.

Discussion with staff confirmed that a vehicle, owned by the SHSCT, was available for service users to undertake journeys.



The miles undertaken for the journeys were recorded and subsequently invoiced to the service users at an agreed rate per mile. The total cost of the journey was divided evenly among the service users undertaking the journey. A sample of transport invoices raised for two service users was reviewed; the miles invoiced to the service users reflected the information recorded within the agency's records.

Discussion with staff confirmed that a corporate appointee was in place for 18 service users, namely an organisation authorised by the Department for Communities (DfC) to receive and manage the social security benefits on behalf of an individual. A sample of two service users' files evidenced that copies of written confirmation from DfC for the SHSCT to act as appointee were retained within both files.

Records of the social security benefits received on behalf of two service users were reviewed. Records were up to date and confirmed that the benefits received were managed appropriately.

A review of records and discussion with staff confirmed that individual transaction sheets were maintained for each service user. The sheets were used to record the details of transactions undertaken on behalf of service users, for example the purchase of items and the recording of monies deposited at the agency on behalf of service users.

A review of records from purchases undertaken by members of staff on behalf of two service users showed that the details and the amount of the purchases were recorded. Two signatures were recorded against all of the transactions reviewed. Receipts from the purchases were retained at the time of the inspection. Good practice was observed in relation to the audit process as a number was recorded on the receipts and the corresponding number was recorded against the purchases in the service users' transaction sheets.

Good practice was also observed as the each of the transaction sheets reviewed were signed by three members of staff to agree the transactions.

Staff were commended on the procedure for acquiring utilities and other items, such as the replacement of white goods, on behalf of service users. Once a specified expenditure limit was reached expenditure request forms were completed by staff. The forms included the rationale for making the purchase and included quotes from three different suppliers. The records also included the reason for choosing the supplier and why it offered value for money to the service user. The expenditure forms were countersigned by a senior member of staff to confirm the process had been agreed.

A review of records confirmed that an inventory of personal property was maintained on behalf of service users. Records were up to date at the time of inspection.

### **5.2.3 What measures are in place to ensure that staff in the agency are trained and supported to manage service users' finances?**

Policies and procedures for the management and control of service users' finances were available for inspection. The policies were readily available for staff use. A review of the policies evidenced that they reflected the operational areas for managing service users' finances. The policies were up to date and reviewed at least every three years.

## 6.0 Quality Improvement Plan/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 Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5*	2*

The total number of areas for improvement includes six which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Murtagh, manager, and the agency's deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (a)(b)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection (27 January 2022)	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (a) so as to ensure the safety and well-being of service users; (b) so as to safeguard service users against abuse or neglect;  RQIA is to be provided with updates on a quarterly basis, as agreed with senior management.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref:5.1
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection (27 January 2022)	The registered person shall ensure that all staff undertake training in keeping with the agency's policies and procedures; this relates particularly to, but is not limited to Adult Safeguarding training and training relating to the ethos of supported living.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (2)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection (27 January 2022)	The registered person shall ensure that competency assessments are undertaken for all staff who are designated responsibility for transcribing medicines; and should ensure that sufficient numbers of competent staff are available at all times, to ensure that there is no delay to new medicines being started.
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<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection (27 January 2022)</p>	<p>The registered person shall ensure that all staff receive induction, in keeping with the agency's policies and procedures.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (b) &amp; (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 June 2022</p>	<p>The registered person shall 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.</p> <p>A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The SHSCT is now contributing to all utility bills for Granville Manor. As there are 5 houses and an admin hub within Granville the Trust will contribute an equal share of these bills (one sixth of the bills) going forward.</p> <p>The heating system within Granville has been adjusted to ensure home heating oil is conserved where possible and cost to tenants is kept as low as possible whilst ensuring their needs are met (i.e. their home is appropriately heated, they have hot water available etc.)</p>
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 April 2022</p>	<p>The registered person shall ensure that all staff undertake training in relation to DoLS.</p> <hr/> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that all staff undertake training in relation to Dysphagia.
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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