

# Unannounced Finance Inspection Report 1 August 2017



## 15 Main Street

**Type of Service: Residential Care Home**  
**Address: 15 Main Street, Conlig, BT23 7PT**  
**Tel No: 02891468039**  
**Inspector: Joseph McRandle**

[www.rgia.org.uk](http://www.rgia.org.uk)

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

This is a residential care home with 3 beds that provides care for residents living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group / Challenge  <b>Responsible Individual(s):</b> Mr Andrew James Mayhew	<b>Registered Manager:</b> Mr Robert David Alexander Registration pending
<b>Person in charge at the time of inspection:</b> Mrs Rebecca Stewart - Assistant Manager	<b>Date manager registered:</b> Mr Robert David Alexander Registration pending
<b>Categories of care:</b> Residential Care (RC) LD – Learning Disability LD(E) – Learning Disability – over 65 years	<b>Number of registered places:</b> 3

### 4.0 Inspection summary

An unannounced inspection took place on 01 August 2017 from 10:15 to 14.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

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

Evidence of good practice was found in relation to: providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place, staff involved in managing residents' finances having adult safeguarding training, recording the reconciliations of resident's monies, manager performing monthly audits of resident's finances, updating the resident's records of personal items following admission, the financial policies and procedures operated at the home, facilitating journeys on behalf of residents, offering support to the resident for managing their finances, a written agreement in place for the resident, recording the transactions undertaken by, or on behalf of, the resident and records of monies deposited on behalf of the resident.

Areas requiring improvement were identified in relation to: reconciling the resident's records to ascertain if monies are owed to the resident, the signatures recorded against the reconciliations of the resident's monies, the recording of the resident's financial arrangements within their written agreement, updating the resident's written agreement with their current fee, recording monies returned from purchases undertaken by resident, issuing receipts when monies deposited at the home on behalf of the resident and reviewing the system of recording the resident's transactions.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	7

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Rebecca Stewart, assistant 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 care inspection dated 04 November 2016

The most recent inspection was an unannounced care inspection undertaken on 04 November 2016. Other than those actions detailed within the QIP no further actions were required to be taken following the most recent inspection.

#### 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 previous care inspection, notifiable events submitted in relation to finance issues, there were no financial issues identified. The inspector from the previous inspection was contacted who confirmed that there were no issues to follow up.

During the inspection the inspector met with the home's assistant manager.

The following records were examined during the inspection:

- One resident's finance file
- One resident's written agreement
- Sample of monies held on behalf of one resident
- A sample of records of reconciliations of monies held on behalf of one resident
- The residents' guide
- Records of safe contents
- A sample of records from transactions undertaken on behalf of one resident
- A sample of records from monies deposited at the home on behalf of one resident
- Financial policies and procedures entitled "Praxis Care Service User personal monies and property Policy & Procedure"
- Records of one resident's personal property.

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 04 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

### 6.2 Review of areas for improvement from the last finance inspection

The home has not previously received an RQIA finance inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the staff members with access. Monies held on behalf of one resident was counted, the amount retained agreed to the balance recorded at the home.

On reviewing previous records it was noticed that there was a small variance between the monies recorded as held for the resident and the amount that should have been recorded following the withdrawal of monies. Following a discussion, the assistant manager agreed to review the records to locate the variance and confirm if any monies were owed to the resident. This was identified as an area for improvement.

No valuables were held on behalf of the resident at the time of the inspection. A safe contents book was in place and up to date at the time of the inspection.

Discussion with the assistant manager confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults.

Discussion with staff confirmed that there were no finance related restrictive practices in place for the resident.

## Areas of good practice

There were examples of good practice found in relation to providing a place for residents to deposit items for safekeeping, the controls surrounding the safe place and staff involved in managing residents' finances having adult safeguarding training.

## Areas for improvement

One area for improvement was identified; this was in relation to reconciling the resident's records to ascertain if monies are owed to the resident.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

Review of records and discussion with the assistant manager confirmed that no member of staff acted as an appointee for the resident, i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual.

Discussion with the assistant manager also confirmed that no member of staff acted as an agent for the resident, i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Discussion with staff and review of records confirmed that as in line with good practice monies held on behalf of the resident were reconciled on a weekly basis. It was noticed that one signature was recorded against the reconciliations. This was identified as an area for improvement.

Review of records and discussion with staff also confirmed that a monthly audit of the resident's monies and records was undertaken by the manager. Recommendations for improvement were listed by the manager during the audit.

Discussion with the assistant manager and review of records confirmed that an inventory of the resident's property was maintained when the resident was admitted to the home. Review of records also confirmed that the list was updated when items were brought into the home by, or on behalf of, the resident following admission.

Policies and procedures for the management and control of residents' finances were in place at the time of the inspection. The policies included the procedures for staff managing residents' monies.

Discussion with the assistant manager confirmed that no bank accounts were operated on behalf of the resident. Staff also confirmed that no comfort fund was in place at the time of the inspection.

### Areas of good practice

There were examples of good practice found in relation to: recording the reconciliations of the resident's monies, manager performing monthly audits of resident's finances, updating the resident's records of personal items following admission and the financial policies and procedures operated at the home.

### Areas for improvement

One area for improvement was identified; this was in relation to the signatures recorded against the reconciliations of the resident's monies.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 Is care compassionate?

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

The home did not provide a transport scheme at the time of the inspection. Discussion with the assistant manager confirmed that alternative arrangements were in place to support the resident wishing to undertake journeys; this included the use of taxis which were paid for by the resident or their representative.

Discussion with the assistant manager and review of records confirmed that a number of financial arrangements were in place for the resident. It was noticed that these arrangements were not included within the resident's written agreement as in line with standard 15.2 of the DHSSPS Residential Care Homes Minimum Standards. This was identified as an area for improvement.

Discussion with the assistant manager confirmed that arrangements were in place to offer support for residents managing their own monies.

### Areas of good practice

There were examples of good practice found in relation to: facilitating journeys on behalf of residents and offering support to the resident for managing their finances.

### Areas for improvement

One area for improvement was identified during the inspection. This related to the recording of the resident's financial arrangements within their written agreement.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 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.**

Discussion with the assistant manager confirmed that records of the charges to residents for their fees and the records of the payments for fees by, or on behalf of, residents were maintained at the home's head office. The inspector contacted the head office following the inspection who confirmed that the amount received agreed to the contribution owed by the resident and that the resident did not pay any contribution towards their fee.

A residents' guide was in place at the time of the inspection which included the details of the services provided to residents as part of their weekly fee. The guide included a written agreement which was issued to the resident on admission to the home. Review of the agreement showed that the current weekly fee paid by, or on behalf of, the resident was not included. An area for improvement was identified for the resident's agreement to be updated to show the current fee paid by, or on behalf of, the resident.

Review of records and discussion with staff confirmed that a transaction book was maintained on behalf of the resident. The book was used to record the details of transactions undertaken on behalf of the resident, including the purchase of items. The book was also used to record monies deposited at the home on behalf of the resident.

Review of records and discussion with the assistant manager confirmed that the resident signed out their own monies to make purchases and returned the change from the purchases. Two signatures were recorded against each of the transactions recorded in the book. The resident was one of the signatures recorded.

Four records from the resident's transaction book were examined; the records showed that the monies were signed over to the resident to make purchases. The remaining monies from three of the purchases were signed back into the transaction book. There was no record of the remaining monies from the fourth purchase being signed back in or a record to confirm if the monies were held by the resident. This was identified as an area for improvement.

Three records of monies deposited at the home on behalf of the resident were reviewed. The amounts deposited were recorded in the resident's transaction book. It was noticed that receipts were not issued for two of the deposits; the person depositing the monies had not signed the records in the absence of receipts. One other record showed that one signature was recorded against the transaction. This was identified as an area for improvement.

The inspector discussed the recording of the resident's transactions with staff. It was noticed that a number of entries had either been written over or correction fluid was used. No initials were recorded against the amendments and no explanation for the errors was recorded. An area for improvement was identified for the system of recording residents' transactions to be reviewed in order to improve the accuracy of recording as in line with paragraph 7.1 of the home's policies and procedures.



## Areas of good practice

There were examples of good practice in relation to: a written agreement in place for the resident, recording the transactions undertaken by, or on behalf of, the resident and records of monies deposited on behalf of the resident.

## Areas for improvement

Four areas for improvement were identified during the inspection. These related to updating the resident's written agreement, recording monies returned from purchases undertaken by the resident, issuing receipts when monies are deposited at the home on behalf of the resident and reviewing the system of recording the resident's transactions.

	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 a Mrs Rebecca Stewart, assistant 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 residential care home. 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 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 to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011.

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that the resident's records are reconciled to ascertain if monies are owed to the resident. An explanation for the variance, identified during the inspection, should be recorded.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Investigation undertaken identified that money was taken for service user takeaway but not recorded in the book. This has been reconciled in the service user money book and recorded and the staff member has been debriefed.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 15.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall implement a system for two signatures to be recorded against the reconciliations of the resident's monies.</p> <p>The reconciliation should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> The manager, assistant manager or a team leader now countersign reconciliations of service user monies that have been completed by the scheme APO on a weekly basis. When staff are lone working, a balance check is now completed at handover signed by both staff.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 15.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 08 September 2017</p>	<p>The registered person shall ensure that the details of the resident's financial arrangements, identified during the inspection, are included in their written agreement.</p> <p>Ref: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b> Details of service user's financial arrangements have been documented in financial plan and support plan.</p>

<p><b>Area for improvement 4</b></p> <p>Ref: Standard 4.2</p> <p>Stated: First time</p> <p>To be completed by: 08 September 2017</p>	<p>The registered person shall update the resident's written agreement to show the current amount paid by the health and social care trust.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Clarification was sought from Praxis Finance department regarding the amount paid by the social care trust. This amount has now been added to the resident's written agreement.</p>
<p><b>Area for improvement 5</b></p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: 02 August 2017</p>	<p>The registered person shall ensure that the details of the transactions are recorded at all times i.e. the records should show if remaining monies from purchases have been retained by the resident.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Staff have been instructed in supervision and at team meetings to complete a voucher with resident they are supporting which both the resident and staff member should sign detailing the amount of money retained by the resident. This will be checked in the manager's monthly audit.</p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p> <p>To be completed by: 02 August 2017</p>	<p>The registered person shall ensure that receipts are issued at all times when monies are deposited at the home on behalf of residents. The person depositing the monies should be one of the recorded signatories.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been instructed in supervision and at team meetings to complete a voucher with the resident they are supporting which both the resident and staff member should sign detailing the amount of money spent by the resident in the absence of a receipt. This will be checked in the manager's monthly audit.</p>

<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 20.14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall implement a robust system for recording residents' transactions in order to improve the accuracy of recording and to facilitate the audit process. Errors should be crossed out and a new line used to record the transaction. A reason for the error should be recorded and initialled by the staff member recording the transaction.</p> <p>The practice of writing over errors and the use of correction fluid should cease immediately. The current policy for recording transactions should be strengthened with staff.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff have been instructed in supervision and at team meetings to record errors correctly. The use of correction fluid and writing over errors has now ceased. This will be checked in the manager's monthly audit.</p>

*\*Please ensure this document is completed in full and returned to [Agencies.Team@rqia.org.uk](mailto:Agencies.Team@rqia.org.uk) from the authorised email address\**



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