

Unannounced Finance Inspection Report 14 February 2019



Garryduff Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 2a Garryduff Road, Ballymoney, Antrim, BT53 7AF
Tel No: 028 2766 6220
Inspector: Briega Ferris

www.rqia.org.uk

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

Garryduff Supported Living Service is a domiciliary care agency (supported living type) which provides 24 hour personal care (and housing support) to seven people who have a learning disability and complex needs.

3.0 Service details

Organisation/Registered Provider: Triangle Housing Association Responsible Individual: Christopher Alexander	Registered Manager: Jacqueline Peacock
Person in charge at the time of inspection: Jacqueline Peacock	Date manager registered: 08 November 2018

4.0 Inspection summary

An unannounced inspection took place on 14 February 2019 from 11.20 to 15.00 hours.

This inspection was underpinned by The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the DHSSPS Domiciliary Care Agencies Minimum Standards (2011).

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.

There were examples of good practice found in relation to:

- the availability of a safe place to enable service users to deposit money or valuables for safekeeping
- records of income, expenditure and reconciliation (checks) were available including supporting documents
- there were mechanisms to obtain feedback and views from service users and their representatives
- individual written agreements with service users were in place
- written policies and procedures were in place to guide financial practices in the service.

Areas requiring improvement were identified in relation to ensuring that:

- the arrangements for the provision of transport services including the costs should be clearly detailed in a written agreement with service users and
- there should be written evidence available confirming the identity of the appointee for relevant service users (where this is a representative of the agency). These details should be clearly reflected within the relevant service users' individual written agreements.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were shared with Jacqueline Peacock, the registered manager at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA was reviewed; this established that none of these incidents related to service users' money or valuables. The record of calls made to RQIA's duty system was reviewed and this did not identify any relevant issues.

During the inspection, the inspector met with the registered manager. The inspector provided to the registered manager written information explaining the role of RQIA, the inspection process, the name of the inspector and the date of the inspection. It was requested that this information be displayed in a prominent position so that relatives or visitors who had not been present during the inspection could contact the relevant inspector should they wish to discuss any matter or provide any feedback.

The following records were examined during the inspection:

- A sample of income, expenditure and reconciliation records (records of checks performed)
- A sample of written financial policies and procedures
- Three service users' individual files

The findings of the inspection were discussed with Jacqueline Peacock, the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 April 2018

The most recent inspection of the service was a pre-registration inspection. The returned QIP was approved by the care inspector and 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 service has not previously received an RQIA finance inspection.

6.3 Inspection findings

6.4 Is care safe?

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

Discussions with the registered manager established that there were no current suspected, alleged or actual incidents of financial abuse, nor were there any finance-related restrictive practices in place for any service user. The registered manager confirmed that all staff participated in adult safeguarding training.

The service had a safe place for the deposit of cash or valuables belonging to service users. The inspector was satisfied with the location of the safe place and the persons with access. On the day of inspection, cash belonging to service users was being held in the safe place. The registered manager also described how each of the service users had a locked space within their rooms. This was observed by the inspector in several rooms which were unoccupied at the time of the inspection.

Areas of good practice

There were examples of good practice found for example, in relation to the availability of a safe place to enable service users to deposit money or valuables for safekeeping.

Areas for improvement

No areas for improvement were identified as part of the inspection in relation to the introduction of a written safe record.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Discussion with the registered manager established that a representative of Triangle Housing Association (THA) was acting as appointee for five service users. A review of the finance files for three of the service users established that official confirmation from the Social Security Agency was not held on the files. This was discussed with the registered manager in feedback

who telephoned the regional manager (the appointee) to discuss the matter. The registered manager reported that the documents have been archived and that this would be checked. A period of one week was provided by the inspector for this exercise to be completed and for copies of the documents to be emailed to RQIA to evidence that they were in place. This information was not received by Friday 22 February 2019.

An area for improvement was therefore listed to ensure that the official confirmation of the name of the appointee is sought from the Social Security agency and that this information is held on each relevant service user's file. The name of the appointee and the records to be maintained in respect of this appointment should also be detailed within the individual written agreements of the relevant service users.

Detailed records of income and expenditure were available for individual service users and for "housekeeping monies". Income and expenditure records followed a standard financial ledger format and cash balances were checked by two members of staff at every staff handover i.e.: daily. Receipts were available for expenditure where service users were supported to make purchases or where purchases were made on a service user's behalf. Good practice was observed.

The registered manager described the arrangements for service users to access transport services. She noted that the arrangements would continue in the same manner as they had when the service was previously registered as a residential care home (the domiciliary care agency was registered in November 2018). Under the former arrangement, staff members used their own vehicles to transport service users and subsequently claimed back mileage from the agency at a rate of £0.65 pence per mile. There was correspondence on service users' files which evidenced that this cost had been communicated to service users in September 2014. The registered manager confirmed the rate per mile had not changed since then. The registered manager provided a copy of the relevant policy and procedure and the templates used by staff to make a travel claim. Since the agency was registered in November 2018, no staff members had made any travel claims.

The registered manager also reported that where a service user had a Motability car, on occasion, another service user may choose to journey with them with the consent of the service user whose car was provided under the Motability scheme. The costs to the service user choosing to travel in the car were noted to be £0.10 per mile; again these were set out in the same correspondence dated September 2014 and had not been updated since then. The registered manager noted that respective costs would be reviewed by the organisation.

A review of the individual written agreements with service users (further discussed in section 6.7) evidenced that they did not reference the arrangements for providing transport services and the associated costs (under each arrangement). The inspector noted that these arrangements should be agreed in writing with the service user or their representative. Discussion with the registered manager established that she proposed these arrangements be added into the existing individual service user agreements.

An area for improvement was therefore listed to ensure that the arrangements for the provision of transport services including the costs, are clearly detailed in a written agreement with service users.

Areas of good practice

There were examples of good practice found in relation to the existence of records of income, expenditure and regular reconciliations of monies held.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to ensuring that the arrangements for the provision of transport services including the costs are clearly detailed in a written agreement with service users and ensuring that there is written evidence available confirming the identity of the appointee for relevant service users (where this representative of the agency). These details should be clearly reflected within the relevant service users' individual written agreements.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The day to day arrangements in place to support service users with managing their money were discussed with the registered manager and she described a range of examples of how staff within the service achieved this. Discussion with the registered manager also established that the service had a range of methods in place to encourage feedback from service users or their representatives in respect of any issue. This included an annual user-friendly service user survey and ongoing verbal feedback from families.

The registered manager explained how service users had access to their monies at all times as senior members of staff within the service held keys to the safe place.

Areas of good practice

There were examples of good practice found in respect of the arrangements in place to support individual service users discussed during the inspection and mechanisms to obtain feedback and views from service users and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Written policies and procedures were in place to guide financial practices in the service. Policies reviewed were dated April and September 2018 and were easily accessible by staff.

The financial files for three individual service users were reviewed. Each service user had a range of documents in place on their files including a service user financial agreement 2018/2019 - which detailed the individual service user's income and current (known) charges and an estimate of projected expenditure. As noted in section 6.5 above, this did not document the arrangements or charges for transport services; an area for improvement has been listed in section 6.5 in respect of this finding. Service users' files also contained a written authorisation agreement, providing authority for named persons associated with the agency to be signatory's to the individual service user's bank account. These had all been signed by the service users' representatives.

The inspector discussed with the registered manager the arrangements in place in the service to ensure that service users experienced equality of opportunity and that staff members were aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this issue was covered by adult safeguarding training which staff participated in and that staff also participated in annual competency assessments.

Areas of good practice

There were examples of good practice found in relation to written policies and procedures in place to guide financial practices and each service user had a written agreement in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Peacock, the registered manager, at the conclusion of the inspection. 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and 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.

Quality Improvement Plan	
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 6 (d) Stated: First time To be completed by: 14 March 2019	<p>The registered person shall ensure that there is written evidence available confirming the identity of the appointee for relevant service users (where this representative of the agency). These details should be clearly reflected within the relevant service users' individual written agreements.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The Organisation has applied to the Government for confirmation of the identity of the appointee. To date we have received confirmation for one service user and we expect confirmation for the other four service users within the next few weeks. The service user's individual written agreements are due to be reviewed at the start of April 2019 and the Organisation will include these details as suggested.</p>
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards (Updated August 2011)	
Area for improvement 1 Ref: Standard 4.2 Stated: First time To be completed by: 30 April 2019	<p>The registered person shall ensure that the arrangements and costs associated with providing transport to service users are clearly detailed within a written agreement with the service user.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The Organisation has confirmed their intention to review the cost arrangements associated with providing transport to the service</p>

	users and will include these changes within their written agreements from April 2019.
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****Please ensure this document is completed in full and returned via Web Portal****



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