

Announced Follow up Finance Inspection Report 25 September 2017



Mainstay DRP, Rathdree Supported Housing Service

Type of Service: Domiciliary Care Agency
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Inspectors: Briege Ferris & Amanda Jackson

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Mainstay DRP, Rathdree Supported Living Service is a supported living type domiciliary care agency, located close to the centre of Downpatrick. The agency provides care and support to enable service users with a learning disability to live in their own home within the local community.

The agency provides care and support to 14 service users: the overall aim is to promote independence of the service users and enhance their quality of life.

3.0 Service details

Organisation/Registered Provider: Mainstay DRP/Helen Owen	Registered Manager: Christine McLean
Person in charge at the time of inspection: Christine McLean	Date manager registered: 15 January 2009

4.0 Inspection summary

An announced inspection took place on 25 September 2017 from 09.40 to 17.30 hours. Notice of the inspection was provided approximately one hour before the commencement of the inspection.

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

The inspection sought to assess progress with issues raised in the announced finance inspection of the agency on 20 April 2017, as outlined in section 6.2 below.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Helen Owen, the registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

On 04 October 2017, a meeting was held at RQIA's offices with the registered person and their representative; the person who has carried out the agency's Regulation 23 monthly monitoring visits since July 2017. This meeting was held to discuss RQIA's intention to serve two Failure to Comply Notices, in respect of noncompliance with Regulations 14 (d) and 15 (9) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At the meeting, the registered person and their representative provided a full account of the actions which had been taken following the inspection on 25 September 2017 and those which were proposed, to ensure the improvements necessary to achieve full compliance with the required regulations.

After consideration of documentation presented at the meeting and assurances provided by the registered person, RQIA decided not to serve two failure to comply notices.

However, it was agreed that the registered person would:

- Ensure that by mid - October 2017, invoices to service users for the period April – June 2017 would be finalised, issued and restitution due to service users for this period paid in full;
- Ensure that by the end of November 2017, communication with service users and/or their representatives will have taken place regarding the delay in issuing charges for transport services (for the period July – September 2017);
- Ensure that by the end of November 2017, invoices to service users for the period July – September 2017 would be finalised and issued and
- Ensure that records are at all times available for inspection at the agency premises.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent finance inspection dated 20 April 2017

As a result of the finance inspection on 20 April 2017, RQIA were concerned regarding the agency's arrangements in place to ensure service users' monies were appropriately safeguarded.

In accordance with RQIA's Enforcement Policy and Procedures, a serious concerns meeting was held with the registered person at RQIA's offices on 02 May 2017. At the meeting, the registered person provided RQIA with a written action plan and accompanying documents outlining what actions they had taken to date and would take in the future to address RQIA's concerns. The registered person provided a commitment that they would work alongside the HSC trust(s) to ensure that there was appropriate engagement with service users and their representatives regarding any future charges to be made to service users.

5.0 How we inspect

Prior to the inspection, a range of information relevant to the service was reviewed. This included the following records: the previous finance inspection report and QIP, records of any notifiable events communicated to RQIA, records of any calls received to RQIA's duty call system and records of any other communication received by RQIA from or in respect of the agency.

During the inspection the inspectors met with Helen Owen, the registered person, Christine McLean, the registered manager, two members of finance staff and a support worker. No discussions were held with service users during the inspection. No visiting professionals or other representatives were present during the inspection.

The following records were examined during the inspection:

- Four service users' files
- Four individual written agreements between the agency and service users
- Four financial management support plans
- Four financial management (risk) assessments
- The agency's policies and procedures file
- A sample of service users' cashflow sheets detailing individual income and expenditure
- The cashflow sheets maintained for communal/housekeeping monies
- Minutes of staff team meetings dated 08 April 2017 and 08 August 2017
- Regulation 23 monthly monitoring reports signed 05 May 2017, 28 June 2017, 06 July 2017 and 01 September 2017
- Service users' meeting minute – May 2017
- Service user consultation books

Areas for improvement identified at the last finance inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. The findings of the inspection were provided to the registered person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 April 2017

The most recent inspection of the agency was an announced finance inspection. The completed QIP was returned and approved by the finance inspector.

6.2 Review of areas for improvement from the last finance inspection dated 20 April 2017

Areas for improvement from the last finance inspection		
Action required to <u>ensure</u> compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
Requirement 1 Ref: Regulation 14 (d) Stated: First time	The registered provider must ensure that the practice of staff consuming food and drinks part-paid for by service users must cease from the date of the inspection.	Met
	Action taken as confirmed during the inspection: Staff confirmed that the practice had ceased as of the date of inspection. Staff described that food and drinks consumed by staff were paid from the	

	<p>agency's petty cash. A review of a sample of the agency's petty cash records confirmed this.</p> <p>A sample of the communal housekeeping records were reviewed which evidenced that only service users contributed to the cost of grocery and other items bought for their home.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 14 (d)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a full review of the charges to service users from April 2016 is carried out and that restitution is made to service users where it is determined that amounts have been inappropriately charged. The registered person must liaise with the HSC trust(s) to ensure that there is appropriate engagement with service users and their representatives regarding any future charges to be made to service users.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>During the inspection, the inspectors met with the finance officer and a senior support worker and subsequently, the finance manager.</p> <p>The inspectors described to the finance manager, the evidence which they required to validate compliance with aspects of the Quality Improvement Plan (QIP) from the previous inspection.</p> <p>The finance manager was unable to provide an update in relation to the inspectors' queries regarding restitutions to service users and made a commitment to gather the necessary information; the finance manager did not however supply this information during the inspection.</p> <p>During the inspection, the registered person met with the inspectors. She advised that she believed all of the repayments had been made to service users and that she was "<i>sorely disappointed</i>" that the restitution required following the inspection on 20 April 2017 had still not been made.</p> <p>Discussions sought to establish how up to date the agency was with issuing invoices to service users and making any restitution, as appropriate. These invoices included charges in respect of service users' individual use of the agency transport scheme and sharing the cost of utility bills and other</p>	<p>Partially met</p>

	<p>communal costs arising from sharing a property with other service users.</p> <p>In particular, inspectors required clarification as to whether service users had received restitution in respect of previous inappropriate charges levied to them by the agency.</p> <p>The registered person advised that she believed that service users were up to date as of 31 December 2016. However, she subsequently retracted this and advised that service users were up to date with invoices as of 31 March 2017.</p> <p>The registered person stated that invoices for the period January - March 2017 had been issued to service users in June 2017. She advised that following the inspection on 20 April 2017, a review of previous charges was carried out by an independent financial consultant.</p> <p>This review identified that previous charges to service users for the availability of a transport scheme 24/7, were inappropriate, as the service had not been available on this basis. The registered person advised that the invoices to service users for the period April – June 2017 included an adjustment in light of this.</p> <p>The registered person confirmed that invoices for the period April – June 2017 had not yet been issued to service users. These included adjustments for previous charges to service users for pest control from April 2016 – December 2016 and the cost of bank charges which the registered person stated should be refunded in full.</p> <p>Inappropriate charges to service users for pest control were initially identified in the care inspection on 29 March 2017 and formed part of a serious concerns discussion held with the registered person on 02 May 2017.</p> <p>The registered person's statements during the inspection identified that these amounts were still outstanding as of 25 September 2017.</p> <p>The inspectors discussed the registered person's comments in the returned QIP from the inspection of 20 April 2017.</p>	
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	<p>These included a comment which read:</p> <p><i>“A full audit has been carried out from April 2016 and restitution of minimal amounts found has been refunded to the service users.”</i></p> <p>It was disappointing to note that in spite of written assurances provided by the registered person on the returned QIP from the inspection of 20 April 2017, little progress had been made in this area.</p> <p>The registered person advised the inspectors that the invoices for the period April – June 2017 were prepared and waiting to be checked. Copies of these invoices were provided to the inspectors; however these were later emphasised as only being “draft” invoices.</p> <p>The registered person reported that these invoices reflected adjustments for a reduction in the cost of heat and light charges payable by service users. She explained that it had transpired that the agency had not paid its contribution for heat and light charges associated with running an office from within the service users’ home for the years 2015 - 2016.</p> <p>It was therefore apparent that service users were continuing to be disadvantaged by the agency as a result of delays in providing up to date invoices to service users.</p> <p>Discussion with the registered person established that service users were receiving invoices approximately three months after the period to which the invoice related. The registered person accepted the comments from the inspectors that this represented an unacceptable delay.</p> <p>On the basis of the findings from the inspection on 25 September 2017, concerns remained in relation to the agency’s arrangements to ensure service users’ monies were appropriately safeguarded.</p> <p>As a result of these concerns, on 04 October 2017, a meeting was held at RQIA’s offices with the registered person and their representative. Due to the lack of progress made in this area, this regulation will remain under review and a range of actions have been outlined in the QIP at the end of this report.</p>	
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Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, updated August 2011		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff are reminded of their responsibilities to ensure that their actions in recording income and expenditure and any associated documents is in keeping with the agencies policies, procedures and “Safeguarding service users’ finances” training.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>During the inspection, the registered person stated that suitable safeguarding service users’ finances training had not been sourced since the previous inspection and that written assurances given in the QIP following the previous inspection had not been progressed. It was confirmed that training referred to in the returned QIP had not taken place.</p> <p>The registered person advised that specific training regarding safeguarding service users’ finances was due to take place the following week.</p> <p>However, two members of staff spoken with during the inspection were not aware that any training in service users’ finances was planned.</p> <p>Evidence was sought by the inspectors of how staff had been reminded of their responsibilities under the agency’s service users’ finances policies, since the inspection on 20 April 2017.</p> <p>Staff meeting minutes were requested. A review of the minutes identified that meetings had taken place on 08 April 2017 and 08 August 2017; (the registered manager advised that the meeting recorded as having taken place on 08 April 2017 had actually taken place in May 2017).</p> <p>A review of these records provided limited evidence that safeguarding service users’ finances had been appropriately discussed.</p>	<p style="text-align: center;">Met</p>

	<p>The policies and procedures file provided for review during the inspection included a document for staff to sign to indicate that they had read and understood the policies and procedures.</p> <p>A review of this document identified that it had not been completed by staff.</p> <p>One staff member spoken with confirmed that they had not read the agency's April 2017 policy which addressed safeguarding service users' monies.</p> <p>At the meeting held at RQIA's offices on 04 October 2017, the registered person advised RQIA that service users' finances training had taken place the previous week and that all staff members for the service had attended.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 8.15</p> <p>Stated: First time</p>	<p>The registered provider should ensure that entries on cashflow sheets are signed by two people at all times and that any errors made on the sheets are correctly dealt with i.e.: a clear line drawn through the error, which is initialled by the person making the entry and a clear entry made underneath.</p> <p>Action taken as confirmed during the inspection:</p> <p>A sample of cashflow sheets for service users was reviewed. This identified that entries were routinely signed and dated by two people and there was evidence that the entries on the sheets were cross-referenced to the related expenditure receipts.</p> <p>It was good to note that the sample of cashflow sheets reviewed evidenced that errors made on the sheets had been appropriately dealt with.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.15</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the transport policy is revised to detail the arrangements for charging service users for transport services, including how the cost per mile for transport services is arrived at. The registered person should also ensure that RQIA's Guidance On Transport Schemes for Nursing Home, Residential Care Home and Supported Living Domiciliary Care Service</p>	<p>Met</p>

	<p>Providers May 2013 is referred to in respect of the expected content of a transport policy. The registered person should also ensure that a copy of the updated policy is shared with the HSC trust and that its contents are shared and discussed with service users and their representatives.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the agency’s updated transport policy identified that the details in respect of transport charging arrangements had been included in the updated document.</p> <p>A review of a sample of four service users’ finance files identified that details as to transport charging arrangements were also included in each service user’s individual agreement. These documents had been signed by the service users, their representatives and representatives from the HSC trust.</p> <p>The registered manager and two members of staff confirmed that the arrangements for transport provision by the agency to service users were discussed in recent meetings held with service users and/or their representatives and the HSC trust.</p> <p>A review of the records of service users’ meetings dated May 2017 included reference to discussion on transport arrangements and a record that all service users wished to remain in the transport scheme.</p> <p>While not available during the inspection, evidence that a copy of the updated transport policy had been shared with HSC trust representatives was provided to RQIA by email on 29 September 2017.</p>	

<p>Recommendation 4</p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the views of service users are considered when policies, procedures and practices are being reviewed.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that service users were involved in consultation meetings with respect to the recent changes in policies, procedures and practices.</p> <p>A sample of records, including service users' meetings, correspondence with service users, individual service user agreements and financial management support plans were reviewed. These records supported consultation with service users in respect of changes to the agency's policies, procedures and practices.</p> <p>A book for each house within the scheme was available to detail consultation and agreement with service users regarding specific matters, on an ongoing basis. A sample of the records reviewed identified that some entries related to issues affecting individual service users, while others affected the service users as a group.</p> <p>Advice was provided to staff in respect of the appropriateness of including matters in these books which impacted on individual service users only. It was highlighted that this practice may potentially breach service user confidentiality.</p> <p>It was suggested that only matters affecting service users communally, should be recorded in the service users' consultation record book.</p>		

Recommendation 5 Ref: Standard 4 Stated: First time	The registered provider should ensure that each service user is provided with an up to date, written individual agreement. Any changes to a service user's written agreement should be agreed in writing by the service user or their representative.	Met
	Action taken as confirmed during the inspection: A review of a sample of four service users' files identified that three service users had an individual written agreement in place signed by a family representative and/or the service user's HSC representative. There were copies of email correspondence on file from a family member of the fourth service user, to indicate that they were in agreement with the current arrangements in place to support their relative. Within the sample of agreements reviewed was a statement detailing that the content of the agreement had been discussed and explained by the keyworker to the individual service user. It was noted however, that while the keyworker had signed this statement, the service user had not signed or marked the page reviewed. Inspectors highlighted that staff should offer service users the opportunity to sign such statements as this would be a useful means to demonstrate the agency's consultation and engagement activity with service users.	

This inspection focused on the areas for improvement outlined in the QIP from the finance inspection on 20 April 2017 and set out in section 6.2 above.

However, in course of the inspection, the Regulation 23 monthly monitoring reports from May to August 2017 were reviewed. This identified that matters raised as part of the finance inspection on 20 April 2017 had not been consistently brought forward or thoroughly examined in the subsequent provider visits. Entries in respect of achieving compliance with the Quality Improvement Plan included comments to confirm that matters had been "actioned" and were "up to date".

The robustness of the registered person's system for evaluating the quality of services provided by the agency was identified as compromised by the lack of thorough examination of the matters identified during the finance inspection on 20 April 2017.

This matter was discussed in the meeting with the registered person and their representative at RQIA's offices on 04 October 2017. The registered person provided assurances that a review of systems and processes within the agency would take place. She advised that this would ensure the system for reviewing information as part of the monthly provider visits would address concerns identified by inspectors on 25 September 2017.

This was identified as an area for improvement.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helen Owen, registered person, 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 domiciliary care 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, updated 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 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

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (9)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that a robust framework for recording service users' income and expenditure (including their individual portion of shared costs such as utility bills) is implemented to ensure that charges (or refunds) are levied to service users in a timely manner.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: A robust framework has been developed which ensures charges and refunds are in a timely manner. This will be kept under review and amended accordingly. Danske Bank online system clearly identifies individual service users income. The clients account reflects all utility bills for any period. This information is then used to create invoices.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (d)</p> <p>Stated: Second time</p> <p>To be completed by: 15 October 2017 & 30 November 2017</p>	<p>The registered person shall ensure that by 15 October 2017, invoices to service users for the period April – June 2017 are finalised, issued and restitution due to service users for this period paid in full.</p> <p>The registered person shall ensure that by 30 November 2017, invoices for the period July – September 2017 would be finalised and issued.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: April to June invoices for both utilities and transport were produced, and restitution made via cheque or deduction from statements on 10th October 2017, please see attached</p> <p>Invoices for utilities only were issued on 19/10/2017, with cheques issued as required on this date.</p> <p>Invoices for transport were issued for July to September were issued on 9/11/2017</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 23 (2) (3) (4)</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2017</p>	<p>The registered person shall ensure that there is a robust system in place to evaluate the quality of services provided by the agency and to address any areas for improvement identified.</p> <p>A report of the agency's quality monitoring activity should be forwarded to RQIA on a monthly basis until further notice.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Ongoing please see attached</p>
<p>Action required to ensure compliance with DHSSPS Domiciliary Care Agencies Minimum Standards, updated August 2011.</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that by the date detailed, communication with service users and/or their representatives has have taken place regarding the delay in issuing charges for transport services (for the period July – September 2017).</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Completed 6th October 2017see attached</p>

**Please ensure this document is completed in full and returned via Web Portal*



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