

# Unannounced Finance Inspection Report 28 November 2017



## Camphill Community Hollywood

**Type of Service: Residential**  
**Address: The Flat, 8a Shore Road, BT18 9HX**  
**Tel No: 02890423203**  
**Inspector: Joseph McRandle**

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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 that provides care and support for four adults with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Camphill Community Holywood  <b>Responsible Individual(s):</b> James Morton	<b>Registered Manager:</b> Andrea Diesel
<b>Person in charge at the time of inspection:</b> Andrea Diesel	<b>Date manager registered:</b> 15 June 2015
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 4

### 4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 10.30 to 15.30 hours.

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, members of staff involved in managing residents' finances receiving adult safeguarding training, reviewing the financial policies and procedures within the recommended time period, retaining a record within residents' files of the details of the person authorised to act as their appointee, informing residents in advance of any increase in fees, the system for retaining records from transactions relating to the residents' bank account, retaining copies of residents' financial arrangements within their files, facilitating social events for residents, providing transport for social events at no cost to the residents, offering support to residents for managing their finances, the residents' guide detailing the services included in the weekly fee, the system for recording the social security benefits received on behalf of two residents, residents signing records along with member of staff when monies handed over to residents and maintaining a list of signatures of staff authorised to undertake transactions on behalf of residents.

Areas requiring improvement were identified in relation to: strengthening the financial policies and procedures with staff, providing refresher training to staff in relation to the handling of residents' monies, recording evidence that residents' monies were reconciled at least quarterly, updating residents' records of personal property with the full details of the items and issuing revised written agreements to residents or their representatives.

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>	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Andrea Diesel, registered 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 16 August 2017

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 16 August 2017.

## 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 registered manager and the home's administration officer.

The following records were examined during the inspection:

- two residents' finance files
- two residents' written agreements
- cash held on behalf of two residents
- A sample of records of payments for fees paid by, or on behalf of, two residents
- a sample of records of Social Security benefits received on behalf of two residents
- the residents' guide
- a sample of records of safe contents
- a sample of records showing personal allowance monies handed over to residents
- a sample of bank statements from residents' bank account
- Camphill Holywood Handbook
- Donations procedure
- Anti-Bribery and Donations policy
- Handling Residents' Money Policy
- Handling Residents' Money Procedure

- signatory list of staff authorised to make transactions on behalf of residents
- one resident's records of 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 16 August 2017

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 members of staff with access. Monies held on behalf of two residents were counted, it was noticed that a variance existed between the monies held and the records of monies held. Following a discussion with staff and a further review of records the inspector was satisfied that the variances were the result of a recording issue. An area for improvement has been listed within the QIP of this report for the financial policy and procedure in place at the home for the handling of residents' monies to be strengthened with staff.

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

Discussion with the registered manager confirmed that members of staff involved in managing residents finances had received training in relation to the safeguarding of vulnerable adults. A review of records showed that members of staff had also received training in relation to the handling of residents' finances. Due to the existent of variances identified during the inspection an area for improvement has been listed within the QIP of this report for members of staff to receive refresher training in relation to the management of residents' finances.

The registered manager was able to demonstrate knowledge of their specific role and responsibilities in relation to any concerns raised in relation to residents’ finances.

Policies and procedures for the management and control of residents’ finances were in place at the time of the inspection. The policies and procedures reflected the financial operational areas of the home.

As in line with standard 21 of the Residential Care Homes Minimum Standards the date the policies were issued and the date of the most recent review of the policies were recorded. The review dates for the policies were within the recommended three yearly review period.

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

**Areas of good practice**

There were examples of good practice found in relation to: providing a place for residents to deposit items for safekeeping, members of staff involved in managing residents’ finances receiving adult safeguarding training and reviewing the financial policies and procedures within the recommended time period.

**Areas for improvement**

Two areas for improvement were identified during the inspection. These related to: strengthening the financial policies and procedures with staff and providing refresher training to staff in relation to the handling of residents’ monies.

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

**6.5 Is care effective?**

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

Discussion with staff and review of records confirmed that the registered manager was the appointee for two residents i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. A review of the residents’ files showed that details of the person authorised to manage the residents’ benefits were retained within their files.

Discussion with the registered manager confirmed that no member of staff at the home acted as an agent for any 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 confirmed that reconciliations between the monies held on behalf of residents and the records of monies held were undertaken on a quarterly basis. There was no recorded evidence to confirm that the residents’ monies were reconciled as in line with standard 15.12 of the DHSSPS Residential Care Homes Minimum Standards (2011). This was identified as an area for improvement.

A review of records confirmed that residents or their representatives were informed in advance of any increase in fees as in line with The Residential Care Homes Regulations (Northern Ireland) 2005.

Discussion with the registered manager confirmed that a bank account was managed on behalf of residents. Review of a sample of bank statements from the account confirmed that the name of the bank account referred to residents' monies. Review of records also confirmed that as in line with regulation 22 (1) of The Residential Care Homes Regulations (NI) 2005 the bank account was not used in connection with the carrying on or management of the home.

A sample of withdrawals identified within the bank statements was reviewed. The amounts withdrawn corresponded to the amounts recorded as lodged at the home on behalf of the residents on the same date. The inspector commented on the good system in place for recording the transactions in relation to the residents' bank account.

Review of records and discussion with staff confirmed that a residents' comfort fund was not in place at the home.

Discussion with the registered manager confirmed that an inventory of residents' property was maintained when residents were admitted to the home. Review of records for one resident showed that the records were updated with items acquired and disposed of following admission for which staff had been made aware of. It was noticed that the records did not give a full description of the items e.g. make and model of TV. This was identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found in relation to: retaining a record within residents' files of the details of the person authorised to act as their appointee, informing residents in advance of any increase in fees and the system for retaining records from transactions relating to the residents' bank account.

**Areas for improvement**

Two areas for improvement were identified during the inspection. These related to: recording evidence that residents' monies were reconciled at least quarterly and updating residents' records of personal property with the full details of the items.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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.**

Good practice was observed as a review of two residents' files showed that copies of the residents' recorded financial arrangements were retained within their files. The details recorded included the arrangements for staff at the home to act as the appointee for two residents and the arrangements for managing residents' finances.

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

Discussion with the registered manager also confirmed that on occasions residents were taken by members of staff to medical appointments and on social outing at no cost to the residents.

Discussion with the registered manager confirmed that arrangements were in place to offer support for residents managing their finances.

### Areas of good practice

There were examples of good practice found in relation to: retaining copies of residents' financial arrangements within their files, facilitating social events for residents, providing transport for social events at no cost to the residents and offering support to residents for managing their finances.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Review of records confirmed that copies of payment remittances from the Health and Social Care Trusts showing the weekly fee for each care managed resident were retained at the home. The remittances also showed the amount of fees paid by the Trust on behalf of residents and the contribution paid directly by the residents towards their fee.

Discussion with staff confirmed that social security benefits received on behalf of two residents were paid into a business bank account. Discussion with staff confirmed that the amount owed by the residents towards their fee was retained by the home and the remaining amounts from the benefits were transferred into the residents' bank account. A review of records confirmed that the amount retained by the home for the fees agreed to the contribution owed by the two residents. A review of records also confirmed that the amounts transferred into the residents' bank account agreed to the amount of personal allowance monies owed to each resident.

The inspector commented on the good system in place for recording the benefits received on behalf of the residents and the amounts of the benefits transferred into the residents' bank account.

Discussion with the registered person confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the Health and Social Care Trusts.

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 residents on admission to the home. Review of two residents' files evidenced that individual written agreements were in place for both residents. The agreements showed the current weekly fee paid by, or on behalf of, the residents. Both agreements were signed by the resident or their representative, a representative from the health and social care trust and a representative from the home.

A review of the residents' agreements showed that certain financial details were requested from residents when completing the agreement. The inspector discussed the reasons for requesting the details with the registered manager. Following the discussion the registered manager agreed to remove the provision from the agreements and issue revised agreements to residents or their representatives. This was identified as an area for improvement.

Discussion with the registered manager confirmed that it was policy at the home for residents to withdraw their own monies to make purchases. A sample of records of monies handed over to residents was reviewed. Records confirmed that residents had signed the records when monies were handed over to them. The records were also signed by a member of staff who had witnessed the handover.

Review of records showed that as in line with good practice a list of signatures of staff authorised to sign the transactions undertaken on behalf of residents was maintained at the home.

### Areas of good practice

There were examples of good practice in relation to: the residents' guide detailing the services included in the weekly fee, the system for recording the social security benefits received on behalf of two residents, residents signing records when monies were handed over to them and maintaining a list of signatures of staff authorised to undertake transactions on behalf of residents.

### Areas for improvement

One area for improvement was identified during the inspection. This related to issuing revised written agreements to residents or their representatives.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Andrea Diesel, registered 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 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 via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 12 (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 22 December 2017	<p>The registered person shall ensure that the financial policy and procedure for the handling of residents' monies is strengthened with staff.</p> <p><b>Ref:</b> 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            A group supervision was held to discuss policy and procedure responsibilities on 4 December 2017.</p>
<b>Action required to ensure compliance with DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 22 December 2017	<p>The registered person shall ensure that members of staff receive refresher training in relation to the management of residents' finances.</p> <p><b>Ref:</b> 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Training course refresher was held with all staff on the 4 December 2017</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.12  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2017	<p>The registered person shall develop and implement a system for recording the reconciliations of monies and valuables held on behalf of residents in order to facilitate the audit process. The reconciliations should be undertaken at least quarterly.</p> <p>The record of the reconciliations should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff to evidence that they have taken place.</p> <p><b>Ref:</b> 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            A system to reconcile client finances and monies was in place and being conducted quarterly, however the paper displaying reconciliation was not signed. This is now being done.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b>	<p>The registered person shall ensure that the full details of residents personal possessions are recorded e.g. make and model of TV.</p> <p><b>Ref:</b> 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            An updated list of possessions has been completed as of 11 December 2017.</p>

22 December 2017	
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<p><b>Area for improvement</b> <b>4</b></p> <p><b>Ref: Standard 4.2</b></p> <p><b>Stated: First time</b></p> <p><b>To be completed by:</b> <b>05 January 2018</b></p>	<p>The registered person shall amend the residents written agreements in relation to the provision discussed during the inspection. The revised agreements should be signed by the residents or their representatives (if residents lack capacity to make decisions in relation to the agreement) and a representative from the home.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b>          Agreements have been amended according to the recommendation. There has been some difficulty in securing signatures from some of the residents' representatives, and health Trusts, however record of our attempts to contact the parties have been retained. Agreements have been duly signed by Registered Manager.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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