



The **Regulation** and  
**Quality Improvement**  
Authority

## **Announced Finance Inspection**

<b>Name of Service and ID:</b>	<b>Positive Futures Windermere Supported Living Service (11021)</b>
<b>Date of Inspection:</b>	<b>23 March 2015</b>
<b>Inspector's Name:</b>	<b>Joe McRandle</b>
<b>Inspection ID:</b>	<b>IN021331</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**1.0 General Information**

<b>Name of Agency:</b>	Positive Futures Windermere Supported Living Service (11021)
<b>Address:</b>	36 Crescent Business Park Enterprise Crescent Lisburn BT28 2GN
<b>Telephone Number:</b>	02892606749
<b>E mail Address:</b>	<a href="mailto:pauline.ferguson@positive-futures.net">pauline.ferguson@positive-futures.net</a>
<b>Registered Organisation/ Registered Provider:</b>	Positive Futures Ms Agnes Philomena Lunny
<b>Registered Manager:</b>	Mrs Pauline Ferguson
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Jolene Welsh (Service Manager)
<b>Number of service users:</b>	9
<b>Date and Time of Previous Financial Inspection:</b>	1 August 2012 10:00- 14:00
<b>Date and Time of Inspection:</b>	23 March 2015 10:30- 17:00
<b>Name of Finance Inspector:</b>	Joe McRandle

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to the people supported was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Committed to a culture of learning, the RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment (including completion of self-declaration), pre-inspection analysis and the inspection visit by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager and other members of staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this Registered Provider has also been considered by the Inspector in preparing for this inspection.

## **5.0 Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous finance inspection and to establish the level of compliance achieved with respect to the following theme and associated statements:

### **Inspection Theme: Service users' finances and property are appropriately managed and safeguarded**

Statement 1: The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care.

Statement 2: Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained.

Statement 3: A safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained.

Statement 4: Arrangements for providing transport services are transparent and agreed in writing with the service user/their representative.

### **Review of action plans/progress to address outcomes from the previous inspection**

The agency's progress towards compliance with the seven requirements made following the inspection on 1 August 2012 was addressed. The agency has fully met six of the requirements and partially met the remaining requirement. The agency has made satisfactory attempts to address this requirement with The Office of Care and protection (OCP). Due to the agency being unable to address this further with OCP the requirement has not been restated within the QIP to this report.

The registered provider and the inspector have rated the agency's compliance level against each criterion.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Guidance - Compliance statements</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of Service

The agency provides supported living type domiciliary care services to nine individuals with a learning disability who live in Lisburn.

The staff team is comprised of the registered manager, two Deputy Service Managers, senior support workers and support workers.

At the request of the people who use Positive Futures supported living services, Positive Futures has requested that RQIA refer to these individuals as 'the people supported'.

## 7.0 Summary of Inspection

The announced inspection was undertaken at the agency's registered premises, 36 Crescent Business Park, Enterprise Crescent, Lisburn on 23 March 2015, 10:30 – 17:00. The agency's Service Manager Ms Jolene Welsh was present throughout the inspection. Joanne Corcoran, Operations Director (acting), was present during the morning. Mrs Pauline Ferguson, Senior Manager (Operations) was present during the afternoon.

Records for a number of the people supported were examined by the inspector. The records included individual agreements, capability assessments, and records of transactions made by staff from the agency on behalf of the people supported.

Five requirements are listed within the Quality Improvement Plan (QIP) to this report.

### Detail of inspection process

#### Theme 1

**Statement 1:** The agency maintains complete and up to date records in respect of the terms and conditions of the provision of accommodation and personal care.

The inspector examined individual files for three of the people supported. Each file contained a support and transport agreement. The agreements were signed by a representative of the agency and the representative of the people supported.

The support agreement includes the amount to be paid by the people supported towards their care. The amount received by the agency from the Health and Social Care Trusts, on behalf of the people supported, is also included within the agreement.

The support agreement detailed the terms and conditions for providing care to the people supported. The agreement also provided details of charges to the people supported if they wished to purchase additional support. The additional charge depended on the amount of Disability living Allowance (DLA) received by the individual. The hours associated with each rate are also included i.e. the people supported receiving high rate, mid-rate or low rate DLA receive 6.5 hours, 4.4 hours and 1.7 hours respectively.

The support agreement confirmed that the people supported are paying the care element of their DLA towards their support/care. This payment is not for additional support as mentioned above.

This arrangement may be inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

*"...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services."*

A requirement is listed within the Quality Improvement Plan (QIP) to this report in relation to the people supported at Windermere paying the agency their care component of DLA.

The individual files examined contained a capability assessment which identifies the needs and risk for each of the people supported. These assessments were undertaken by Positive Futures and include the role of the individual and their representative.

The inspector commended the registered manager in relation to the records maintained in the individual files examined.

The agency has achieved a compliance level of **moving towards compliance** for this theme.

**Statement 2:** Arrangements for receiving and spending service users' monies on their behalf are transparent, agreed to and the appropriate records are maintained.

The agency acts as an appointee for eight of the people supported i.e. a person authorised by the Social Security Agency (SSA) to receive and manage the social security benefits on behalf of an individual. The individual files examined by the inspector contained written confirmation from SSA of the name of the staff member acting as an appointee.

Transaction sheets are maintained by the agency for each of the people supported. These records provide the details of transactions undertaken on behalf of the people supported by members of staff from the agency.

The inspector examined a number of transaction sheets, each entry had two signatures recorded against it. The sheets were signed and countersigned by senior staff at the end of each week to confirm each transaction.

24 purchases made on behalf of three of the people supported by staff from the agency were examined by the inspector; receipts were retained from the purchases with the exception of two. It was noticed by the inspector that three petty cash vouchers were completed, two showing details of the purchases and the third stating the reason for the absence of receipts. The note stated that one of the people supported had lost the receipts and the remaining monies from the purchases after they were handed over to them by a staff member.

It was noticed that the monies remaining from the purchases were recorded as an expense and taken from the individual's monies. The inspector examined the financial risk component of the individual's capability assessment. The assessment stated that the individual needed the full support of staff in all aspects of managing their finances.

Following a discussion with the registered manager it was agreed by the agency that the individual would be reimbursed the monies lost.

A requirement is listed within the QIP in relation to this matter.

The inspector commented on the good practice within the agency of numbering each of the receipts to coincide with the entry recorded in the transaction sheet. This aided the inspector in reconciling purchases made on behalf of the people supported against the receipts retained from the purchases.

The inspector discussed the rationale for handing monies over to the people supported who have been assessed as needing full support in managing their finances. This was also discussed with the finance director from Positive futures the day after the inspection. The inspector was informed that it is the ethos of the agency to involve the people supported as much as possible in certain supervised activities in order to promote a supported living environment.

Notwithstanding the above explanation, a requirement has been listed within the QIP for the agency to adhere to the written capability assessments. Any changes to the management of the monies belonging to the people supported should be reflected in their capability assessment. Any review of the assessments should include the relevant care managers from the Trust(s).

It was noticed that the original monies withdrawn on behalf of this individual was not recorded in their transaction sheet. Following a discussion with the registered manager and subsequently with the finance director the inspector was informed that it is normal practice for Positive Futures to only record the expenditure on the transaction sheets.

The finance director further explained that a reconciliation is undertaken at the end of each shift and once agreed it is the responsibility of the member of staff to ensure that all monies held on behalf of the people supported are accounted for. The finance director forwarded an extract from positive futures policies and procedures to confirm this.

The inspector stated that when examining the records for the people supported he could not account for the original monies withdrawn.

As in line with best financial practice and to aid the inspection process a requirement is listed within the QIP for the monies withdrawn to be recorded in the transaction sheet.

Any monies remaining from the purchase and returned to the agency should also be recorded along with at least two signatures.

Records of expenditure for staff meals purchased by the people supported were examined. The records showed that the practice of the people supported purchasing staff meals were in line with positive futures policy and procedure i.e. the people supported pay a contribution of £5 towards the staff meal.

Payment for therapy services provided to one of the people supported was examined. Invoices were issued by the therapist and receipts from the payments were retained. The inspector observed good practice by the agency in paying the therapist by cheque.

The people supported within each dwelling pay an equal amount into a "Joint House Account". These monies are mainly used to pay for the weekly food shop and utility bills. Positive Futures also contribute an amount into each of the Joint Accounts. A number of transactions were examined from this account. Receipts were retained from the purchases and the required signatures were in place.

It was noticed by the inspector that three of the people supported at Windermere were in debt to Positive Futures dating back to 2010. Financial statements provided during the inspection showed that a substantial amount of monies are owed by the three individuals. The charges include transport costs, the care component from the individuals' DLA and work undertaken by the landlord of the dwellings.

The inspector was informed following discussions with the registered manager and finance director that the debt had accrued due to the Office of Care and Protection (OCP) declining to issue certificates for monies to be withdrawn from the bank accounts belonging to each of the people supported. The finance director also stated that representatives from Positive Futures had met with OCP and it is expected that OCP will provide authorisation for the monies to be withdrawn for payment of the debt.

RQIA are concerned that vulnerable adults have been allowed to accrue large amounts of debt over a number of years. The inspector has asked Positive Futures to forward details to RQIA of the amount of debt owed by each of the people supported.

A requirement is listed within the QIP for Positive Futures to discuss any proposals to recover the outstanding amounts with the relevant Trust(s). Any recoupment of the debt should be proportional, measured and ensures the people supported retain sufficient funds.

RQIA will be in contact with the commissioning Trust in relation to the debt owed by the people supported.

The agency has achieved a compliance level of **moving towards compliance** for this theme.

**Statement 3:** A safe place is provided within the agency for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained.

The agency provides a safe place for the retention of monies and valuables belonging to the people supported. The inspector examined monies held for a number of the people supported, the amount retained agreed to the balance recorded at the agency.

Findings from previous finance inspections in December 2011 and August 2012 showed that monies belonging to one of the people supported were being retained within Positive Futures business bank account. This was due to OCP not providing written authorisation for the agency to open and manage a separate bank account on behalf of the individual.

Since the previous inspection in August 2012 the agency has opened a separate business account which only retains the individual's monies.

As previously mentioned within this report a reconciliation of the monies belonging to the people supported is undertaken at the end of each shift. A weekly reconciliation is also undertaken. In line with best practice, the weekly reconciliation is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.

The agency has achieved a compliance level of **moving towards compliance** for this theme.

**Statement 4:** Arrangements for providing transport to service users are transparent and are agreed in writing with the service user/their representative.

As previously mentioned within this report the people supported and their representatives are issued with a Transport agreement. The agreement details the terms and conditions for using the two leased vehicles.

Since the previous inspection in August 2012 the agency has reviewed the charging process, the people supported are now charged a rate of £0.46p per mile for each Journey undertaken. The inspector noticed that some costs were attributed to staff.

The registered manager and finance director informed the inspector that this was in relation to the vehicles being used on behalf of the people supported in Windermere which could not be directly attributed to a specific individual. The inspector was also informed that the vehicles were only used by staff on behalf of the people supported at Windermere.

As previously mentioned in this report three supported people at Windermere owe a considerable amount of monies to Positive Futures. These monies include fuel and transport costs. A requirement has been listed in relation to recouping these costs from the individuals.

Since the previous inspection the transport policy and procedure has been revised by the agency to include the procedure for when the leased vehicles are replaced after four years.

The agency has achieved a compliance level of **moving towards compliance** for this theme.

## 8.0 Follow-Up on Previous Issues

No	Regulation Ref	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	Regulation 15 - (2) Minimum Standard 4	Outstanding agreement for tenant to be followed up by agency. The agreement should be signed by the tenant or their representative, (if tenant deemed incapable of managing their own affairs) and a member of the agency.	<b>Agreement in place at time of inspection. Agreement signed by representative and member of staff from agency.</b>	<b>Fully Met</b>
2.	Regulation 15 - (2) Minimum Standard 4  Regulation 15. (6) (d) Minimum Standard 8.15	Agreements should be in place with tenants' relatives/ representatives in relation to the arrears deducted for their weekly care charge.	<b>Agreements from representatives for the two people supported were in place at the time of inspection.</b>	<b>Fully Met</b>
3.	Regulation 15. (6) (d)  Standard 8.15 Appendix 1	<p>Tenant's monies must not be maintained within the agency's business bank account. The current monies held (and any future monies obtained) should be deposited into a bank account which maintains tenants' monies only.</p> <p>The bank account should be in the name of the tenant.</p> <p>RQIA should be informed in writing when completed.</p>	<b>The agency has taken steps to address this requirement with The Office of Care and protection (OCP). OCP have not issued the agency with authorisation to open a bank account. The agency has opened a separate business bank account to retain the individual's monies.</b>	<b>Partially Met</b>  <b>This requirement is partially met, however the requirement will not be restated as the agency has taken satisfactory steps to address this with OCP.</b>

4.	Regulation 14 (d)  Regulation 23. (2) (a), (b) & (c) Minimum Standard 8.15  Appendix 1 of Minimum Standards.	Evidence of the agreement for the purchase of personal items made on behalf of tenants (such as items of furniture or equipment) should be documented and signed by all parties involved (including tenants' relatives/representatives).  A signed copy of the agreement to be retained in the tenants' files.	<b>Agreement from representative to purchase items in place at time of inspection.</b>	<b>Fully Met</b>
5.	Regulation 15. (6) (d)  Regulation 23. (2) (a), (b) & (c)  Minimum Standard 8.15.	The agency's written policies and procedures should include the financial arrangements for staff accompanying tenants on holidays and social outings.  The arrangements should be agreed by the tenants or their representatives.	<b>Agency's policies and procedures updated to include financial arrangements for staff accompanying the people supported on holidays and social outings.</b>	<b>Fully Met</b>
6.	Regulation 23. (2) (a), (b) & (c)  Regulation 15. (6) (d)  Minimum Standard 8.15.	In order to be consistent with other tenants' agreements, the agreement for the tenant identified during the inspection should include the period for which the arrears will be paid back.	<b>Arrears for this individual have been paid back to the agency since the previous inspection.</b>	<b>Fully Met</b>

<p>7.</p>	<p>Regulation 15 - (6) (d)  Regulation 23. (2) (a), (b) &amp; (c).</p>	<p>The agency's written transport policy should include the procedure for replacing the vehicles after four years. The policy should also be revised to reflect that the monthly amount charged to tenants' will be amended within tenants' agreements at the time of replacing the vehicles.</p>	<p><b>Agency's transport policy updated to include the procedure for replacing the leased vehicles after four years.</b></p>	<p><b>Fully Met</b></p>
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## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Pauline Ferguson, senior operations Manager and Ms Jolene Welsh, Service Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Joe McRandle**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Announced Finance Inspection

#### Positive Futures Windermere Supported Living Service

23 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Pauline Ferguson, Senior Operations Manager and Ms Jolene Welsh, Service Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007 Statutory Requirements**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to forward to RQIA assurances that those service users who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.</p>	One	The Registered Person has provided written assurance to RQIA about the arrangements for any person we support who makes a financial contribution towards their support. We will ensure that a review of the Support Agreement for any person we support who makes such financial contributions is taken forward within the relevant HSC Trust's normal review process.	15 July 2015
2	14(d)	The registered person must ensure that the individual, identified during the inspection, is refunded the monies lost after they were handed over to them by a member of staff from the agency.	One	The Registered Person has returned the monies lost to the person we support (24 March 2015).	From date of inspection

3	14(d)	The registered person must ensure that any changes to the management of the supported peoples' finances are reflected in their capability assessment. Any changes to the assessment should involve a representative from the relevant Trust(s).	One	HSC Trust staff are involved in all instances where there is a need for change in the arrangements for the management of the finances of the people we support. The Registered Person will continue to enable the people we support to participate appropriately in financial transactions where possible. Any practical difficulties in the arrangements for the management of the finances of the people we support are raised in reviews that involve HSC Trust staff.	From date of inspection
4	14(d)	The registered person must ensure that monies withdrawn to make purchases on behalf of the supported people are recorded in their transaction sheets. Any monies remaining from the purchase returned to the cash box belonging to the supported people should also be recorded.	One	The Registered Person will ensure that withdrawals, purchases and monies returned are recorded on transaction sheets.	From the date of inspection
5	14(d)	The registered person must ensure that any proposals to recover the outstanding amounts, from the individuals identified during the inspection, are discussed with representatives from the relevant Trust(s).  Any recoupment of the debt should be proportional, measured and ensures the	One	Positive Futures has been in regular contact with the Office of Care and Protection (OCP) and presented a proposal to progress the settlement of all debts for the people we support. The Registered Person met with the SEHSCT	From the date of inspection

		supported people retain sufficient funds.		on 17 April 2015 to discuss the issues of outstanding debts and to discuss plans for progressing this. The Registered Manager has since met with the HSC Trust representative to keep her updated on the meetings and progress with OCP.	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Jolene Welsh
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Agnes Lunny

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Joe McRandle	11/09/15
Further information requested from provider			



27 August 2015

Mr Joe McRandle  
Inspector  
RQIA, Floor 9  
Riverside Tower, 5 Lanyon Place  
Belfast  
BT1 3BT

Dear Joe

**Positive Futures Windermere Supported Living Service: Inspection IN021331**

Thank you for your consideration of the factual accuracy comments submitted to RQIA relating to this inspection report. I appreciate that changes have been made to ensure the accuracy of the report.

The report makes comment about the 2014-15 Support Agreements that were formerly in place between Positive Futures and the people we support in this Service. Changed arrangements are reflected in the 2015-16 Support Agreements that are now in place. In particular, the arrangements for charging for additional services have changed.

The new Support Agreement contains wording making it clear that if people wish to purchase additional support (excluding staff supporting people on holiday), Positive Futures provide support at a fixed hourly rate. The people we support can change or end any additional support hours and this will not affect their rights as tenants.

I would be grateful if you would append this letter to the open report so that interested parties can be aware of the arrangements now in place.

Yours sincerely

Paul Roberts  
**Managing Director**