IN SAFE HANDS

THE PROTECTION OF VULNERABLE ADULTS FROM FINANCIAL ABUSE IN THEIR OWN HOMES

UPDATE 2009
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This is good practice guidance on the recommended minimum financial and accounting processes for supporting vulnerable adults in their own homes. This forms part of the In Safe Hands guidance, published in July 2000.

The key messages are for:

- vulnerable adults in their own homes receiving support to manage their day-to-day finances from paid workers (this includes vulnerable people who directly employ others to support them);

- their carers, families, friends and advocates;

- care workers who support vulnerable adults at home, their employers and managers;

- care co-ordinators and care managers who assess vulnerable adults and help them to organise appropriate support;

- regulators of registered domiciliary care agencies;

- commissioners and contract managers of services that support people in their own homes;

- adult protection co-ordinators and investigators.

The document will also be of interest to a wider audience of people concerned to ensure vulnerable people are properly supported.
Information and advice for individuals and their families is available from a variety of sources including: Citizens Advice Bureaux, Help the Aged Cymru, Age Concern Cymru, Disability Wales, RNIB, RNID, Wales Council for the Blind, Wales Council for the Deaf, SENSE Cymru, Mencap Cymru, Downs Syndrome Association, Hafal, Mind Cymru, Crossroads Cymru, National Autistic Society, Autism Cymru, Benefits Agencies, your local Bank/Building Society, local authority Welfare Rights teams, Solicitors.
# THE PROTECTION OF VULNERABLE ADULTS FROM FINANCIAL ABUSE IN THEIR OWN HOMES

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THE PROTECTION OF VULNERABLE ADULTS FROM FINANCIAL ABUSE IN THEIR OWN HOMES

1. Background

1.1 *In Safe Hands* was issued as Section 7 Guidance in 2000 and was updated in 2003 with guidance on achieving better protection for vulnerable adults from financial abuse in care homes and supported accommodation. This guidance remains in force. It was recognised that further guidance was required to promote similar good financial practice when supporting vulnerable people living in their own homes. This update addresses this gap and employs the same definitions, categories and possible indicators as *In Safe Hands*. Within “*In Safe Hands*” financial abuse includes “theft, fraud, pressure around wills, property or inheritance, mis-use or mis-appropriation of benefits”.

1.2 The Mental Capacity Act 2005 and its associated Code of Practice also came into force in 2007. This Act and Code sets the framework for anyone who is unable to make some or all decisions, and the steps to be taken to protect them. Additional information on the Mental Capacity Act can be found at http://www.justice.gov.uk/guidance/mental-capacity.htm.

2. The purpose of the good practice guidance

2.1 These good practice guidelines aim to provide safeguards for:

- people who need support in their own homes; and

- paid workers who provide such support.

2.2 This good practice framework should assist a wide range of paid workers providing support to vulnerable people in their own homes. It also advises vulnerable people about what they should expect from the workers assisting them. It recognises that people who use care services should be able to use and manage their money as
and when they choose. Some people may need support with managing their finances, but this support should not override their right to access their money and to decide how they wish to spend it.

2.3 Paid workers who handle money on behalf of vulnerable adults and follow the good practice guidance should be protected through the transparency and openness of its recommended procedures. It is particularly relevant to domiciliary care agencies registered under the Care Standards Act 2000 who provide personal care and help with daily living tasks. Where the good practice advice reflects specific regulatory requirements and/or National Minimum Standards, this is highlighted.

2.4 The guidance also addresses the responsibilities of care co-ordinators and care managers who assess and review an individual's care needs. Local authorities when commissioning support services, including registered domiciliary care, should comply with these good practice requirements as part of their contractual requirements. Local authorities as providers of domiciliary care and support services should adopt this guidance in relation to these services. Individuals who arrange paid support for themselves, for example through direct payments, and family members who make arrangements for relatives may also wish to make use of the guidelines. They are entitled to expect that paid staff will follow good practice when supporting them with financial transactions.

3. Underpinning principles

3.1 The type and level of assistance provided should be proportionate to the needs and capabilities of the individual. Independence should be maintained or increased where possible, although it is recognised that some vulnerable adults assisted to live at home will not always have the mental capacity to make financial decisions or arrangements for themselves.

3.2 The Mental Capacity Act 2005 and its Code of Practice sets out clear guidelines on the roles and requirements of all those, including family carers, who support people with fluctuating mental capacity. A wide range of organisations must put in place procedures and guidance for their staff on assessing and reviewing
capacity and arranging appropriate support. The five principles of the Act appear in Appendix 1, together with references to the accompanying advice booklets, which should be used alongside this guidance. This guidance expects that the Mental Capacity Act principles and advice will be followed.

3.3 There will be other vulnerable people who have mental capacity to make decisions, but need help with every day living tasks - such as shopping - because of physical frailty or other disabilities. Helping them to make financial transactions also requires proper safeguards.

4. Roles and Responsibilities

The role of the care co-ordinator or care manager

4.1 Where statutory services (either the national health services or a local authority) are responsible for arranging support for an individual, the care co-ordinator or care manager is responsible for assessing individual requirements and agreeing the plan of care with the service user. This will include the usual domiciliary care situations, and other circumstances, for example, when a person is being discharged from hospital back to their own home. Using the unified assessment process, the assessor should establish the needs of a vulnerable individual living in the community. This should include their mental capacity to make financial decisions at the time of the assessment, together with any factors potentially or actually affecting decision making. The assessment should establish if the person:

- is fully independent in the management of their financial affairs; or
- whilst independent, may require assistance; or
- lacks mental capacity with respect to some or all aspects of the management of their financial affairs.
4.2 In all cases, the care co-ordinator or care manager should clarify arrangements already in place and determine whether they are sufficient to safeguard the vulnerable individual. Where possible and appropriate, service users should manage their own finances. They may choose to call on support from a range of others such as family carers, relatives, financial institutions or solicitors.

4.3 During care planning and review discussions, service users and their families should be discouraged from holding large sums of cash in their homes and advised that care workers will have a duty to notify their manager about such sums of money.

4.4 There may be situations where individuals need support and it is not available, or there appears to be actual or potential risk of financial abuse. In these situations, the care co-ordinator or care manager should explore with the service user the options, which, if possible, should not reduce their independence but will increase their financial security. The options may include paying all benefits directly into a bank, building society, or post office account, and paying known regular bills by direct debit.

4.5 It will be for a local authority care manager (rather than an NHS care co-ordinator) to determine an appropriate course of action. In considering options, a local authority care manager must ensure that care or support workers, including advocates, do not take on legal roles. For examples of legal roles see paragraph 4.28.

4.6 The ability of an individual to make financial decisions should be discussed at the assessment, care planning and review stages and recorded in the personal plan of care. In addition to issues about mental capacity, matters such as physical access may also need to be considered. For example, if the service user does not have a bank account they may need support to decide how they should address this. Since the introduction of the Disability Discrimination Act 2005, banks have set up adapted services for disabled people including people with sensory impairments. If a service user has literacy problems this potentially increases vulnerability to financial abuse, which should be discussed at the care planning and review stages and appropriate support made available to the service user.
4.7 Where an individual’s mental capacity is in doubt, the requirements of the Mental Capacity Act 2005 must be followed. Where there are adequate formal or informal arrangements for support in place, this should be noted in the assessment. If there are no arrangements, or those in place are unsatisfactory, the care co-ordinator or care manager needs to identify what could ensure proper safeguards. This could range from having an agreed agent collect their pension, seeking an Appointee to handle welfare benefit entitlement through the Department of Work and Pensions, or seeking the protective oversight of the Public Guardian and the Court of Protection. The care co-ordinator or care manager may wish to seek advice from a range of sources about the most appropriate and least restrictive options available for the service user. Where the local authority has a team dealing with appointeeship, deputyship and client finances, this will be an important source of advice and guidance.

4.8 Where individuals have been assessed as needing support to manage their finances, it may include help to manage:

- money for daily living, such as buying food and other necessities; and

- any larger sums such as savings, and their assets such as property.

The level and type of support required (including its limits) should be clearly stated in the personal plan of care drawn up to meet the identified needs. The service user should be encouraged to contribute to their plan as fully as they are able. The plan should clarify an individual’s vulnerability whether through physical or sensory disability, fluctuating conditions affecting mental health or mental capacity, or longer term conditions which limit decision making. It should include contingency arrangements where changes to an individual’s circumstances, such as fluctuating mental capacity, can be anticipated.

4.9 The personal plan of care should identify the specific care needs of the individual and how they are to be addressed, including the agency or agencies that will provide the support. The agency/agencies are required to prepare a service
delivery plan and provide a copy to each service user describing the detail of how their service will be provided. (Where an individual or family carer makes the support arrangements, the service delivery plan prepared by the service provider must still encompass these issues.)

4.10 The care co-ordinator or care manager should re-assess the level of support required as part of the regular review process. Only they should make major changes to the personal plan of care, in conjunction with the service user and/or their representatives. The care co-ordinator or care manager needs to be responsive to changes.

4.11 In the same way, individuals arranging their own care or families arranging care for relatives should review their needs from time to time and discuss any changes with those providing support. Registered domiciliary care providers should then change their service delivery plan in line with the new requirements.

4.12 Care co-ordinators or care managers should monitor each individual’s financial transactions records at least every twelve months, or more frequently where circumstances warrant this. Please see paragraphs 4.20 and 4.32 for reference.

4.13 Where a care co-ordinator or care manager receives information (from any source) that an individual may be subject to or at risk of financial abuse (or any other form of abuse) they must ensure that they deal with such matters urgently and in accordance with the local adult protection procedures that are in place.

Role of Care providers (including registered domiciliary care providers and registered managers)

4.14 Care providers must make sure that any support they provide:

- respects an individual’s right to control their finances and personal property;
- handles an individual’s finances and valuables appropriately, in accordance with legislation, regulations and guidance;
• ensures confidentiality at all times; and

• minimises the risk of criminal activity or financial abuse.

Care providers must also ensure that they comply with local adult protection arrangements.

4.15 The Care Council for Wales’ Code of Practice for employers of social care workers says that they must:

“Give staff clear information about their roles and responsibilities, relevant legislation and the organisational policies and procedures they must follow in their work; and Establish and promote procedures for social care workers to report dangerous, discriminatory, abusive or exploitative behaviour and practice and deal with these reports promptly, effectively and openly.”

4.16 The National Minimum Standards for Domiciliary Care Agencies in Wales (February 2004) includes specific standards about financial protection.

**STANDARD 13**

(See regulations 13 - conduct of agency, and 14 - arrangements for the provision of personal care)

The agency ensures that there is a policy and procedures are in place for staff concerning the safe handling and storage of service users’ money and property. The policy and procedures take account of “Protection of Vulnerable Adults from Financial Abuse: In Safe Hands” (National Assembly for Wales, 2003).

**OUTCOME:** The money and property of service users is protected at all times whilst providing the care service.
4.17 Registered domiciliary care providers and managers may have a role in administering some of the day to day financial arrangements, as well as supervising the identified duties to be undertaken by the domiciliary or care support workers.

4.18 All registered domiciliary care providers and registered managers must ensure that their members of staff are aware of their roles, responsibilities and limitations regarding the handling of service users’ finances. This should be brought to the attention of all employees within the induction period and clearly identified within their code of conduct. This requirement should be recorded in the agency’s staff handbook. Additionally, as well as this general requirement registered managers of domiciliary care agencies must ensure that each care worker knows their specific tasks, responsibilities and limitations for each individual they support.

4.19 Where the registered domiciliary care provider and manager believe the level or type of financial assistance agreed for any individual is no longer sufficient or appropriate, they should draw that to the attention of the care coordinator or care manager who should discuss and agree any changes to the personal plan of care with the individual service user. Any changes should then be communicated by the care manager or care co-ordinator to the care provider so that the service delivery plan can be amended accordingly.

4.20 Registered domiciliary care providers and registered managers must ensure that the Care Standards Act Regulatory and National Minimum Standards are complied with and that workers also follow the providers policies, procedures and guidance. Good record keeping is an essential requirement. The service provider agency should provide a suitable, clearly identified transaction record for each service user. It should have numbered pages, and be set out to allow separate and detailed recording of each transaction. The format of the record should clearly show all monies collected for the service user, any monies credited to the service user’s bank or other accounts and how all money has been spent. It is important that domiciliary care providers and registered managers ensure that support staff check and reconcile monies following each transaction. (See Appendix Two for an example of good practice.)
This is the layout of the transaction record used by Neath and Port Talbot social services in their Financial Transactions Booklet for Community Care Assistants).

4.21 The amount and purpose of all financial transactions undertaken on behalf of the service user, including shopping and monies collected, should be recorded appropriately on the visit record held in the service user’s home. (See Standard 16 of the National Minimum Standards for Domiciliary Care Agencies in Wales). Each entry must be signed and dated by the care worker and by the service user, if able to do so, or their carer, relatives or representatives on their behalf.

4.22 The registered manager of the domiciliary care agency should monitor the transaction records at least every three months to ensure accuracy and consistency. The registered manager should on each occasion provide written confirmation on the transaction record that this has been undertaken. This will form part of the audit trail. In cases where it is not possible for the service user to confirm financial transactions, for example, because of mental incapacity, the registered domiciliary care manager should monitor more frequently. This is also recommended when an individual’s care worker changes.

4.23 Financial and accounting records relating to service users’ personal expenditure should be kept separate from other communications. If the service provider agency ceases to provide a service, the service provider should retain a copy of the financial records and provide a copy to the service user. The service provider should retain all completed financial transaction records for auditing purposes for a period of not less than three years beginning from the date of the last entry. This includes situations where the service user dies. (See Regulation 20 and Schedule 4 of the Domiciliary Care Agencies (Wales) Regulations 2004 and Standard 24 of the National Minimum Standards for Domiciliary Care Agencies in Wales.)

4.24 Employers of care workers should have clear policies on the acceptance of gifts. These policies and procedures should cover issues such as the maximum value of gifts that employees can accept and a procedure to systematically record all gifts given to employees. Employers must ensure that all employees are aware of
their policies and procedures about accepting or soliciting gifts. The records of gifts should be reviewed regularly.

4.25 Where a domiciliary care worker reports concerns about potential financial abuse (or other abuse) to the domiciliary care supervisor/manager, they must ensure that they deal with such referrals/information urgently in compliance with the local adult protection arrangements.

**The role of the care worker (including domiciliary care and other workers)**

4.26 The Care Council for Wales’ Code of Practice for social care workers says that care workers must protect the rights and promote the interests of service users and carers. In addition the Code says that social care workers must also promote the independence of service users while protecting them as far as possible from danger or harm. Other care workers may be covered by separate Codes of Practice.

4.27 The worker must have no personal interest or benefit from any of the financial transactions of the individuals they support. All care workers should be working to the arrangements agreed and set out in the detailed service delivery plan. Explicit, agreed and transparent processes can safeguard both care workers and service users. It is a vital part of the care worker’s role to be concerned for the well-being of service users, including vigilance in identifying possible abuse of the individual they care for and for reporting it in accordance with their own employer’s procedures. There should be clarity about the role being carried out, and conflicts of interest should be avoided. (In Appendix 3, case examples 2 and 3 are drawn from real life and describe situations where these boundaries have not been maintained to the detriment of the service users.)

4.28 Care workers, including advocates, should not take on legal roles in respect of the service user because of the possible conflict of interests. This includes, for example, the roles covered by the Mental Capacity Act, 2005, such as the role of a Court of Protection appointed deputy or attorney under a Lasting Power of Attorney, or a state benefits Appointee. Exceptionally, an individual may have no family or friends who can initiate such action or undertake the required roles. In such
circumstances, it will be for a local authority care manager to determine an appropriate course of action, whilst ensuring that care workers, including advocates, do not take on legal roles.

4.29 The care worker, including domiciliary care workers, his/her family members, friends or associates should not benefit from any financial transaction carried out by or on behalf of the service user. For example, no worker should receive commission from a sale, or put loyalty points from goods bought for the service user on their own cards. Neither should care workers or their families request sponsorship or support for a charity from the service user.

4.30 All workers, including domiciliary care workers, have a responsibility to report any concerns about potential financial abuse (or other forms of abuse) of the service user to their line manager as soon as possible. (See para. 4.25.) Confidentiality must be maintained when assisting a service user in any financial transaction but not at the expense of reporting concerns. (For example, this might include informing a care co-ordinator or care manager that large sums of money are being retained by the service user in their home.) The 2005 Code of Practice for Health and Social Care in Wales on Sharing Information and Confidentiality provides for this sort of disclosure (see Paragraphs 32 to 36 of that document.) The Wales Accord on the Sharing of Personal Information (WASPI) Guidance is also relevant.

4.31 Where the service delivery plan requires the care worker to engage in financial transactions on behalf of the service user, the registered domiciliary care provider and registered manager must give clear guidance on the limitations that apply as well as the proper processes and procedures to follow. The care worker must follow these procedures and report to their line-manager immediately any circumstance that prevents compliance.

4.32 A financial transaction record must be provided by the care worker's employer for each individual. This must be used by the care worker to record all financial transactions undertaken on behalf of the service user. All transactions must be recorded in ink within the financial record provided. Each record should clearly state details of the transaction. The care worker should sign and date each transaction on
completion and check and reconcile monies following each transaction. Wherever possible the service user should check and agree all transactions, then sign the financial record. It will be necessary to keep all receipts with the financial transactions record. There may be exceptional circumstances where receipts cannot form part of the financial transaction, for example small items of expenditure where receipts are not normally provided, or where goods need to be exchanged or guarantees enforced. The reason for the absence of receipts must be recorded against the transaction in the financial record. In addition to the requirements set out in Section 4.4 of this guidance, the financial record for each individual must be checked by the care worker’s manager/supervisor at least every three months. (See paragraph 4.21.)

4.33 In the event of an error being made, the following approach should be adopted:

- the incorrect sheet should remain in the book;
- a line should be drawn through the incorrect figure;
- the correct figure should be written next to it;
- the amendment should be initialled by the person correcting the figure and confirmed by the service user; and
- eradicating fluid must not be used.

Collection of benefits or weekly monies by care workers

4.34 Services users may require cash to be collected on a weekly basis from their bank, building society or post office accounts. This support should be clearly stated in the personal plan of care and the detailed individual service delivery plan. All arrangements must be made with maximum safeguards for both service user and care worker. For example, a service user with capacity may write a cheque for cash for a specified amount. The care worker can then cash the cheque, with the monies
returned to the service user and recorded in the financial transaction record. Cheques can also be audited through bank statements. Advice should be sought from banking agencies if this is a problem, as banks often require cheques to be made to a named individual. Where people are not able to use their PIN number to withdraw their money, special arrangements need to be in place. Care services should refer to the Banking Code in these instances (see www.bba.org.uk).

4.35 In particular circumstances, it may be necessary to arrange for the service user to receive their benefits by giro until a more reliable system can be arranged. The giro should be cashed and the money returned to the service user immediately. The transaction must be recorded in the agreed manner.

4.36 **Shopping** - The individual service delivery plan should specify the frequency and types of shopping to be undertaken by the care worker, and the usual sum of money to be spent on such routine purchases as newspapers, groceries. This will help to retain some flexibility while ensuring proper safeguards. Care workers should only be expected to shop for the kind of goods and level of spending agreed with the individual and set out in the service delivery plan. Receipts should be retained for inclusion in the financial transactions record. For transactions not covered by the individual service delivery plan, the care worker should consult and obtain the agreement of their line manager, before purchasing the items.

4.37 Service users can be assisted to shop for themselves in other ways. Care workers may, for example, support service users to choose suitable item(s) from a mail order catalogue or other sources (but see paragraph 4.29).

4.38 Where, using the Mental Capacity Act principles, it has been determined that an individual lacks capacity to make decisions which involve expenditure, then it is necessary for the care workers making decisions on their behalf to have regards to chapter 6 of the Mental Capacity Act code of practice, particularly guidance on “Who can pay for goods and services?” (paras 6.56 and 6.66 of the Code – see annex 1).

When trying to work out the best interests of a person who lacks capacity to make a particular decision, the carer should also have regard to Chapter 5 of the Code of
Practice which includes the requirement that they should “do whatever is possible to permit and encourage the person to take part, or to improve their ability to take part, in making the decision”.

It should be emphasised that the Act does not give a carer or care worker access to a person’s income or assets, nor does it allow them to sell the person’s property. Anyone wanting access to money in a person’s bank or building society account will need formal legal authority. They will also need legal authority to sell a person’s property.

It should also be emphasised that care workers are only protected from liability if the expenditure decisions are carried out in connection with the care or treatment of someone who lack capacity to consent.

Para 6.25 of the Code emphasises that the preparation of a care plan should always include an assessment of the person’s capacity to consent to the actions covered by the care plan, and confirm that those actions are agreed to be in the persons best interests. This guidance would apply equally to shopping purchases included as part of an individual service delivery plan.

Once it is decided on the purchases which it is agreed are in connection with care or treatment and are necessary in the persons best interests, the only lawful option which is appropriate for a paid care worker to deal with payment for those goods or services is to use cash already in the person’s possession.

Once again, the care worker and their families must not gain from any transaction which brings them a financial commission or any other benefit including a company’s loyalty reward scheme.

4.39 **Support to Pay Bills** - During the care planning process, service users should be encouraged to pay regular and known bills such as utilities or rent by direct debit or standing order. Where unavoidable, and in line with the established personal plan of care and service delivery plan, domiciliary care workers may pay small bills by cash on behalf of the service user, but must provide a receipt for all monies spent.
4.40 Care workers should be alert to any financial difficulties the service user may be encountering, but sensitive to individual autonomy and rights to confidentiality. However, care workers should draw to their supervisor/manager’s attention any financial problems encountered by the individual, for example overdue bills or final demands. The supervisor/manager should then discuss the situation with the individual’s care manager or co-ordinator and decide an appropriate course of action.

4.41 Where using the Mental Capacity Act principles, it has been determined that an individual lacks capacity to pay bills, the same considerations apply as to any other expenditure and the Code of Practice should be complied with (see para 4.38).

4.42 **Cash within the home** - During the care planning process, service users and their families should have been discouraged from holding large sums of cash in their homes and advised that care workers will have a duty to notify their manager about such sums of money. Where care workers or support workers become aware that there are large sums of cash retained by the service user in their home, they should inform their line manager immediately but on no account remove the money from the premises themselves.

4.43 **Gifts, Wills, Loans, etc** - Domiciliary care workers or their managers should not assist service users to write wills, or be a witness or executor to a will or any other legal document. In the event of a worker finding out that they, their family members, friends or associates are a beneficiary of a will, they must declare this to the line manager immediately in accordance with their employers’ Code of Conduct. Care workers and their families should never request a loan, or accept money from a service user, or offer to loan money to a service user or their family members. They should not make personal use of the service user’s property, for example using their telephone for personal calls. They should not involve the service user in gambling syndicates (for example, national lottery, football pools).

4.44 Care workers must ensure that they know and comply with their employers’ policies and procedures about accepting gifts from individuals. Care workers must not seek to solicit any gift from an individual.
4.45 **Key Messages for paid workers providing support**

- The aim is always to establish a safe, reliable, transparent system to protect service users and care workers.
- If asked to undertake any other financial activity not covered by the service delivery plan, care workers should not agree to do this and must report it to the registered manager and the care co-ordinator or care manager as soon as possible.
- Transparency is essential in all transactions to avoid misunderstandings.

5. **Responsibility for Monitoring of Financial Transactions**

The National Minimum Standards for Domiciliary Care Agencies in Wales (February 2004) require that there is a policy and procedure for the investigation of allegations of financial irregularities and the involvement of police, social services and professional bodies (Standard 13.3).

5.1 All registered domiciliary care providers and registered managers should normally audit all financial transaction books and receipts on at least a quarterly basis. Such action should be undertaken immediately when some irregularity is found, reported or suspected.

5.2 Commissioners should monitor service providers’ compliance with good practice on supporting service users with financial dealings, through their contract compliance system at a minimum on an annual basis. This should include verifying that the provider has undertaken quarterly checks and randomly verifying specific transactions.

5.3 The care co-ordinator or care manager should satisfy themselves of the adequacy of the financial arrangements during all care reviews with the service user
and the care provider. Agreed changes should be incorporated into the personal plan of care and service delivery plan.

5.4 There is the potential for human error in all human interactions. However, good financial management and procedures will help to minimise the risk of mistakes, make abuse more difficult and increase the likelihood of abuse being detected.
Appendices

Appendix 1

Guide to the Mental Capacity Act, 2005
Key messages and information
Code of Practice
Mental Capacity Act Booklets and Guidance leaflets

Appendix 2

Example of transaction record and instructions to staff:
Neath and Port Talbot County Borough Council Homecare Service Financial Transaction Booklet for Community Care Assistants
Appendix 1

The Mental Capacity Act 2005

The five principles:

1. Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so, unless it is proved otherwise. This means that you cannot assume that someone cannot make a decision for themselves, just because they have a particular medical condition or disability.

2. People must be supported as much as possible to make a decision before anyone concludes that they cannot make their own decision. This means that you should make every effort to encourage and support the person to make the decision for themselves. If the lack of capacity is established, it is still important that you involve a person as far as possible in making decisions.

3. People have the right to make what others might regard an unwise or eccentric decision. Everyone has their own values, beliefs and preferences, which may not be the same as those of other people. You cannot treat them as lacking capacity for that reason.

4. Anything done, or decision made, for or on behalf of a person, who lacks mental capacity must be done in their best interests.

5. Anything done or any decision made for, or on behalf of, people without capacity should be less restrictive of their basic rights and freedoms. This means that when you do anything to or for a person who lacks capacity, you must choose the option that is in their best interests, and you must consider whether you could do this in a way that interferes less with their rights and freedom of action.
Source: Booklet 3, Making decisions – A guide for people who work in health and social care.

Reference full document as follows;

Information on the workings of the Mental Capacity Act 2005:

Making decisions about all health and welfare and finances - Who decides when you can't?

Booklet 1 in a series of six

Making decisions…. about your health, welfare or finance - Who decides when you can't?

Booklet 2 in a series of six

Making decisions - a guide for family, friends and other unpaid carers.

Booklet 3 in a series of six

Making decisions - a guide for people who work in health and social care.

Booklet 4 in a series of six

Making decisions - a guide for advice workers

Booklet 5 in a series of six

To be available – an easy read version

Booklet 6 in a series of six

Making Decisions – Helping people who are unable to make some decisions for themselves.
Using the Financial Transaction Booklet

1. This notebook is provided for the community care assistants (CCA) to record all financial transactions undertaken on behalf of their client.

2. The Homercare Manager must be aware of any financial transactions that are to be carried out.

3. This booklet will record shopping, pensions collected and bills paid.

4. The CCA must record all transactions clearly, accurately and promptly on the day of the transactions.

5. All financial transactions are conducted following the client's instructions, where possible and the client kept fully informed of all transactions.

6. Any monies obtained must be passed in full to the client. It is advisable to carefully count out money in front of the client. Keep the client's money entirely separate from your own.

7. Receipts of all transactions must be available to the client.

8. The client [is] to observe and agree with the information recorded before signing or initialling the booklet.
9. The financial transaction booklet will be checked periodically by the Homecare Manager/Domiciliary Care Supervisor.

10. Should any difficult situations arise, and then the CCA should seek advice and guidance from Homecare Manager.

11. Any fraudulent recordings of financial transactions by a member of staff may result in disciplinary action.

12. No pages should be removed from the financial transaction booklet and when full should be returned to the Homecare Manager.

13. The booklet [is] to be safe with all Homecare documents/leaflets within the home.
<table>
<thead>
<tr>
<th>DATE</th>
<th>DETAILS OF FINANCIAL TRANSACTION</th>
<th>CLIENT’S NAME</th>
<th>CARE ASSISTANT’S SIGNATURE</th>
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| 06.04.01| *Electricity bill for £45.60 paid, receipt returned to client. 2 x £5.25 Home Care Stamps bought.*  
£9.50 change received from £20. Given to client.                                                                                                                                  |               |                           |
| 10.04.01| 1                                                                                                                                                                                                                                  |               |                           |
| 11.04.01| *Collected pension at £90.00. At Post Office bought:*  
1 Home Care Stamp £5.25  
1 Postal Order £2.50  
1 Electricity Stamp £5.00  
1 TV Licence Stamp £1.00  
£76.25 change, pension book stamps, postal orders returned to client.                                                                                                                  |               |                           |
| 17.04.01| *Shopping - £10 received*  
| 19.04.01| *Received £25.00 - Groceries £10.00, Newsagents £4.50, chemist £3.25 - total £17.75. £7.25 change returned.*                                                                                                                      |               |                           |
## FINANCIAL TRANSACTION RECORDINGS

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