

Final Internal Audit Report

Quality of Care - Provider Inspections

March 2024

Distribution: Corporate Director of Sustainable Communities, Regeneration and Economic Recovery

Interim Director of Adults & Health Commissioning, Improvement & Policy

Audit Liaison Officer for Adult Social Care

Head of Adults Placement, Brokerage & Market Management

Quality and Market Support Manager

Head of Adult Safeguarding and QA

Service Manager, Safeguarding

Market Facing Quality Assurance Safeguarding Officer, Safeguarding

Finance Director (Deputy S151)

Corporate Director of Resources and S151 Officer

Assurance Level	Issues Identified	
Limited	Priority 1	0
	Priority 2	6
	Priority 3	2

Confidentiality and Disclosure Clause

This report ("Report") was prepared by Mazars LLP at the request of London Borough of Croydon and terms for the preparation and scope of the Report have been agreed with them. The matters raised in this Report are only those which came to our attention during our internal audit work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, Internal Audit have only been able to base findings on the information and documentation provided and consequently no complete guarantee can be given that this Report is necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required.

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Please refer to the Statement of Responsibility in Appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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1. Introduction

- 1.1 Croydon Council (Council) is committed to delivering high quality care services across the residents and partners of Croydon. The Care Act 2014 highlights the responsibility of local authorities in shaping and monitoring the care market, including commissioning effective procurement, tendering and contract management that focuses on providing high quality services to support an individual's wellbeing.
- 1.2 The Council has over 300 registered providers of care, the highest number (and therefore the largest care market) in London, of which there are three strands: Care Homes, Home Care Providers and Supported Living. Amongst these Care Providers (CPs), 294 had been subject to inspection by the Care Quality Commission (CQC) at the time of this audit. It is worth mentioning that due to the impact of COVID-19 on the work of the CQC, a number of registered CPs are still awaiting inspection by the Council team. The pandemic also impacted the Quality & Market Support team as physical monitoring visits were placed on hold for a period of 18-20 months which meant the new team have been catching up on visits.
- 1.3 Overall responsibility for regulatory and enforcement action is with the CQC and the Council's powers are in line with any contractual mechanisms (if applicable) and through the Provider Concerns Policy.
- 1.4 The current Quality & Market Support team, which includes six officers was set up in January 2022. Before this, the previous team was focused on monitoring of care homes however the remit was expanded to include home care and supported living.
- 1.5 The Quality and Market Support Manager at the Council is responsible for:
 - The monitoring of social care services and CPs;
 - Supporting the care market in providing information and advice; and
 - Acting as a key link to CPs on quality and standards required from providers.
- 1.6 The manager is supported by a team of four (plus one vacancy) Care Quality Officers (CQO), who are responsible for conducting quality review visits to CPs, in order to ensure that appropriate key performance indicators (KPIs), service/service user outcomes and quality standards are met and contracts are adhered to.
- 1.7 The team also have a responsibility for identifying opportunities and implementing actions for improvement in quality, outcomes and performance.
- 1.8 A risk based approach to quality checks is undertaken based on the ratings provided by the CQC following their inspections and the resource that is available to monitor and support the market. For example, a CP with a rating of 'Good' or above will be reviewed less frequently than one with a lower rating.
- 1.9 Where issues or concerns are identified, the CP is supported in putting together an action plan which is monitored by the Council for improvements. In

instances where serious concerns have been identified for a CP, including quality and safeguarding concerns, a formal escalation process referred to as 'Provider Concerns' is initiated.

- 1.10 Service user complaints are received by the Corporate Complaints team who direct any relevant complaints to the Care Quality team for response and review of emerging patterns of quality issues. The Council also participates in a bimonthly Intelligence Sharing Committee (ISC), which is a function of the Croydon Safeguarding Adults Board (CSAB). This acts as a multi-agency forum where concerns and information about CPs can be shared.
- 1.11 Whilst our review and testing were performed remotely, we have been able to obtain all relevant documents required to complete the review.
- 1.12 The audit was undertaken as part of the agreed Internal Audit Plan for 2022/23. The objectives, approach and scope are contained in the Audit Terms of Reference at Appendix 1. The purpose of the audit was to provide assurance over the Council inspection of registered care providers.

2. Key Issues

Priority 2 Issues

Review of the Allocation Spreadsheet for Supported Living and Home Care Providers identified that only ten of the 17 Providers rated 'requires improvement' or 'inadequate' (which are required to be annually inspected) were visited during 2022/23 by the Council **(Issue 1)**

Sample testing of the recorded CQC ratings recorded for 12 CPs on the Allocation Spreadsheet, identified that the CQC ratings recorded for two CPs did not align with those on the CQC website. **(Issue 2)**

Sample testing of the quality visit reports completed for 12 CPs noted that in three cases, there was no evidence of a quality visit report being produced for the most recent visit recorded on the Allocation Spreadsheet. **(Issue 3)**

Timescales for issuing reports and action plans after an inspection were not specified in the Care Provider Quality Monitoring Framework nor reiterated to CPs via the template quality visit reports. **(Issue 4)**

Sample testing of four CPs from the 'Provider Concerns' noted that action owners and timeframes for each action suggested to mitigate the corresponding risk were not defined.

For one CP, period of five months had elapsed between the issue of the Risk Management Plan and receipt of the completed Plan with managerial responses from the CP (Morven House). **(Issue 5)**

Review of the Adult Care Provider monthly reports for June, August, October and November 2022 found that there was no reporting or performance analysis on the adherence to the timeframes for conducting quality visits specified within the Quality and Market Management Team Process Map. The issue of timeliness of visits has been raised in issue 2 above. **(Issue 6)**

The Priority 3 issues are included under item 4 below.

3. Actions and Key Findings/Rationale

Control Area 2: Quality Review of Care Homes, Home Care Providers and Supported Living Services

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 1
2	A new Power BI report is being created to show when last visit has taken place and when next visit is due. Report will highlight overdue visits and these will be prioritised and reported on a monthly basis.	<p>Expected Control</p> <p>A framework is in place, which appropriately prioritises quality checks with consideration to the limited staff resource available. This allows for the timely identification of issues associated with poor practice or safeguarding risks, such that these issues can be remedied in a prompt manner to prevent harm to, and/or neglect of, care users.</p> <p>Finding/Issue</p> <p>A CP Quality Monitoring Framework is maintained by the Council, which outlines the Council’s approach to monitoring the care market. Review of this framework confirmed that the Council operates a risk-based approach to quality checks, which is based on the ratings provided following inspections by the CQC and the resource that is available to monitor the care market. Additionally, the framework requires that CPs rated ‘requires improvement’ by the CQC should receive a minimum of one visit per year, whilst those rated ‘good’ or ‘outstanding’ should be visited every 18 months.</p> <p>Discussion with Management established that all CPs are allocated to a CQO, who is responsible for reviewing an ‘Allocation Spreadsheet’ to determine when reviews should be conducted for their CPs. Allocation Spreadsheets are maintained for Care Homes, Supported Living and Home Care Providers and include CQC ratings for each CP. Management advised that these CQC ratings are updated on a monthly basis.</p> <p>A review of the Allocation Spreadsheet for Care Homes, Supported Living and Home Care Providers, identified that:</p>

- Four of 35 registered Supported Living Providers were visited during 2022/23, amongst which only one of the two providers rated 'requires improvement' or 'inadequate' by the CQC was visited during 2022/23; and
- Of 124 Care Homes Providers, whilst 65 visits were made in total in 2022/23, only nine of the 15 rated 'requires improvement' by the CQC were visited during 2022/23.

However, these issues are mitigated via the following controls:

- CQC registrations and regulatory actions are checked each month and included in the Adult Care Provider Monthly Report (a copy of which was provided as evidence). Regulatory actions would be picked up as part of this process, when ratings change and regulatory action is taken by the CQC.
- Review of minutes of the bimonthly Intelligence Sharing Committee meetings between September 2022 and July 2023 noted that the meetings provide oversight of visits made by other professionals to services. There are many different visits paid to care providers by professionals, both within the Council and external such as GP, district nurses, police, fire brigade, CQC etc. Feedback is shared at this forum with the responsibility lying with professionals to raise concerns and discuss next actions.

Management advised that a significant number of CPs have not yet been inspected and rated by the CQC due to a backlog of work resulting from the COVID-19 crisis. In these cases, the Council is unable to risk stratify CPs in line with the approach documented in the Care Provider Quality Monitoring Framework. Furthermore, we noted that there have been instances where the Council has had to attend to serious concerns/ issues that have been raised (for example, conducting a spot visit to address whistleblowing concerns raised for a certain Provider). This reactive approach means that visits to CPs may not progress as planned.

		<p>It was noted that an audit trail was not maintained for decisions agreed by management to cancel quality visits where other matters rank higher in priority/ urgency.</p> <p>Risk</p> <p>CPs are not appropriately prioritised for quality checks/ visited on regular basis, resulting in serious issues, such as safeguarding risks, not being identified and addressed in a timely manner. This increases the risk of harm to, and/or neglect of, care users.</p>
Responsible Officer	Deadline	
Quality and Market Support Manager	31/12/2023	

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 2				
2	Allocation spreadsheets are now updated monthly, alongside the production of the monthly report to capture current CQC ratings. This will reflect the accurate rating for each provider.	<p>Expected Control</p> <p>The records for each category of provider are updated with the most recent CQC ratings. These ratings are used to inform on the appropriate prioritisation of providers for which quality checks are to be conducted.</p> <p>Finding/Issue</p> <p>Sample testing of 12 providers found that the CQC ratings recorded for two CPs on their respective Allocation Spreadsheets did not align with those on the CQC website (Parkhill Support Services Ltd and Acorn House). Here, we noted that CQC ratings were recorded as ‘inadequate’ and ‘good’ by the Council, as opposed to the respective ‘not yet inspected’ and ‘requires improvement’ ratings stated on the CQC website as at the time of our fieldwork.</p> <p>It was noted that regular meetings between members of the Quality and Market Management team were not being held to discuss resource allocation and collectively review the Allocation Spreadsheet for each category of provider.</p> <p>Risk</p> <p>Where the CQC ratings recorded by the Council are inaccurate, there is a risk that CP with inadequate ratings are not prioritised and visited in a timely manner. This could result in a failure to identify and address serious issues for substantial periods of time.</p>				
	<table border="1"> <thead> <tr> <th>Responsible Officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Quality and Market Support Manager</td> <td>18/10/2023</td> </tr> </tbody> </table>	Responsible Officer	Deadline	Quality and Market Support Manager	18/10/2023	
Responsible Officer	Deadline					
Quality and Market Support Manager	18/10/2023					

Priority	Action Proposed by Management	Detailed Finding/Rationale - Issue 3				
2	<p>Care Quality Officers are required to complete and share reports with providers within 7 days of the visit, this should be uploaded to their SharePoint folder immediately so it is accessible for the team should allocated Care Quality Officers be unavailable for any reason.</p> <p>It was identified that spot visit reports are not always completed following return visits to check on action plans, this has now been implemented, every visit requires a formal report write up.</p>	<p>Expected Control</p> <p>A report detailing the findings of each quality visit against a set of fixed criteria is completed for, and communicated with, each provider to demonstrate due diligence and ensure that all providers are aware of the issues that need to be resolved in order to improve service delivery.</p> <p>Finding/Issue</p> <p>A suite of reporting templates was maintained within the Quality and Market Management team, which defined a set of criteria in the form of checklists for utilisation by the CQOs on their visits to each CP. The criteria defined within these templates differed depending on the type of visit being conducted and the category of CP being assessed.</p> <p>Sample testing of 12 providers identified that for one Supported Living provider, the quality visit report for the latest visit, recorded as having occurred on 16 August 2022 on the Allocation Spreadsheet, was not available as the CQO responsible for the visit was on short term sick leave at the time our fieldwork (A Step Beyond Ltd).</p> <p>Risk</p> <p>The findings from each visit are not recorded and shared with the CP, resulting in a failure to address the issues identified and in turn, improve service delivery.</p>				
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Responsible Officer	Deadline					
Quality and Market Support Manager / Care Quality Officers	18/10/2023					

Control Area 4: Remedial Action Plans and Interventions

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 4				
2	<p>Timescales for action plans to be returned have been added to the teams Monitoring priorities, as well as the report/checklist templates used by the team.</p> <p>Emails sent to providers requesting an action plan are given a deadline date to meet the 14 days timescale.</p>	<p>Expected Control</p> <p>In instances where issues or concerns have been identified during a visit made to a provider, the provider is supported in formulating an action plan, which is monitored by the Council for improvements. All completed action plans are stored on a secure shared drive for ease of transparency.</p> <p>Finding/Issue</p> <p>A Quality and Market Management Team Process Map is in place at the Council, which outlines the approach taken by the team in conducting quality checks of CP. Review of the Process Map confirmed that a quality visit report should be issued to a CP within seven days of a visit. Where the CQO specifies a requirement for an action plan following the visit, management at the CP are expected to submit an action plan within 14 days of the report being issued by the CQO. This allows the CQO to review the reasonableness of the actions and associated timescales proposed to address the concerns raised and arrange for a return visit to be made to the CP.</p> <p>It was, however found that these timescales were not specified in the Care Provider Quality Monitoring Framework nor reiterated to CPs via the template quality visit reports subject to the sample testing conducted.</p> <p>Risk</p> <p>Providers are not clear on the procedures that should be followed in rectifying concerns identified by the CQO, leading to delays in the implementation of any recommendations raised. This could also contribute to delays in improvements being made to service delivery.</p>				
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Control Area 5: Monitoring of Feedback and Complaints from Service Users

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 5
2	<p>Provider Concerns Risk Management Plans are monitored by the Market Facing Safeguarding and Quality Assurance Officer.</p>	<p>Expected Control</p> <p>Section 7 of the Provider Concerns Policy and Procedure identifies the Risk Management Plan as a key document in the Provider Concerns process. The Procedure details that <i>‘the Risk Management Plan is to be owned and updated by the Provider Concerns Coordinator and is the Council’s tool to manage provider risk. This is separate to the action plan which is owned and updated by the provider.’</i> Therefore, it is important that a Risk Management Plan is in place for each CP that has entered Provider Concerns.</p> <p>Issue/Finding</p> <p>A record of those CPs that have formally entered the ‘Provider Concerns’ process is in place, which was last updated in November 2022. As at the time of fieldwork, we confirmed that seven CPs were in ‘Provider Concerns’.</p> <p>We selected a sample of four CPs from the ‘Provider Concerns’ records and confirmed that a Risk Management Plan was in place for each CP. However, action owners and timeframes for each action suggested to mitigate the corresponding risk were not defined.</p> <p>In addition, sample testing found that for one CP, a significant period of time had elapsed between the issue of the Risk Management Plan and receipt of the completed Plan with managerial responses from the CP (Morven House). Here, the initial Risk Management Plan was issued by the Provider Concerns Coordinator in September 2021 and returned with managerial responses in February 2022.</p> <p>Risk</p>

Responsible Officer	Deadline	
Quality Assurance Officer	18/10/2023	Risk Management Plans are not completed and agreed upon in a timely manner, leading to delays in the implementation of remedial actions by CPs in Provider Concerns.

Control Area 6: Management Oversight and Reporting

Priority	Action Proposed by Management	Detailed Finding/Rationale – Issue 6
2	<p>Quality and Market Support Manager to ensure Monthly reports incorporate priority risk timeframe adherence from October 2023 report onwards.</p> <p>Market Facing Safeguarding and Quality Assurance Officer to ensure Bimonthly Safeguarding reports are stored centrally to ensure they are accessible for management.</p>	<p>Expected Control</p> <p>The Care Provider Quality Monitoring Framework details that the approach to monitoring the care market revolves around partnership working to ensure that sufficient statutory support is provided to CPs. This partnership is comprised of professionals (for example, the CQC and Environmental Health Officers) in association with the Council, which are outlined in the Care Provider Quality Monitoring Framework.</p> <p>In efforts to further promote this partnership working, the framework requires that a report focusing on the quality of the market, monitoring visits and provider concerns is circulated to professionals monthly and included in the bimonthly Safeguarding report to the Cabinet Member for Health and Adult Social Care.</p> <p>Finding/Issue</p> <p>Review of the ‘Adult Care Provider’ monthly reports for June, August, October and November 2022 confirmed that monthly reports were issued to professionals on a consistent basis, in line with the Care Provider Quality Monitoring Framework. However, further review of these monthly reports identified that the level of adherence to the defined timeframes (as set out in the Quality and Market Management Team Process Map) was not reported to professionals and the Senior Management Team. As such, there appears to be no formal performance analysis in relation to timeliness of visits.</p> <p>Furthermore, we were not provided with evidence of bimonthly Safeguarding reports being presented to the Cabinet Member as management did not know where these reports are held.</p> <p>Risk</p>

Responsible Officer	Deadline	Where performance is not reported on, there is a risk that senior management and the Cabinet Member do not have the full picture and key decisions are not made effectively.
Quality and Market Support Manager / Quality Assurance Officer	31/10/2023	Furthermore, there is an additional risk that the Adult Care Provider Partnership is not made aware of potential performance and safeguarding issues, which could in turn increase the risk of harm to, and/or neglect of, care residents.

4. Priority 3 Issues

Agreed action	Findings
<p><u>Control Area 1: Legislative, Organisational and Management Requirements</u></p> <p><u>Action proposed by management:</u></p> <p>Version control to be added and stored within Tri-X system</p> <p><u>Responsible officer:</u></p> <p>Quality and Market Support Manager</p> <p><u>Deadline:</u></p> <p>31/10/2023</p>	<p>Expected Control</p> <p>A series of effective and up to date Standard Operating Procedures (SOP) provide a way to communicate and apply consistent standards and practices within the Quality and Market Management team. It is important that these are reviewed regularly and made available to staff and service users.</p> <p>Issue/Finding</p> <p>Whilst a Care Provider Quality and Monitoring Framework, a Provider Concerns Policy and Procedure and a Quality and Market Management Team Process Map were in place, the Process Map and Care Provider Quality and Monitoring Framework were not version controlled so confirmation that these are subject to regular review cannot be given.</p> <p>Risk</p> <p>Where key policies are not updated periodically or version controlled, there is a risk that staff and service users may follow outdated guidance or be unsure if the guidance is still relevant.</p>
<p><u>Control Area 5: Monitoring of Feedback and Complaints from Service Users</u></p> <p><u>Action proposed by management:</u></p> <p>Form recirculated and discussed regularly at Intelligence Sharing Committee. This has been actioned.</p>	<p>Expected Control</p> <p>Both service users and professionals are presented with the opportunity to provide feedback on providers monitored by the Council, which contributes to the continual monitoring and improvement of the service delivered.</p> <p>Issue/Finding</p> <p>A proforma for providing feedback on CPs has recently been developed and is accessible to professionals via Microsoft Teams. A review of the six</p>

Agreed action	Findings
<p><u>Responsible officer:</u> Quality and Market Support Manager</p> <p><u>Deadline:</u> 18/10/2023</p>	<p>responses received via the proforma identified that all responses were only submitted by members of the Financial Assessment team, with no responses collected from other teams/ professionals involved in monitoring the quality of the care market. We were informed by management that the proforma was circulated to Professionals via the Adult Social Care newsletter.</p> <p>Whilst it is noted that the ISC is a function of the CSAB, which is distinct from the Council, it could be suggested that the proforma is advertised more widely via the bimonthly ISC meetings to promote intelligence sharing by all other Professionals.</p> <p>Risk</p> <p>Where the procedure for providing feedback is not clear to staff and service users, there is a risk that the Council misses out on opportunities to collect intelligence that would be valuable for the purposes of monitoring the care market.</p>

AUDIT TERMS OF REFERENCE

Quality of Care Market

1. INTRODUCTION

- 1.1 Croydon Council is committed to delivering high quality services across the residents and partners of Croydon. The Care Act 2015 highlighted the responsibility of the local authority in shaping and monitoring the care market, including commissioning effective procurement, tendering and contract management that focuses on providing high quality services to support an individual's well-being.
- 1.2 The Council has over 300 registered providers of care, the highest number in London, of which there are three strands: care homes, home care providers and supported living.
- 1.3 A risk based approach to quality checks is undertaken based on ratings following inspections by the Care Quality Commission. For example, a home or provider with a rating of Good or above will be reviewed less frequently than one with a lower rating.
- 1.4 Where issues or concerns are identified, the provider is supported in putting together an action plan which is monitored by the Council for improvements.
- 1.5 The Quality and Market Support Manager at the Council is responsible for:
 - The monitoring of social care services/providers for a range of client groups, including older people and people with a physical disabilities, people recovering from a mental illness and people with a learning disability.
 - Supporting the social care provider market in providing information and advice.
 - Acting as a key link to providers on quality and standards required from providers.
- 1.6 The Manager is supported by a team of four (plus one vacancy) Care Quality Officers who carry out checks and quality review visits to providers, ensuring key performance indicators, service/service user outcomes and quality standards are met and contracts are adhered to.
- 1.7 The team also have a responsibility for identifying opportunities and implementing actions for improvement in cost efficiency, quality, outcomes and performance in contracted services.
- 1.8 Service user complaints are received by the corporate complaints team who direct any relevant complaints to the Care Quality team for response and review of emerging patterns of quality issues.
- 1.9 The Council also participate in a care community intelligence group, which includes partners from hospitals, the CCG, fire brigade and police, to share knowledge about potential safeguarding risks in relation to care quality.
- 1.10 This audit is being undertaken as part of the agreed Internal Audit Plan for 2022/23.

2. OBJECTIVES AND METHOD

2.1 The overall audit objective is to provide an objective independent opinion on the adequacy and effectiveness of controls / processes.

2.2 The audit for each controls / process being considered:

- Walkthrough the processes to consider the key controls;
- Conduct sample testing of the identified key controls; and
- Report on these accordingly.

3. SCOPE





3.1 This audit focused on the Quality of the Care Market, was undertaken as part of the 2022/23 Internal Audit Plan. The specific scope included the following areas and recommendations:

Audit Area	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Legislative, Organisational and Management Requirements	0	0	1
Quality review of care homes, home care providers and supported living services	0	3	0
Market Intelligence	0	0	0
Remedial action plans and interventions	0	1	0
Monitoring of feedback and complaints from service users	0	1	1
Management oversight and reporting	0	1	0
Totals	0	6	2

Definitions for Audit Opinions and Identified Issues

In order to assist management in using our reports:

We categorise our **audit assurance opinion** according to our overall assessment of the risk management system, effectiveness of the controls in place and the level of compliance with these controls and the action being taken to remedy significant findings or weaknesses.

	Full Assurance	There is a sound system of control designed to achieve the system objectives and the controls are constantly applied.
	Substantial Assurance	While there is basically a sound system of control to achieve the system objectives, there are weaknesses in the design or level of non-compliance of the controls which may put this achievement at risk.
	Limited Assurance	There are significant weaknesses in key areas of system controls and non-compliance that puts achieving the system objectives at risk,
	No Assurance	Controls are non-existent or extremely weak, leaving the system open to the high risk of error, abuse and reputational damage.

Priorities assigned to identified issues are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require immediate attention by management to action and mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that still represent an exposure to risk and need to be addressed within a reasonable period.
Priority 3 (Low)	Although control weaknesses are considered to be relatively minor and low risk, still provides an opportunity for improvement. May also apply to areas considered to be of best practice that can improve for example the value for money of the review area.

Statement of Responsibility

We take responsibility to the London Borough of Croydon for this report which is prepared on the basis of the limitations set out below.

The responsibility for designing and maintaining a sound system of internal control and the prevention and detection of fraud and other irregularities rests with management, with internal audit providing a service to management to enable them to achieve this objective. Specifically, we assess the adequacy and effectiveness of the system of internal control arrangements implemented by management and perform sample testing on those controls in the period under review with a view to providing an opinion on the extent to which risks in this area are managed.

We plan our work in order to ensure that we have a reasonable expectation of detecting significant control weaknesses. However, our procedures alone should not be relied upon to identify all strengths and weaknesses in internal controls, nor relied upon to identify any circumstances of fraud or irregularity. Even sound systems of internal control can only provide reasonable and not absolute assurance and may not be proof against collusive fraud.

The matters raised in this report are only those which came to our attention during the course of our work and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Recommendations for improvements should be assessed by you for their full impact before they are implemented. The performance of our work is not and should not be taken as a substitute for management's responsibilities for the application of sound management practices.

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