

# Final Internal Audit Report

## Adult Care Packages

### July 2017

**Distribution:**

- Executive Director of People (Final only)
- Director of Adult Social Care and All-Age Disability
- Assistant Director 0-65 Disability Service
- Head of Older People Social Care
- Head of Older People Commissioning and Brokerage

Assurance Level	Recommendations Made	
<b>Limited Assurance</b>	Priority 1	3
	Priority 2	4
	Priority 3	0

**Status of Our Reports**

This report ('Report') was prepared by Mazars Public Sector Internal Audit Limited at the request of the 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 work. Whilst every care has been taken to ensure that the information provided in this Report is as accurate as possible, we 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. The Report was prepared solely for the use and benefit of the London Borough of Croydon and to the fullest extent permitted by law, Mazars Public Sector Internal Audit Limited accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification. Accordingly, any reliance placed on the Report, its contents, conclusions, any extract, reinterpretation, amendment and/or modification by any third party is entirely at their own risk. Please refer to the Statement of Responsibility set out in appendix 3 of this report for further information about responsibilities, limitations and confidentiality.

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## Executive Summary

### 1. Introduction

- 1.1 The Care Act 2014 (the Act) introduced from April 2015 new responsibilities for local authorities which included providing a care and/or support plan for individuals assessed as needing support in accordance with national criteria. Individuals are to receive support if they meet all of the following criteria:
- They have care and support needs as a result of a physical or mental condition;
  - They cannot achieve two or more of the outcomes specified as a result of needs; and
  - There is a significant impact on their wellbeing.
- 1.2 The care and support planning process is undertaken by the Council together with the individual, their carer and any other person they ask the Council to involve. The process is used to identify the types of support that might be provided to meet their needs. The Council must produce a care plan that details what has been agreed and has a legal responsibility to regularly review this to ensure the individual's needs continue to be met. In addition, the Council must provide an independent advocate to help the individual take part in the planning and review process, if they would otherwise have substantial difficulty in doing so.
- 1.3 The Act provides individuals with a legal entitlement to a personal budget, which is calculated as part of the planning process and represents the cost of arranging the necessary care and support for the individual. To determine how much an individual can afford to contribute towards the costs of their care, a financial assessment is undertaken, which includes the individual's personal income and assets.

### 2. Key Issues

#### Priority 1 Issues

In fifteen out of twenty instances sampled evidence could not be obtained confirming client consent to the contents of a care package. **(Rec 3)**

In ten out of fifteen instances sampled evidence could not be provided of approval of a care package by an individual or body with the correct delegated authority. **(Rec 4)**

In eight out of twenty instances sampled we could not be provided with evidence of a six to eight week review. In six instances we could not be provided with evidence that an annual review was undertaken. **(Rec 5)**

#### Priority 2 Issues

In six out of twenty instances sampled a needs assessment could not be evidenced. In a further four instances the needs assessment was not completed fully. **(Rec 1)**

In four out of twenty instances sampled the start and end dates to the needs assessment were not completed and compliance with turnaround targets could not therefore be confirmed. In addition to this, all four of the relevant assessments

incorrectly stated that the target turnaround time for hospital referrals is 28 days. (Rec 2)

We requested but were not provided with a complaints information in accessible formats. (Rec 6)

In four out of twenty instances sampled we could not be provided with evidence that a financial assessment was undertaken. (Rec 7)

During the audit we requested evidence of training having been undertaken. We could not be provided with recent evidence. However, we were informed that there is a wider organisational piece of work involving the refresh of Adult Social Care procedures and training. We were provided with evidence of this and will not therefore be raising a recommendation.

3. Actions and Key Findings/Rationale

<b>Control Area 2: Needs Assessments</b>	
<b>Priority</b>	<b>Detailed Finding/Rationale</b>
2	<p>Section 9(1) of the Care Act 2014 requires that, 'where it appears to a local authority that an adult may have needs for care and support, the authority must assess (a) whether the adult does have needs for care and support; and (b) if the adults does, what those needs are.' Retention of needs assessments helps ensure that the Council's compliance with this section can be evidenced.</p> <p>Our testing of 20 clients receiving care packages between April 2015 to May 2016 identified:</p> <ul style="list-style-type: none"> <li>In two instances an initial needs assessment could not be evidenced on the system at all; and</li> <li>In four instances a template needs assessment had been generated but contained no information to confirm that an assessment was undertaken.</li> </ul> <p>Where the needs assessment was partially completed for the remaining 14 clients we noted the following:</p> <ul style="list-style-type: none"> <li>In two instances the needs assessment did not state in sufficient detail how the client met elements of the eligibility criteria and/or whether particular aspects of the criteria were applicable; and</li> <li>In one instance the needs assessment did not state in sufficient detail what personal outcomes the adult wishes to achieve in day-to-day life.</li> </ul> <p>Where a needs assessment is not undertaken, or where the Council cannot evidence it was undertaken in sufficient detail, there is a risk that the Council will not be able to refute it has breached provisions of the Care Act 2014. There is a further risk that individuals who do not meet the eligibility criteria will be provided with care and support, potentially diverting funds from those that do.</p>
<b>Management Response</b>	
Staff are regularly reminded to undertake, document and retain a needs assessment on AIS for all clients requesting care from the Council.	<p><b>Agreed/Disagreed</b></p> <p>Agreed</p>
Management should undertake a regular monthly spot-check of clients that have been referred to the Council for a needs assessment to confirm that it has been actioned, documented and retained on the AIS system.	<p><b>Responsible Officer</b></p> <p>Director of Adult social Care and All Age</p>
A record of spot-checks should be retained and any non-compliances followed-up within a documented and agreed time-frame.	<p><b>Deadline</b></p> <p>Complete</p>

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<p>Council. This happens through regular performance and data analysis checks. Management spot checks are to be formally introduced and a record of these spot checks will be retained.</p>		<p>Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service</p>	<p>30/9/2017</p>
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<b>Control Area 2: Needs Assessments</b>		
<b>Priority</b>	<b>Recommendation 2</b>	
2	<p>Staff should be reminded to record the date on which the needs assessment was first requested, the date on which it was started, and the date on which it was completed to enable monitoring against the standard.</p> <p>Consideration should be given to retaining original needs assessment requests (e.g. emails) on the AIS system.</p> <p>The target turn-around parameters on AIS should be reviewed to confirm these can be set to a shorter turnaround target for hospital referrals.</p> <p>Management should undertake a regular monthly spot-check of clients who have been referred to the Council via a hospital assessment notice to confirm whether needs assessment have been completed within the shorter turnaround time.</p> <p>A record of any spot-checks undertaken should be retained and any non-compliances followed-up within a documented and agreed time-frame.</p>	
<b>Detailed Finding/Rationale</b>		
<p>Section 12.2 of the Adult Social Care Standard Operating Procedures states, 'Completing Assessments within 28 days of the 'requested date'...is a key quality indicator for users.'</p> <p>Section 12.2 of the Procedures goes on to state, 'For adults in hospital it is essential to record the date and time of receipt of Schedule 3 assessment notice'. The Procedures clarify that adults being discharged from hospital require a quicker needs assessment turnaround time of either (a) 2 days from receipt of a referral; or (b) the date of discharge, whichever is later.'</p> <p>Our testing of 20 clients receiving care packages between April 2015 to May 2016 identified four instances where the assessment did not contain either an actual start or end date. We could not therefore confirm whether the assessments had been conducted in a timely manner.</p> <p>We noted that in all four of the relevant cases the target turnaround time was stated as being 28 days when these were referred via hospital assessment notices.</p> <p>We were informed that social workers use the 'start date' field to record the date on which a needs assessment was initially requested. However, when we requested the source documentation to evidence the date of the request (e.g. email correspondence) we could not be provided with this. We could not confirm that start dates were input accurately and were informed that management spot-checks are not undertaken to confirm the same.</p> <p>Where assessments are not conducted within the specified deadline there is a risk that the health of individuals requiring care or support will deteriorate. There is a further risk that electronic needs assessment forms may be open to manipulation where source documentation evidencing the date of a needs assessment request has not been retained.</p>		
<b>Management Response</b>		
<p>Staff will be reminded to enter the correct request, start and completion dates onto needs assessments. Compliance will be tested through Performance and Data Analysis support.</p> <p>In respect of Hospital based assessment processes, the Council is working within an integrated environment with Health and Alliance partners and a review of assessment processes is underway. New</p>		
<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>	<b>Deadline</b>
Agreed but will review further review	Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service	Complete / In place  30/9/2017

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models of delivery for Hospital Discharge are being considered and this will need to be reviewed alongside Audit recommendations.			
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**Control Area 3: Care and Support Plans**

<b>Control Area 3: Care and Support Plans</b>		<b>Detailed Finding/Rationale</b>	
<b>Priority</b>	<b>Recommendation 3</b>	<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>
1	<p>Staff should be reminded to retain evidence that the client has signed-off on their needs assessment form and care plan on AIS.</p> <p>Management should determine whether there are any other methods through which consent can be recorded that prevent any electronic sign-off from being edited.</p>	<p>Retaining evidence that a client has signed the needs assessment and care plan helps to ensure the Council is able to evidence consent to the care plan, consent to the care plan being shared with other parties, and involvement in the care planning process. Retention of consent to the care plan therefore facilitates compliance with the Data Protection Act 1998.</p> <p>In 15 out of 20 instances sampled the needs assessment/care plan undertaken between April 2015 and March 2016 did not state whether the client had signed-off the form or consented to their care package.</p> <p>In addition to this, there was one instance where the electronic form had been typed into to state that the client had signed-off the form. However, because the form is electronic and capable of being edited by any individual with access to it, this was not sufficient to evidence that the client in particular had consented to the information within the form.</p> <p>We were informed that the client is asked to provide a physical signature when the care plan is agreed with them in person, and that this may not be uploaded to the AIS system. We requested further evidence of physical sign-off during testing but could not be provided with it.</p> <p>Where evidence of client sign-off is not retained there is a risk that the Council may not be able to evidence the client has consented to the needs assessment, the care plan, data-sharing with other authorities or their involvement in the care planning process.</p>	<p>31/10/2017</p>
<b>Management Response</b>		<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>
<p>Where clients have Capacity to Consent to assessed needs and associated care plans, this must be sought and evidenced on AIS. This matter is being considered fully in order that a clear position be reached in respect of recording consent and Best Interest decision making on AIS.</p>		<p>Agreed</p>	<p>Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service</p>
		<b>Agreed/Disagreed</b>	<b>Deadline</b>

**Control Area 5: Approval of Care Packages**

Priority	Recommendation 4	Detailed Finding/Rationale		
1	<p>Staff should be reminded that:</p> <ul style="list-style-type: none"> <li>Care Packages under £200 per week should be approved by the Team Manager.</li> <li>Care Packages over £200 per week should be approved by the Head of Service.</li> <li>Care Packages over £1000 per week should be approved by the Director.</li> </ul> <p>Management should undertake a regular spot-check of new care packages to confirm that evidence of approval by an individual or body with the correct delegated authority has been retained on AIS.</p> <p>A record of spot-checks should be retained and any non-compliances followed-up within a documented and agreed time-frame.</p>	<p>Retaining evidence that care packages have been approved by an individual or body with delegated authority helps ensure that the appropriateness of packages is adequately scrutinised and accountability is increased.</p> <p>In five out of seven instances we could not be provided with evidence that a Team Manager had approved funding of a package valued at less than £200 per week.</p> <p>In three out of six instances we could not be provided with evidence that a Head of Service or the Care Planning Panel had approved funding of a package valued at above £200.</p> <p>In two out of two instances we could not be provided with evidence a Director had approved funding of a package valued at above £1000 per week.</p> <p>We were informed that evidence of approval could not be provided because staff do not consistently upload information relating to approvals to the system.</p> <p>Where care packages are not approved by an individual or body with the correct delegated authority there is a risk that inadequate care packages may be assigned to individuals or that care packages may exceed the need requirement. There is a further risk that accountability will be diminished.</p>		
Management Response		Agreed/Disagreed	Responsible Officer	Deadline
<p>Management are in the process of completing a full review of delegated authorities and associated processes.</p>		<p>Agreed</p>	<p>Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service</p>	<p>31/8/2017</p>

<b>Control Area 6: Review and Monitoring of Outcomes</b>								
<b>Priority</b>	<b>Recommendation 5</b>	<b>Detailed Finding/Rationale</b>						
1	<p>Management should investigate the cases listed to confirm whether any reviews have been undertaken and, if yes, to confirm why a record of these has not been retained on AIS.</p> <p>Staff should be reminded of the requirement to undertake a care and support plan review six to eight weeks after the first review and to retain evidence of this on AIS.</p> <p>Staff should be reminded of the requirement to undertake reviews annually and to retain evidence of this AIS.</p> <p>Management should undertake a regular spot-check of reviews of care packages to confirm these have been undertaken in the required timeframe, and that evidence of these has been retained.</p> <p>A record of spot-checks should be retained and any non-compliances followed-up within a documented and agreed time-frame.</p>	<p>Section 27 of the Care Act 2014 requires that the local authority must keep under review care and support plans. The Adult Social Care Standard Operating Procedures state, 'The first review is usually within 6-8 weeks and is usually carried out by the practitioner arranging the care package, and may be "light touch" to check whether arrangements are working well... Thereafter, a planned review is arranged every 12 months and carried out by a member of the appropriate Review team.'</p> <p>In eight out of twenty instances sampled, we could not be provided with evidence that a 6-8 week review had been undertaken.</p> <p>Furthermore, in six out of twenty instances, we could not be provided with evidence an annual review had been undertaken.</p> <p>Where care packages are not reviewed on a regular basis there is a risk that the local authority may not be able to evidence it has discharged its responsibilities under the Care Act 2014. In addition, there is a risk that ineffective care packages may not be revised to best meet an individual's needs.</p>						
<b>Management Response</b>	<p>Management are in the process of agreeing a programmed approach in respect of the completion of reviews and proportionality. The recommendations highlighted within this report will be incorporated into the approach moving forward.</p>	<table border="1"> <thead> <tr> <th><b>Agreed/Disagreed</b></th> <th><b>Responsible Officer</b></th> <th><b>Deadline</b></th> </tr> </thead> <tbody> <tr> <td>Agreed</td> <td>Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service</td> <td>31/8/2017</td> </tr> </tbody> </table>	<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>	<b>Deadline</b>	Agreed	Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service	31/8/2017
<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>	<b>Deadline</b>						
Agreed	Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service	31/8/2017						

<b>Control Area 1: Management, Organisational and Regulatory Requirements</b>			
<b>Priority</b>	<b>Recommendation 6</b>	<b>Detailed Finding/Rationale</b>	
2	Complaints information should be made available in an accessible format.	<p>Providing complaints information in an accessible format helps ensure that all individuals have sufficient information to be able to make a complaint in respect of service provision.</p> <p>We requested but were not provided with information about how to make complaints in relation to Adult Care Packages in an accessible format from the previous Head of Service.</p> <p>Where information on how to make a complaint is not available in alternative accessible formats there is a risk some individuals will not have sufficient information to make a complaint in respect of service provision.</p>	
<b>Management Response</b>		<b>Agreed/Disagreed</b>	<b>Responsible Officer</b>
All our social care providers are contracted to provide information on how to make complaints in accessible formats. Our contract monitoring process scrutinises this and providers are sanctioned if this is not done. We will provide examples to audit imminently.		Agreed	Head of Older people Commissioning and Brokerage
		<b>Deadline</b>	31/8/2017

**Control Area 4: Personal Budgets and Financial Assessments**

Priority	Recommendation 7	Detailed Finding/Rationale			
2	<p>Staff should be reminded that financial assessments should be conducted for all eligible clients and that evidence of this should be retained on the AIS system.</p>	<p>Section 17 of the Care Act 2014 indicates that if a local authority thinks it may charge an individual or their carer in meeting the adult's needs for care and support they must undertake a financial assessment.</p> <p>From a sample of 20 clients receiving care packages from April 2015 to May 2016 there were four instances where a financial assessment could not be provided.</p> <p>Where financial assessments are not undertaken there is a risk of non-compliance with legislative requirements and that inappropriate charging may be imposed.</p>	<p><b>Agreed/Disagreed</b></p> <p>Agreed</p>	<p><b>Responsible Officer</b></p> <p>Director of Adult social Care and All Age Disability / Head of Older Peoples Social Care / Assistant Director 0-65 Disability Service</p>	<p><b>Deadline</b></p> <p>31/10/2017</p>
<b>Management Response</b>					
<p>Staff will be reminded as recommended. In addition, joint work is being completed in respect of interdepartmental responsibilities and approaches in respect of the completion and recording of financial assessments.</p>					

## AUDIT TERMS OF REFERENCE

### ADULT CARE PACKAGES

#### 4. INTRODUCTION

- 1.1 The Care Act 2014 (the Act) introduced from April 2015, new responsibilities for local authorities which included, providing a care and support plan (or a support plan in the case of a carer) for individuals assessed as needing support in accordance with national criteria. Individuals will have eligible needs if they meet all of the following criteria:
- They have care and support needs as a result of a physical or mental condition;
  - Because of those needs, they cannot achieve two or more of the outcomes specified (e.g. dressing, maintaining personal relationships, working, going to school etc.); and
  - As a result, there is a significant impact on their wellbeing.
- 1.2 The care and support planning process is carried out by the Council together with, the individual, their carer and any other person they ask the Council to involve, in order to consider what types of support might be provided to meet their needs. The Council must also provide an independent advocate to help the individual take part in the planning and review process, if they would otherwise have substantial difficulty in doing so. The Council must produce a care plan that sets out the detail of what has been agreed and has a legal responsibility to regularly review this to ensure the individual's needs are met.
- 1.3 The Act provides individuals with a legal entitlement to a personal budget, which is calculated as part of the planning process and represents the cost of arranging the necessary care and support for the individual. To determine how much an individual can afford to contribute towards the costs of their care, a financial assessment is carried out which will include the individual's personal income and assets.
- 1.4 This audit is being undertaken as part of the agreed Internal Audit Plan for 2016/17.

#### 5. OBJECTIVES AND METHOD

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

## 6. SCOPE





3.1 This audit will examine the Council's arrangements for the provision of Adult Care Packages (and number of recommendations made):

Control Areas/Risks	Recommendations		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Management, Organisational and Regulatory Requirements	0	1	0
Needs Assessments	0	2	0
Care and Support Plans	1	0	0
Personal Budgets and Financial Assessments	0	1	0
Approval of Care Packages	1	0	0
Reviews and Monitoring of Outcomes	1	0	0
<b>TOTAL</b>	<b>3</b>	<b>4</b>	<b>0</b>

## DEFINITIONS FOR AUDIT OPINIONS AND RECOMENDATIONS

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 consistently 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 which may put this achievement at risk.
	Limited Assurance	There are significant weaknesses in key areas of system controls and/or non-compliance that puts achieving the system objectives at risk.
	No Assurance	Controls are non-existent or weak and/or there are high levels of non-compliance, leaving the system open to the high risk of error or abuse which could result in financial loss and/or reputational damage.

Priorities assigned to recommendations are based on the following criteria:

<b>Priority 1 (High)</b>	Fundamental control weaknesses that require the immediate attention of management to mitigate significant exposure to risk.
<b>Priority 2 (Medium)</b>	Control weakness that represent an exposure to risk and require timely action.
<b>Priority 3 (Low)</b>	Although control weaknesses are considered to be relatively minor and low risk, action to address still provides an opportunity for improvement. May also apply to areas considered to be of best practice.



## 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.

This report is confidential and must not be disclosed to any third party or reproduced in whole or in part without our prior written consent. To the fullest extent permitted by law Mazars Public Sector Internal Audit Limited accepts no responsibility and disclaims all liability to any third party who purports to use or rely for any reason whatsoever on the Report, its contents, conclusions, any extract, reinterpretation amendment and/or modification by any third party is entirely at their own risk.

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