



Final Internal Audit Report

Sheltered Accommodation (Extra Care Service)

September 2020

Distribution: Executive Director Health Wellbeing and Adults (Final Only)
Director of Operations
Head of Service for Older People
Head of 25 to 65 Disability
Extra Care Service Manager

Assurance Level	Issues Raised	
Substantial Assurance	Priority 1	0
	Priority 2	3
	Priority 3	0

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 Sheltered blocks allow vulnerable older residents to maintain their independence in their own self-contained flats, while also receiving a greater degree of security and service, including care and support from on-site staff.
- 1.2 Following the repeated complaints that the services for sheltered accommodation had been falling below acceptable standards, the Council brought back in-house the care of 237 older tenants in special sheltered flats and ended its contract with the existing private provider in January 2020. This consisted of six sheltered housing blocks at:
- Frylands Court in New Addington;
 - Southsea Court in Broad Green;
 - Toldene Court in Old Coulsdon;
 - Brookhurst Court in South Norwood;
 - Freeman Court in Norbury; and
 - Truscott House in Thornton Heath.
- 1.3 This audit was conducted as part of the agreed Internal Audit Plan for 2019/20. It should be noted that the audit was postponed due to the Coronavirus pandemic (Covid-19), government advice and lockdown period and only commenced in June 2020.
- 1.4 Covid-19 has also impacted on the Extra Care Service, with some of the tasks relating to the transition of the Service in-house being delayed, as is evident in some of the findings of this internal audit.

2. Key Issues

Priority 2 Issues
Job descriptions for the transferred staff within the Extra Care Service team were not available. (Issue 1)
49% of transferred staff had not yet attended the corporate induction (including health and safety training). (Issue 2)
A service plan and/or strategy was not in place. (Issue 3)

3. Actions and Key Findings/Rationale

Control Area 1: Transfer and Management of Staff		
Priority	Action Proposed by Management	Detailed Finding/Rational – Issue 1
2	<p>ECH restructure work is underway. Role Profiles are finalised. Grading work to be completed by end of September 2020.</p> <p>Restructure paperwork to progress through governance in October November 2020</p> <p>Consultation to start in Dec 2020</p> <p>Restructure to be complete by Feb 2021</p> <p>Role profiles were requested multiple times from London Care as part of the TUPE ELI information but were not provided. The duties are well understood by staff.</p> <p>A Procedure manual was provided in each scheme for reference and information.</p>	<p>The Extra Care Service was previously outsourced to Care UK, who had subcontracted it to London Care, before being transferred back to the Council on 4 January 2020 together with 134 staff. Although the roles undertaken by these transferred staff are much the same as before, having a clear job description allows the transferred staff to understand the responsibilities and duties that are required and expected.</p> <p>Examination of the roles profile and job evaluation questionnaire found that this had not yet been finalised. Discussion with Head of Service established that this had been delayed due to Covid-19, but that the Extra Care Service Manager was working with a Human Resources Consultant in setting up a job profile for all the positions within the Team.</p> <p>Where appropriate role profiles are not in place for all positions after six months of being transferred, there is a risk that staff will not be fully aware of their roles and responsibilities and what is expected from the Council. This may impact on performance of the service and also staff morale.</p>
Responsible officer		Deadline
Extra Care Service Manager		February 2021

Control Area 1: Transfer and Management of Staff						
Priority	Action Proposed by Management	Detailed Finding/Rational – Issue 2				
2	<p>Final 4 Inspire induction sessions to take place in late August and September. These sessions will be delivered on line with staff using communal spaces to socially distance and take part in the virtual sessions.</p> <p>25th August am session 27th the August pm session 31st August am session 2nd September pm session</p> <p>Registered Managers and Team Leaders have completed Health And Safety training and have used this knowledge in Team/Scheme meetings that take place monthly. Procedures and Risk Assessments are discussed. Staff have also received Covid safe training.</p>	<p>To help new staff settle into their role and to familiarise them with the Council, an induction programme is in place to help guide them through their probationary period. This induction programme includes a half day corporate induction session (INSPIRE) where new staff are introduced to the Council’s values, objectives, structure, culture, policies and rules. All new staff are expected to attend INSPIRE within one month of starting in their new role. This is supplemented by a local induction and an online induction.</p> <p>It was explained that, due to the volume of staff (131 transferred staff less 3 leavers) and the nature of the services being provided (i.e. staff being required to be on standby) it was decided that the corporate induction would be held over ten sessions. However, due to the disruption caused by Covid-19, only six of the planned sessions had so far taken place (with 67 out of 131 (51%) transferred staff attending this corporate induction.) At the time of this audit (July 2020), the induction was still due for the remaining of 64 transferred staff.</p> <p>Where transferred (new) staff are not inducted properly within set timeframes there is a risk that they may not understand and comply with the Council’s policies, processes and practices and statutory requirements thereby failing to become fully competent in their jobs and the working environment at the earliest stage. Without proper induction for health and safety induction procedures, there is an increased risk of an employee being vulnerable to workplace hazards and the organisations may fail to comply with legislative requirements.</p>				
	<table border="1"> <thead> <tr> <th>Responsible officer</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>Head of 25 to 65 Disability / Extra Care Service Manager</td> <td>September 2020</td> </tr> </tbody> </table>	Responsible officer	Deadline	Head of 25 to 65 Disability / Extra Care Service Manager	September 2020	
Responsible officer	Deadline					
Head of 25 to 65 Disability / Extra Care Service Manager	September 2020					

Control Area 6: Service Planning and Strategy		
Priority	Action Proposed by Management	Detailed Finding/Rational – Issue 3
2	<p>A team away day with the Registered Managers took place on 24th February 2020, following the day a draft service plan was worked on but the priorities of Covid took over 3 three weeks later.</p> <p>A service plan is in the process of being drafted using the work of the away day and the lessons learnt during Covid. The service plan will inform the team plans and the individual staff appraisals for 20/21.</p> <p>The service plan will be completed by September 2020 and shared with the Registered Managers and wider team.</p>	<p>A service plan or strategy is a written document that helps clarify the service provided, spot potential problems, set out goals and measure progress.</p> <p>A strategy or service plan was not in place to provide a framework for the development and management of extra care services. Discussion with the Extra Care Service Manager established that, due to the management and resource challenges during Covid-19, particularly in that the Service work with a vulnerable community (older people), the development of strategy had been postponed.</p> <p>It is also acknowledged that, following transition of the services back to the Council, an action plan had been put in place to remedy the initial service shortcomings identified. With the Service now being back in house for more than six months, a service plan or strategy is now needed.</p> <p>Without a strategy or service plan in place, there is a risk that the Service does not have clarity around its goals and that that these may not be fully achieved.</p>
Responsible officer		Deadline
Extra Care Service Manager		September 2020

TERMS OF REFERENCE

Sheltered Accommodation

1. INTRODUCTION

- 1.1 Sheltered blocks are to allow vulnerable older residents to maintain their independence in their own self-contained flats, while also receiving a greater degree of security and service, including care and support from on-site staff.
- 1.2 Following the repeated complaints that the services for sheltered accommodation had been falling below acceptable standards, the Council is bringing back in-house the care of 237 older tenants in special sheltered flats and ending its contract with the existing private provider.
- 1.3 From January 2020, the Council will take charge of six sheltered housing blocks at:
- Frylands Court in New Addington;
 - Southsea Court in Broad Green;
 - Toldene Court in Old Coulsdon;
 - Brookhurst Court in South Norwood;
 - Freeman Court in Norbury; and
 - Truscott House in Thornton Heath.
- 1.4 This audit is being conducted as part of the agreed Internal Audit Plan for 2019-20.

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 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

3. SCOPE

- 3.1 This audit therefore included the following areas (and issues raised):

Control Areas/Risks	Issues Raised		
	Priority 1 (High)	Priority 2 (Medium)	Priority 3 (Low)
Transfer and Management of Staff	0	2	0
Transfer and Management of utilities, keys, codes and data	0	0	0
Communication with Residents	0	0	0





Sheltered Accommodation 2019/20

Budget Setting and Monitoring	0	0	0
Governance of the Service	0	0	0
Service Planning and Strategy	0	1	0
Total	0	3	0

DEFINITIONS FOR AUDIT OPINIONS AND ISSUES RAISED

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 issues raised are based on the following criteria:

Priority 1 (High)	Fundamental control weaknesses that require the immediate attention of management to mitigate significant exposure to risk.
Priority 2 (Medium)	Control weakness that represent an exposure to risk and require timely action.
Priority 3 (Low)	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.

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