

FINAL INTERNAL AUDIT REPORT
EDUCATION, CARE & HEALTH SERVICES

FOLLOW UP REVIEW OF LEARNING DISABILITIES FOR 2013-14

Issued to: Executive Director, Education, Care & Health Services,
Assistant Director, Care Services (Interim),
Joint Team Manager, CLDT,
Assistant Director, Commissioning,

Cc: Head of ECH Finance,
Assistant Director, Strategic Development & Performance,
Director of Finance,
Chief Executive

Prepared by: Principal Auditor,

Date of Issue: September 10th 2014
Report No.: ECH/011/01/2013

FOLLOW UP REVIEW OF LEARNING DISABILITIES AUDIT FOR 2013-14

INTRODUCTION

1. This report sets out the results of our follow up audit of Learning Disabilities. The audit was carried out in quarter 4 as part of the programmed work specified in the 2013-14 Internal Audit Plan, agreed by the Director of Resources and Audit Sub-Committee.
2. The controls we expect to see in place are designed to minimise the department's exposure to a range of risks. Weaknesses in controls that have been highlighted will increase the associated risks and should therefore be corrected to assist overall effective operations.

AUDIT SCOPE

3. This follow up review considered the Learning Disabilities Audit for 2012-13. The final report gave a nil assurance opinion and was issued in September 2013. This review considers the progress made on implementing the 16 previously agreed recommendations.
4. The methodology used in carrying out this audit was to follow up the cases raised in the previous Internal Audit report, examine a sample of new cases (i.e. post -dating the issue of the previous audit report) from a list requested and supplied by ECH management and review budget monitoring findings that finance undertake. Our results are summarised below.

MANAGEMENT SUMMARY

5. From the previous review, sixteen recommendations were made of which 12 were priority one and four were priority two. Eight recommendations, of which 6 were priority one, were found to have been fully implemented; five (including three priority one recommendations) had been partially implemented; two priority one recommendations, were found to still to be outstanding; and for one priority 1, relating to the panel process, there had been a procedural change. One new recommendation (priority two) has also been made with regard to the authorisation of support plans. Therefore, in our opinion, since the original Internal Audit report, where a nil assurance was given, we can conclude that there has been satisfactory progress towards implementing the audit recommendations, but in some areas specifically timely authorisation of cases and issues identified as a result of budget monitoring, sufficient progress has not been demonstrated on the evidence reviewed.
6. For the selected sample i.e. original cases to be followed up and new cases to be tested information was reviewed on CareFirst and CareStore. Appropriate officers in the service have been issued with queries during the process and in some instances the information is still outstanding or cases are still being resolved. This is acknowledged in the detailed findings shown in Appendix A that management are still reviewing the cases and Internal Audit will be informed of the outcome.

FOLLOW UP REVIEW OF LEARNING DISABILITIES AUDIT FOR 2013-14

7. It is acknowledged that there has been management action to address findings within the original report, however, issues still remain as summarised below and priority 1 issues at paragraph 9.
 - Budget monitoring for 2013-14 identified that circa £126K has been made in mainly overpayments due to a lack of discipline in ending service lines in a timely manner. It should be noted that the majority of the monies have since been recovered or in the process of being recovered. The audit sample testing has identified potential £12.7k of losses which includes overpayments and lost client contributions, which is over and above the £126K. It should be noted that £11k of the £12.7K has been recovered.
 - Case 1 was identified in the original audit, as no service agreement had been set up. This case has still not been resolved although there is ongoing management action to resolve this complex case.
 - For Case 8, this client service ended on 12/4/12 at a cost of £450 per week. This service was not ended until 16/1/13 and was an ordinary residence case. This has resulted in an overpayment of £19,092.86. Management are aware of this case. This will be picked up in the Ordinary Residence Audit for 2014-15.
8. As mentioned above, there is a new recommendation made within this report which relates to the lack of authorisation of support plans.

SIGNIFICANT FINDINGS (PRIORITY 1)

9. As discussed in paragraph 5, 6 priority 1 recommendations have been satisfactorily implemented and 1 recommendation has been superceded by a change in procedures. However, the following issues previously given a priority 1 need to be brought to management's attention:-
 - Unauthorised service agreements remaining on Carefirst. Classified as outstanding as there were issues on the original and new cases tested.
 - Recovery of the original overpayment, due to the decision to pay by stream rather than invoice for two cases is under management review. Classified as partially implemented as management are in the process of resolving these two cases.
 - Inadequate budget monitoring undertaken by care management. Classified as outstanding as some cases with issues were still being identified as part of budget monitoring.
 - Contracts not in place as expected. Classified as partially implemented as there some queries on cases with no contracts.
 - Confirmation that all staff have had mandatory training. Classified as partially implemented as some staff still had to be trained on CareFirst.

FOLLOW UP REVIEW OF LEARNING DISABILITIES AUDIT FOR 2013-14

DETAILED FINDINGS/MANAGEMENT ACTION PLAN

10. Appendix A provides information on the recommendations that are being followed-up. Appendix B of this report details recommendations that are being progressed for completion and are re-recommended and any new findings arising during the follow up. The progress made on these recommendations has been acknowledged in the follow up comments but a revised target date should be detailed on the management action plan. Appendix C gives definitions of the priority categories.

ACKNOWLEDGEMENT

11. We would like to thank all staff contacted during this review for their help and co-operation.

Recommendation	Management Comment	Follow-up comments	Status
<p>1. Service Agreement Lines not being set up on Carefirst Services agreements should be set up within CareFirst (with all supporting documentation already in place) and authorised within a timely manner, enabling payment for associated services to be made in respect of the individual client.</p> <p>Client contributions, where relevant may be collected. Care Management staff should be reminded without delay of this requirement.</p> <p>Priority : 1</p> <p>Target Date : Immediate</p> <p>Responsibility: Assistant Director, Care Services (Interim) / Joint Team Manager.</p>	<p>Carefirst refresher training has been rolled out to managers and all staff. Managers are also working with CF to ensure consistency in the forms used within CF and the domains that are used for recording specific events and care package changes</p> <p>No placements are made until £50k waiver has been scrutinised by the AD and passed for authorisation to the Director and PH. Panel papers and ISAs are all agreed and input onto Carefirst and discussed with staff in their supervision sessions.</p>	<p>Original Sample:- For the 5 cases previously identified testing was undertaken to confirm that service agreements are set up within Carefirst (with all supporting documentation in place) and authorised in a timely manner. All cases have been implemented with the exception of Case 1. This remains outstanding in July 2014..- see paragraph 7 comment in the management summary.</p> <p>New Sample :- For the sample of 28 cases, 26 had no issues but there are findings in respect of 2 cases:-</p> <ul style="list-style-type: none"> • Sample 1, at the time of the audit, the supported living line remains incomplete, namely the service agreement that commenced on 28/8/13 at £446.68 per week. It is not clear if this service line is still required. Also there are two service lines for this client, one commencing 16/9/13 for £103.08 for hydro and another starting 14/7/11 for £2068.88 per week. There is also a query relating to whether this client is fully funded. The Joint Team Manager confirmed that the service lines in this case had been authorised. • Sample 26, had no current service open for supported living at the time of the audit. 	<p>Implemented</p>

Recommendation	Management Comment	Follow-up comments	Status
<p><u>2. Unauthorised Service Agreements</u></p> <p>Service agreements should be reviewed on a regular basis and if appropriate authorised in a timely manner to ensure that suppliers are paid in a timely manner and that client contributions are collected and that commitments are accurately reflected in the budget.</p> <p>Priority : 1</p> <p>Target Date : Immediate</p> <p>Responsibility: Joint Team Manager /Assistant Director, Care Services (Interim).</p>	<p>Service agreements now reviewed regularly. Now implemented a tracker spreadsheet – detailing cases, completion of service agreements, detailing all associated costs. These costs are presented as actuals and projected with all details entered into care first and discussed at budget meetings.</p> <p>As detailed above there is a Roll out of all CF training with a particular focus on the financial recording within real time – these issues are also picked up in supervision sessions</p> <p>Central Brokerage Service now established to focus on commissioning placements ensuring that care managers can focus on the</p>	<p>Original Sample:- 11 cases were revisited from the original sample and the main issues arising are summarised as follows:-</p> <ul style="list-style-type: none"> • Case 2 – originally found that a service agreement commencing 22/10/12 remained unauthorised amounting to 21 weeks at £1437 per week totaling £30,177 remaining unpaid at that time. This has since been authorised. There was also a second service agreement 8/11/12 also unauthorised which amounted to £6,165. This was subsequently authorised on 25/3/13 and ended on 12/5/13. Recent activity has now seen that the fee has since been updated to £1920 per week and authorised on 25/3/13 and the service ended on 1/9/13. This client is now in a residential placement. • Case 3 - originally found that the service started on 14/1/13 and remained unauthorised on the system - weekly care costs £1537.66 (9 weeks amounting to £13,838.94 unpaid at the time of the audit). Recent activity on this case has resulted in the service agreement being approved on 17/4/2013. The weekly cost has been increased to £1827.66 for 6 months only. Concerns were highlighted within the Internal Audit report that it was unclear what safeguards had been put in place to ensure that this does not go beyond six months. A waiver was completed with the proviso that this was for 6 months only and after that time the weekly costs were to reduce to £1537.66. There is a new service agreement from 15/6/13 for the same provider at a rate of £1827.66 that remains current. As at 27/2/14 we continue to pay at £1827.66. Therefore, we have potentially overpaid this 	<p>Outstanding See rec 1 App B</p>

Recommendation	Management Comment	Follow-up comments	Status
	<p>quality of care assessments and reviews.</p>	<p>supplier £290 per week from 14/7/13 to date amounting to approximately £11,020.(March 31st 2014).The client contributes £76.80 per week. The original waiver documentation stated that the enhanced amount was to be for 6 months only. The Joint Team Manager produced a panel paper dated 8/8/13 but it does not include a start from date. A recoupment has been made via the stream payments.</p> <ul style="list-style-type: none"> • Case 4 now has a new service agreement commencing 3/2/14 not authorised at £2,980.77 per week; 8 weeks @ £2980.77 = £23,846.16 was outstanding to supplier, if still required, at the time of the audit. This is a residential placement. <p>The other 8 cases were satisfactorily implemented</p> <p>New Sample:- Further testing of 25 new cases revealed that for Sample 1, service commencing 28/8/13 remains unauthorised at £446.68 per week which amounts to approximately £12,507 outstanding, if found to still be required.</p> <p>For the remaining 24 new cases reviewed all were authorised however allowing a 14 day tolerance the following 6 cases were not timely:</p> <ul style="list-style-type: none"> • 14-30 days – Sample 12 (nil client contribution) • 31-60 days- Sample 4, (Nil client contribution), and • Sample 24 (Nil client contribution). • 61-90 days –Sample 14 (Nil client contribution) • 91 days + -, Sample 7, (lost client contributions of £169.94) 	

Recommendation	Management Comment	Follow-up comments	Status
		Sample 17 lost client contributions of £1522). Total losses of £1691.94 and delayed payment to suppliers.	
<p><u>3.Financial Assessments & Write Offs</u></p> <p>The cases detailed above should be reviewed and the relevant assessments undertaken where necessary. It should be determined if the financial assessment has been requested by care management to the visiting officers. These cases have resulted in substantial write offs and further potential write offs that could have easily been avoided. Staff should be understand that the implications of not updating Carefirst results in loss of income to the Authority.</p> <p>Priority : 1</p> <p>Target Date : Immediate</p> <p>Responsibility:</p>	<p>All cases detailed above have been reviewed and all assessments have been undertaken as necessary. Standard statement added to assessment/review form advising users/carers of possible care charges. There is also now a link from care services procedures into the financial assessment forms and all users should be referred for a financial assessment Managers and Care Managers have been reminded in team meetings and supervision and re-issued with the policy and the link mentioned above. There is now no excuse for financial assessments not taking place No</p>	<p>Original Sample:- From the nine cases originally highlighted, eight of the clients have since been financially assessed. For Case 1, this remains outstanding as noted in paragraph 7 of the management summary.</p> <p>It should be noted that since November 2013, referrals are made by the Brokerage team to the financial assessment team desktop via Carefirst.</p> <p>New Sample:- A sample of 25 cases was checked; no further issues arose although it was noted that Sample 1 , has CHC funding (continuing healthcare funding, so this was not applicable). No write offs have been found in relation to this service area since the last audit.</p>	<p>Implemented.</p>

Recommendation	Management Comment	Follow-up comments	Status
<p>Assistant Director, Care Services (Interim)/ Joint Team Manager.</p>	<p>placements are to commence until after financial assessment requested</p>		
<p><u>4. Overpayments by decision to pay by stream</u></p> <p>The individual cases should be reviewed and payment should be made by invoices and not stream. Overpayments should be clawed back from the provider, if possible.</p> <p>Priority : 1</p> <p>Target Date : Immediate</p> <p>Responsibility: Joint Team Manager / Assistant Director, Care Services (Interim).</p>	<p>All cases identified in the audit have been resolved. It has also been agreed with Finance that we will move to an – invoice payment system as appropriate. The HoS will be working closer with finance to ensure support from central finance is requested earlier and issues resolved with no cost to the council.</p>	<p>A finance officer confirmed that the supplier in respect of Case 31 and Sample 4 have been paid by invoice for December 2013, January and February 2014.</p> <p>The Business & Planning Manager has been working on the reconciliation for these two cases and notified Internal Audit that rather than an overpayment, it was potentially an underpayment as there was a void at the supported living property.</p> <p>The Business & Planning Manager has been liaising with a provider to gather this information. On 2/5/14, a reconciliation had been made and the Business & Planning Manger calculated that an overpayment of £22,958.29 had been made. The Auditor advised on 7/5/14 that a decision would be required in consultation with the Assistant Director, Commissioning and the Head of Finance, EC&HS to comply with financial regulations in regard to recovery of this overpayment.</p>	<p>Partially Implemented See Rec 2 App B</p> <p>Internal Audit to be advised of the outcome.</p>

Recommendation	Management Comment	Follow-up comments	Status
<p>5. Overpayments to providers in respect of Ordinary Residence Claims</p> <p>Ordinary Residence claims should be effectively monitored to ensure that payments from this Authority cease immediately at the time claims are accepted.</p> <p>Priority : 1</p> <p>Target Date : Immediate</p> <p>Responsibility: Joint Team Manager / Assistant Director, Care Services (Interim).</p>	<p>We have now put in place a system for capturing All simple OR cases. The HoS is also working closer with contracts to resolve cases at the earliest possibility – to ensure good practice and efficiency.</p>	<p>Original Sample:- 4 cases were revisited to confirm that monies had been recouped as expected. Confirmation has been received that all monies have been received for all these</p> <p>New Sample:- A sample of cases was selected from the Ordinary Residence spreadsheet.</p> <ul style="list-style-type: none"> • For Case 5, an appointment is due to be made with the relevant local Authority with the aim of rejecting the claim. • For Case 6, this claim was successfully defended and the relevant local Authority was informed on what basis this decision was made. • For Case 7, this case is progressing well and is being followed up with the relevant Authority with a view to them accepting responsibility. It is expected that this case should be transferred to them within the next couple of months. • For Case 8, this client service ended on 12/4/12 at a cost of £450 per week. This service was not ended until 16/1/13. This has resulted in an overpayment of £19,092.86. An invoice was raised on 21/2/13 which still remains unpaid as at 21/3/14 and this will be progressing to court action. It is unclear why the service was not ended until some 7 months later. It appears that this client might be the responsibility of another Borough and checks are ongoing. The Joint Team Manager confirmed that the OR procedures have since been updated to prevent this situation arising again. 	<p>Implemented</p> <p>Internal Audit to complete a planned audit of Ordinary Residence cases in 2014-15.</p>

Recommendation	Management Comment	Follow-up comments	Status
<p><u>6. Duplicate payments to providers</u> Care management staff should urgently be reminded of how services should be set up on Carefirst. There should also be greater management checks to ensure that duplicate service lines are not set up.</p> <p>Priority : 1</p> <p>Target Date : Immediate</p> <p>Responsibility: Joint Team Manager / Assistant Director, Care Services (Interim).</p>	<p>The new functionality within Carefirst enables managers to run checks/ sequence lines chronology enabling managers to ID and amend duplicate service lines where indicated – as previously mentioned there is a roll out of the training with an emphasis on service lines and recording.</p>	<p>The Joint Team Manager confirmed that all staff within the CLDT team have received Carefirst training. No duplicate payments were found to be outstanding through testing.</p>	<p>Implemented</p>

Recommendation	Management Comment	Follow-up comments	Status
<p><u>7. Interim payments are not recorded within Carefirst</u> CareFirst should be utilised to record interim payments in order that each placement, complete with start, end and weekly rates. Advice should be sort from the CareFirst team in order to ascertain how this should be progressed.</p> <p>Priority : 1</p> <p>Target Date :Completed</p> <p>Responsibility: Joint Team Manager.</p>	<p>This Refers to Padua supported living – this was part of a management investigation in 2012. The issue was that no contract was in place for the provider – an interim payment was recorded and put into place.</p> <p>This was a one off - No interim payments are now made.</p>	<p>It was confirmed that this was a one-off and interim payments are no longer occurring.</p>	<p>Implemented.</p>

Recommendation	Management Comment	Follow-up comments	Status
<p><u>8.Inadequate and ineffective budget monitoring undertaken by care management.</u></p> <p>Budget monitoring needs to be undertaken effectively by care management. Finance should not have to undertake the role of highlighting unauthorised or missing service agreements and duplicate service lines.</p> <p>Priority : 1</p>	<p>As part of supervision financial arrangements, financial commitments and the scrutiny of budget spreadsheet sets are completed and discussed prior to 1:1s and then followed up in 1:1s to escalate any issues.</p> <p>Target Date :Immediate Responsibility: Assistant Director/ Joint Team Manager.</p> <p>These matters are also discussed with appropriate action taken at pre budget meetings (monthly). HoS and managers are requested to comment on any irregularities within their cost centres</p> <p>Target Date :Monthly Responsibility: Joint Team Manager.</p>	<p>Original Sample :- As mentioned previously in finding 2 above, Case 3, was placed 14/1/13, at the weekly rate of £1827.66 for 6 months only, as per the waiver documentation. A new service agreement was commenced on 15/6/13 for exactly the same rate instead of the reduced rate of £1537.66. Therefore an overpayment has been made of £290 per week x 9 months =£11,020. The overpayment has since been recovered via stream payments.</p> <p>New Sample:- From the monthly budget monitoring report Case 9 was reviewed. It was found that an overpayment of £14.5 K has been made as a service line was not closed in a timely manner. The service was closed on 01/12/13 but this was not authorised until 13/3/14. The £14.5K has since been recovered by stream payments.</p> <p>A review of the monitoring spreadsheets provided by Finance as part of the bi-monthly budget monitoring process showed that:-</p> <ul style="list-style-type: none"> • For financial year 2013-14, just over £126K has been highlighted mainly due to overpayments. It should be noted that £92.5 K has since been recovered, but there is still a lack of discipline by care management in closing service agreement lines in a timely manner. • Since the issue of the previous audit report in September 2013, Finance have identified 10 cases with potential losses totaling £98K. • Furthermore since October 2013, 38 individual cases were identified (this excludes duplicate lines for the same case, 	<p>Outstanding See Rec 3 App B</p>

Recommendation	Management Comment	Follow-up comments	Status
		<p>two long standing queries Sample 4 and Case 31, as discussed in finding 4 and a line for information only)</p> <p>Of these 38 cases:-</p> <ul style="list-style-type: none"> -14 relate to overpayments/non payments -21 relate to budget information, miscoding and forecasts -3 relate to ad hoc queries <ul style="list-style-type: none"> • Of the 43 lines of case queries (excluding Sample 4 and Case 31 and the line for information only), 10 are shown as outstanding . 	
<p><u>9. Contracts</u></p> <p>Processes should be urgently reviewed to ensure that core contracts and the relevant individual service agreements should be in place. Care management should be requesting financial assessments to be undertaken as part of this process. The revised policy should be made available to Internal Audit.</p> <p>The Authority should have the relevant contracts in place with providers.</p>	<p>Managers and staff have been reminded that no placements should be made without there first being a contract in place – based on the individuals support plan.</p> <p>At the same time staff request for a financial assessment prior to any placement being made</p> <p>Staff have been reminded of this in supervision sessions and at team meetings</p>	<p>The Joint Team Manager has confirmed that all staff have been reminded through supervision/team meetings that placements should not take place without the required contracts in place.</p> <p>Original Sample:</p> <p>Confirmation has been sought from Commissioning that the following contracts are in place or have been fully signed for the 8 original cases identified in the audit.</p> <p>Comments from Commissioning state the following:-</p> <ul style="list-style-type: none"> • Case A – there were ongoing discussions regarding the use of this provider. These have now been resolved and the Procurement & Contract Compliance officer will shortly be sending out a contract covering all clients receiving a package of care from them. • Case B– The client is in placement. A contract was sent in May 13 but this was not returned and there has been slippage in chasing up the returns. The provider has now been contacted in March 2014 and they will return the document as soon as possible. Waiver documentation is still 	<p>Partially implemented See Rec 4 App B</p>

Recommendation	Management Comment	Follow-up comments	Status
<p>Priority : 1</p> <p>Target Date :Completed</p> <p>Responsibility: Joint Team Manager.</p>	<p>Revised policy sent to Internal Audit</p> <p>ISA provided by payments Care contract provided by contracts.</p>	<p>to be provided.</p> <p>New Sample:-</p> <ul style="list-style-type: none"> • For Samples 5, 23, 24 and 28 (had contracts for the lifetime of the service user(s) and one until the remaining client moves out. The Department needs to satisfactorily clarify that contracts placed on this basis are acceptable. • For Sample11, the Procurement Officer was not aware that this client was in residence and was not included within the schedule. This client moved in on 19/1/14 and the tenancy commenced on 24/01/2014.A further update has been requested. • For Sample 19, there was no contract in place. The Procurement Officer confirmed on 6/3/14 that the contract with the provider was for different clients and needs to be updated. The Procurement Officer also advised that they would be writing to the provider to put this in place. Internal Audit are awaiting confirmation that this document has been returned. Information has been requested and if provided the report will be updated prior to finalisation. 	

Recommendation	Management Comment	Follow-up comments	Status
<p><u>11.Lack of supporting documentation to support panel approval</u></p> <p>Panel papers should be readily available to confirm that service agreements are duly authorised.</p> <p>Priority : 2</p> <p>Target Date :Completed</p> <p>Responsibility: Joint Team Manager.</p>	<p>There were cases where Agreements in principle were made with estimated costs, these arose out of lack of core contracts. Managers and staff have now been reminded that contracts must be in place - in addition the panel papers must give as much detail as possible so that it can conclude cases and recommend appropriate support and care with any financial impact</p>	<p>Original Sample:- A copy of the full panel documentation has been requested for Sample 3.Waiver documentation state that the date of the panel meeting was 29/7/13 for the start date of 17/10/11,but this could not be located within the Central record of LD Panel decisions for 2013.The Joint Team Manager confirmed that the original panel paper could not be located and a replacement document was drawn up and signed of in January 2014 which has now been scanned onto Carestore.</p> <p>New Sample:- Testing revealed that out of the 28 cases reviewed, 26 could be located satisfactorily. For 2 cases, panel papers could not be located on CareStore. (Case C and Case D).</p>	<p>Partially Implemented See Rec 6 App B</p>

Recommendation	Management Comment	Follow-up comments	Status
<p><u>12. Ineffective monitoring of voids</u></p> <p>Voids should be monitored more effectively and more regularly to ensure that voids are filled efficiently. A comprehensive list detailing all current voids and all supported living schemes should be available.</p> <p>Priority : 2</p> <p>Target Date :Compliant</p> <p>Responsibility: Joint Team Manager.</p>	<p>There is now a process for recording all voids, with a forward plan of proposed tenants. This list is circulated to care managers to ensure that any remedial work is undertaken and realistic times are set for planning future transitions into tenancies. This work is being covered by the access worker to ensure consistency and accountability.</p>	<p>The void spreadsheet available at the time of the follow up audit was reviewed. Seven voids were queried along with the length of time that they have remained void.</p> <ul style="list-style-type: none"> • Void 1 – void since 8/1/14 but client identified to move in 24/3/14. Weekly shared costs: £374 pw (includes equal share of night support and shared hours) Zero void rent cost. • Void 2 – void since 2/9/13. It has not been possible to place at this property due to issues with the void room. There has been significant water damage that has taken the landlord 8 months to rectify and decorate. The property became available for rent in the first week of June 2014. During this period we have not paid the care provider shared costs or the landlord void rent. • Void 3 – void since 9/3/14 P4110, Shared costs currently £450 pw (includes night support and shared hours): currently under review with the provider. • Void 4- void since May 2012– From October 1st 2013, shared costs £186.26 per week with the provider. Prior to 1.10.13, this was another contractor provided the service with shared care costs of £173.25 pw. • Void 5 – void since 23/12/13. Void cost is £207.50 pw. • Void 6 - void since 11/12/13. There is a cost to the ‘in house’ LD service of providing care into this property that is factored into existing budgets. In situations where there is a void, the in house service will reduce staffing and associated costs where it is able to do so. It is likely that shared costs (such as sleep in costs) will not reduce and therefore the cost will be apportioned against a lower number of clients. 	<p>Implemented</p>

Recommendation	Management Comment	Follow-up comments	Status
		<ul style="list-style-type: none"> • Void 7 – void since 16/2/14. Increased cost for other tenants during void period. 2 of the tenants at this unit were suffering from dementia. One of them moved on 16/2/14 and a decision was made not to place anybody into 50 Vinson until the remaining tenant with dementia had moved out. This was due to increasing episodes of challenging behaviour and increased staffing whilst a suitable placement was found for him. <p>The service was able to explain each of the void periods and evidence that attempts are being made to place clients in these properties. The issue remains that lengthy voids are a cost to the Authority as evidenced by the Void 5.</p>	

Recommendation	Management Comment	Follow-up comments	Status
<p><u>13. Care Records</u></p> <p>Confirmation should be sought by the fundamental review that care records are comprehensive and updated as expected within this service area.</p> <p>Priority : 2</p> <p>Target Date :QA review ongoing?.</p> <p>Responsibility: Joint Team Manager.</p>	<p>QA review being completed. Of those identified where outstanding work is needed this has been completed and lessons learnt. As mentioned previously there is now an explicit expectation that care records are completed timely with all appropriate financial and performance data entered.</p>	<p>The Quality Assurance Review is still ongoing as at time of the Internal Audit review. However it is noted that the fundamental review has partly covered this issue.</p>	<p>Partially implemented See Rec 7 App B</p>

Recommendation	Management Comment	Follow-up comments	Status
<p>14. Panel Process A new process should be implemented to ensure that all decisions at panel, agreed, not agreed, agreed outside of panel and in principle decisions are logged on a centrally held record detailing all relevant information. All cases should then return back to panel for final sign off. The current process for panel decisions should be reviewed. Processes should be revised to ensure that this does not happen in the future. The need for the continued panel process should also be reviewed. Priority : 1 Target Date :In Place Responsibility: Joint Team Manager/ Planning Development Manager.</p>	<p>There is now a Panel administrator in place with the responsibility for minuting meetings and collating feedback. These minutes are stored securely and are used to update financial forecasting which are signed off by the panel chair</p> <p>Only in exceptional circumstances will cases be agreed outside of panel –the AD Social Care will need to discuss these with the HoS and authorise with an amendment to the panel papers for final sign off</p> <p>The panel process is currently being reviewed - with a report on the functionality and appropriateness being prepared by the Planning and Development Mgr.</p>	<p>The updated position has been requested from the Planning & Development Manager and the Assistant Director, Strategic and Support Services.</p> <p>It has been confirmed that since the original audit with the implementation of the new brokerage processes, it was agreed that the review of the panel process would be suspended until after full implementation. Since this decision, work has commenced on establishing S.75 arrangement for the provision of adult learning disability assessment and care management. Preparation work for this transfer will include the processes for agreeing placement funding.</p>	<p>Change of process. Confirmation to be provided to Internal Audit on outcome of decision.</p>

Recommendation	Management Comment	Follow-up comments	Status
<p>15. Mandatory Training</p> <p>Mandatory training should be provided to care managers to ensure that the correct processes are followed.</p> <p>Staff should be reminded that procedures must be followed at all times.</p> <p>Priority : 1</p> <p>Target Date :Ongoing</p> <p>Responsibility: Joint Team Manager</p>	<p>As mentioned previously there is now a roll out of Carefirst training. This refresher training will focus on the expectations of managers on care managers to ensure we are compliant with finance and performance management expectations. The training started 1 month ago and will be on a rolling programme.</p> <p>It is important to note there are some capacity issues with care first staffing – however we are working together to ensure training takes place.</p>	<p>The Joint Team manager confirmed that mandatory training has been completed for all staff within CLDT. All staff have now completed Financial Regulations and Contract Procedure Rules training.</p> <p>The auditor was notified that Carefirst training is ongoing, as capacity issues within the support team have limited the number of visits.</p> <p>The Systems Support Officer confirmed that Carefirst training delivered to date is as follows:-</p> <ul style="list-style-type: none"> • One officer has completed refresher/new user training on 21/2/14. • One officer had new user training on 3/2/14 • Two officers had training on service agreements on 3/2/14 • Three officers had training on ad hoc queries on 3/2/14 • One officer had training on assessments and minor ad hoc queries on 3/2/14. • Twelve officers had completed no training. • Two officers had completed training last year details of which unknown as the trainer has since left the department. The Joint Team Manager provided the Auditor a copy of the training plan on 13/5/14 but this was found not to be up to date and incomplete. 	<p>Partially Implemented See Rec 8 App B</p>

Recommendation	Management Comment	Follow-up comments	Status
<p>16.Fundamental Review The Director, Education, Care & Health Services should undertake a fundamental review in order to provide assurance to confirm all issues highlighted by this report as well as those highlighted over the last six months by the Assistant Director, Finance, have been addressed and the required action has been taken in order to prevent further losses. The department should employ a dedicated, temporary resource, independent from the staff in care management to ensure that the information held within Carefirst is accurately reflected and is complete and up to date. Priority : 1 Target Date :Immediate Responsibility: Director of Education Care & Health Services.</p>	<p>Director of ECHS commissioned a management review, management investigation and QA review of all case work. Revised operating procedures resulting from these actions are reflected in the points above.</p>	<p>The Executive Director Education, Care & Health Services has confirmed that a fundamental review was undertaken. As a result of the original audit the following action was taken:-</p> <ul style="list-style-type: none"> • Management Investigation • Quality Assurance Review • Review of CLDT cases (80 Sampled) by officers outside the team. • Establishment of Social Work Improvement Board • Regular DMT reports • Changes to supervision for staff. 	<p>Implemented.</p>

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	<p><u>Unauthorised Service Agreements</u></p> <p>Service agreements should be reviewed on a regular basis and if appropriate authorised in a timely manner to ensure that suppliers are paid in a timely manner and that client contributions are collected and that commitments are accurately reflected in the budget.</p>	1*	<p>A weekly Boxi report is sent to care management and brokerage (care placements team) and <u>if appropriate</u> they are authorised. Unauthorised service lines remain unauthorised for legitimate reasons e.g. the non-return of a contract or ISA by a provider or service user.</p>	<p>Joint Team Manager, CLDT and Strategic Commissioner, Client Resources.</p>	<p>Implemented July 31st 2014.</p>
2	<p><u>Overpayments by decision to pay by stream</u></p> <p>The individual cases should be reviewed and payment should be made by invoices and not stream. Overpayments should be clawed back from the provider, if possible. Management to advise Internal Audit of outcome of management review of these cases.</p>	1*	<p>Overpayment of £22,958 – Following reconciliation and having considered the supporting information AD Commissioning has agreed to write off the historic overpayment and is seeking agreement from Head of Finance.</p>	<p>Assistant Director, Commissioning.</p>	<p>December 31st 2014.</p>

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
3	<p><u>Inadequate and ineffective budget monitoring undertaken by care management.</u></p> <p>Budget monitoring needs to be undertaken effectively by care management. Finance should not have to undertake the role of highlighting unauthorised or missing service agreements and duplicate service lines.</p>	1*	In the scheduled bi-Monthly Budget Monitoring meetings, cases with queries are reviewed line by line and remedial action is taken where appropriate/possible.	Joint Team Manager, CLDT.	Implemented July 31st 2014.

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
4	<p><u>Contracts</u> Processes should be urgently reviewed to ensure that core contracts and the relevant individual service agreements should be in place. Care management should be requesting financial assessments to be undertaken as part of this process. The revised policy should be made available to Internal Audit.</p> <p>The Authority should have the relevant contracts in place with providers.</p>	1*	<p>Contract with provider covering all clients signed and returned by provider.</p> <p>Contract signed and returned by provider. £50k waiver located.</p> <p>These are small shared tenancies within which the care is linked to the landlord and which originally predate the framework for LD supported living. Contracts were set up in accordance with practice at the time. These have been reviewed to establish vfm and opportunities will be sought as clients change to explore whether there could be alternative arrangements. However options may be limited.</p> <p>Variation to contract to cover this client has been completed (forms part of overarching contract).</p> <p>Contract in place for client with provider at time of audit.</p> <p>Contract updated and returned from 2/4/14.</p>	Assistant Director, Commissioning.	Completed. Implemented July 2014.

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
5	<p><u>Authorisation of support plans</u></p> <p>All support plans should be suitably authorised. There should only be one document that is current. It should be confirmed when this is being rolled out to the LD team.</p>	2	<p><u>This is an issue for all service user groups not just LD.</u> The matter has been discussed at the LBB CareFirst consistency group where it was decided that as the needs identified within support plans pull through to assessments and reviews automatically, appropriate authorisation takes place when assessments and reviews are authorised.</p>	<p>Joint Team Manager (CLDT)/ Carefirst Consistency Group.</p>	<p>Completed. Implemented July 31st 2014.</p>
6	<p><u>Lack of supporting documentation to support panel approval</u></p> <p>Panel papers should be readily available to confirm that service agreements are duly authorised.</p>	2*	<p>Are scanned into Carestore by the panel administrator. The CF support Desk has drafted a LD panel paper which has been issued for comments.</p> <p>Panel process currently still in place (improvements documented in audit report) but subject to agreement regarding future process for authorising spend.</p>	<p>Joint Team Manager, CLDT and Planning & Development Manager.</p>	<p>March 31st 2015.</p>
7	<p><u>Care Records</u></p> <p>Confirmation should be sought by the fundamental review that care records are comprehensive and updated as</p>	2*	<p>The fundamental review has been completed and a Quality Assurance Audit was completed in June 2014 concluding that practice standards were good with elements of excellent practice.</p>	<p>Joint Team Manager, CLDT.</p>	<p>Implemented September 30th 2014.</p>

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
	expected within this service area.				
<u>8</u>	<p><u>Mandatory Training</u></p> <p>Mandatory training should be provided to care managers to ensure that the correct processes are followed.</p> <p>Staff should be reminded that procedures must be followed at all times. Internal Audit to be advised when this task is completed.</p>	1*	CF training has continued and is ongoing, dependent on the capacity of the CF helpdesk.	Joint Team Manager, CLDT/ Carefirst Support Team.	March 31st 2015.

FOLLOW UP REVIEW OF LEARNING DISABILITIES FOR 2013-14

APPENDIX C

Priority 1

**Required to address major weaknesses
and should be implemented as soon as
possible**

Priority 2

**Required to address issues which do not
represent good practice**

Priority 3

**Identification of suggested
areas for improvement**