

FINAL INTERNAL AUDIT REPORT
EDUCATION, CARE & HEALTH DEPARTMENT

FOLLOW UP AUDIT OF DOMICILIARY CARE FOR 2015-6

Issued to:

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FOLLOW UP AUDIT OF DOMICILIARY CARE FOR 2015-16

INTRODUCTION

1. This report sets out the results of our systems based audit of **Domiciliary Care Follow Up Audit for 2015-6**. The audit was carried out in quarter 3 as part of the programmed work specified in the 2015-16 Internal Audit Plan agreed by the Section 151 Officer 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. The follow up review concentrated on the progress of implementation of the previous audit recommendations made with the 2014-15 report issued on March 23rd 2015.

MANAGEMENT SUMMARY

4. From the previous review, 8 recommendations were made of which there was 2 priority one recommendation, 5 priority two recommendations and 1 priority three recommendation. It was found that out of the 8 recommendations made, both priority one recommendations were found to be outstanding and three priority 2 recommendations at the time of testing.

SIGNIFICANT FINDINGS (PRIORITY 1)

5. Both priority one recommendations remained outstanding namely:-
 - Service Agreements closed on incorrect dates and also non closure.
 - Extra Care Housing – Actual Hours Reconciliation.

FOLLOW UP AUDIT OF DOMICILIARY CARE FOR 2015-16

6. Service Agreements closed on incorrect dates and also non closure

Testing was undertaken to confirm that service agreements were closed on the correct date. It was found that from sample testing that in five cases tested, closure of services for deceased clients had been undertaken on differing dates and in one case, services remained open. Management has since on 16/05/16 confirmed that a new process has since been implemented and the Head of Assessment & Care Management and the Strategic Commissioner are both confident that the appropriate measures have been taken and would not expect a repeat of this issue. The progress on implementation will be fully tested for the next Audit Sub Committee.

7. Extra Care Housing – Actual Hours Reconciliation

Planned hours were compared to actual hours recorded for each service user sampled within given weeks. This was then reconciled to the timesheet hours for each ECH Unit and any variances in hours noted. Queries arose with 5 samples that could not be answered at the time of the audit, when queried by the Auditor. Management have since stated that that a review of the tolerance policy will requested by 30/5/16. The progress on implementation will be fully tested for the next Audit Sub Committee.

DETAILED FINDINGS/MANAGEMENT ACTION PLAN

8. 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

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

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
<p><u>1. Service Agreements closed on incorrect dates and also non closure.</u> Services must be closed on the correct date at the point at which the services terminate. All brokers and contractor staff should be informed without delay. All death notifications should be updated and all services closed in a timely manner. All cases highlighted during the audit should be closed off without delay.</p>	<p>Death notifications come to the local authority via a variety of sources – family, provider, health colleagues, voluntary sector etc. They also come into different parts of the authority – finance, care management, BSSD, ‘tell us once’. Anyone receiving notification of a death has to enter this on care first, stating the date of death and the date notification received. Reports are run on a weekly basis identifying people with a current service who are deceased. This has been managed by care management across different teams, who then notify brokers who close off service agreements. Agreement has been reached that from 1st April 2015 the Central Placements team will record date of death after notification</p>	<p>1st April 2015</p>	<p>1</p>	<p>Strategic Commissioner Client Resources/ Head of Assessment and Care Management.</p>	<p>Testing was undertaken to confirm that service agreements were closed on the correct date.</p> <ul style="list-style-type: none"> • For Sample 2 – The service user died on 29/7/15 but the date of death was recorded as 30/7/15. • For Sample 3 – The date of death was 11/10/15 but the date of death had not been updated onto Carefirst and service agreements remained open at the time of audit testing. • Sample 6 – The date of death was 9/6/15 and one service agreement was closed on 14/6/15. • Sample 8 – The date of death was 4/7/15 but the service agreements on Carefirst were closed on 5/7/15. • Sample 17 (ECH) This client died on 4/5/15 and at the time of 	<p>Outstanding.</p>

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
<p>The process for recording dates of death should be reviewed to ensure the process is consistent. A procedure should be written to ensure that the correct end date is used for domiciliary care for the calculation of the final account.</p> <p>The department need to clarify the policy regarding service delivery for clients taken into hospital in line with the terms of the contract with providers. The contractual notice period for terminating domiciliary care packages should be applied consistently. Any overpayments to agencies should be recouped. Overpayments should be recovered and incorrect charges on client accounts investigated.</p>	<p>and will terminate service agreements as at date of death wherever possible. Domiciliary care contracts specify that service will end on date of death or hospitalisation where provider could reasonably know of service user absence from the home so this may differ in some individual circumstances. This process has been agreed with Care Services and the Exchequer Manager. The revised process will be kept under review by the Central Placements Team and the follow up audit will also assess implementation. 13 cases highlighted: The Strategic Commissioner Client Resources will liaise with the Care First Support Team to agree how these and future cases should be closed. The current process is that any invoicing that is over the planned hours is referred to Care management who</p>				<p>testing service agreement remained open.</p>	

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	investigate. If a service user contacts the council about charges they do not agree with this is then investigated by care management who recommend an action to Finance who follow up.					
<p>2. <u>Reablement Assessment Team & Reablement Service</u> Carefirst should be updated with the correct information such as the actual date of death, service agreements should be ended once the reablement service ends and should be limited to a maximum. The basis for charging clients whilst others are not should be clearly stated.</p>	<p>Reablement and assessment team will need to ensure that they are cross checking service agreements against services being provided. This will be addressed.</p>	<p>June 30th 2015.</p>	<p>2</p>	<p>Operational Manager, Short Term Interventions, Education, care and health services.</p> <p>Head of Direct Care Services.</p>	<p>Sample testing was undertaken using a spreadsheet provided by the reablement team and this was compared to data held on Carefirst.</p> <p>Clients on discharge from hospital may require a temporary reablement package. Clients are first assessed by the Reablement Assessment Team. The delivery of the care is via the Reablement Service. This is provided at no cost to the client but is limited to six to eight weeks. If further assistance is required, then a care package would be set up and at that point the client would be financially assessed to determine whether they should contribute towards their care.</p>	<p>Outstanding</p>

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
					<ul style="list-style-type: none"> • Sample 1 – The reablement service exceeded the maximum period by 8 days. Additionally, there was no service agreement for reablement for this client on Carefirst, at the time of testing. • Sample 2 - The reablement service exceeded the maximum period by 12 days. Additionally, the dates recorded on the reablement spreadsheet do not reconcile to those recorded on Carefirst. • Sample 3 - The dates recorded on the reablement spreadsheet do not reconcile to those recorded on Carefirst. • Sample 4 - The dates recorded on the reablement spreadsheet do not 	

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					<p>reconcile to those recorded on Carefirst.</p> <ul style="list-style-type: none"> • Sample 6 – The Reablement spreadsheet was incomplete dates had not been completed. Additionally, there was no service agreement set up within Carefirst for this service user at the time of testing. • Sample 7 –Data was incomplete for this service user. • Sample 8 - The dates recorded on the reablement spreadsheet do not reconcile to those recorded on Carefirst. • Sample 9 - The dates recorded on the reablement spreadsheet do not reconcile to those recorded on Carefirst. • Sample 10- There was no service agreement for this service user on Carefirst at the time of testing. 	

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
<p>3. <u>Procedures for the Reablement Assessment Team & Reablement Service</u> Procedures should be revised in line with the current processes and practices for the reablement service and the Reablement Assessment staff. All staff should be issued with the revised procedures.</p>	<p>The service will consider what action needs to be taken and will develop policy and implement procedures to address this issue.</p> <p>Procedures will be reviewed and updated for this service in line with the formal review of reablement due to begin on 1st April 15.</p>	<p>31st July 2015</p> <p>31st July 2015</p>	<p>2</p>	<p>Head of Assessment & Care Management and Assistant Director, Social Care.</p> <p>Head of Assessment & Care Management</p> <p>Head of Direct Care Service.</p>	<p>Copies of the updated procedures were requested on 30/11/15. The Auditor was provided with a copy of the updated guide to the assessment and reablement service. This document is provided to each client when they commence with the service and remains in their home until the service is terminated. The Auditor also requested any revised procedural guidance for staff that have been completed but this has yet to be provided.</p>	<p>Outstanding.</p>
<p>4. <u>Support Plans</u> The support plans for the cases identified should be investigated. Support plans should be completed for the current clients.</p>	<p>There is now a report generated from Care First identifying all those with a service without an action plan. A procedure needs to be written and applied to ensure that this report is acted upon consistently.</p>	<p>31st July 2015</p>	<p>2</p>	<p>Head of Assessment & Care Management, Operational Manager, Short Term Interventions, Operational Manager Care Services.</p> <p>Head of Direct Care</p>	<p>Sample testing of the reablement sample showed that :-</p> <ul style="list-style-type: none"> • Sample 3 – No support plan located. • Sample 8 – No support plan located. • Sample 9- No support plan located. • Sample 18 of the ECH sample – last support plan was dated 14/12/13. 	<p>Outstanding.</p>

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
<p>5. <u>Extra Care Housing – Actual Hours Reconciliation</u> Variations between the planned hours and actual hours should be easily identified. Carefirst should be updated without delay with new care packages or any revisions to care packages. Care plans held at the Extra Care Units should be up to date.</p>	<p>This is now in place. Actual hours are sent through each week and these are cross referenced against planned. Where there are variations in line with the tolerance policy these are agreed and then action taken to ensure that ongoing changes only take place following a review by the dedicated care manager.</p>	<p>In Place.</p>	<p>1</p>	<p>Group Manager, Care Manager and Operational Manager Care Services.</p>	<p>Planned hours were compared to actual hours recorded and these were then compared to the timesheet hours for each ECH Unit and any variances in hours. The following issues arose from sample testing :-</p> <p>Sample 12 – For week ending 7/6/15 the planned hours were 14.25 hours, the timesheet showed 24.5 hours and the variance showed 3.25 hours.</p> <p>Sample 14 – For week ending 7/6/15, the planned hours were 3.5, there were no timesheet hours and no variances recorded. Further investigation showed that the client had been missed off the tolerance spreadsheet since 19/5/15.</p> <p>Sample 15 – For week ending 9/8/15 planned hours were recorded as 39.75, timesheet hours 41.25, extra hours 1 the variance 0.25.</p> <p>Sample 16 – For week ending 17/5/15 the personal hours were 17 hours, timesheet showed 37.25, extra hours</p>	<p>Outstanding</p>

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
					11.25, variance 20.25. Sample 18 – For week ending 7/6/15 the personal hours were 8, timesheet was 12.75 and the variance was 0.	
<p>6. <u>Customer Account Balance</u> Customer accounts with excessive account balances should be investigated and excessive balances recovered. A decision should be made in relation to the second case and the client should be re-assessed.</p>	<p>For Sample 37, a reminder letter had been sent on 27/11/14 requesting payment of £12,641.33. Payment of this amount was received on 9/2/15 with the new balance now totalling £2,344.23. For Sample 41 – possible safeguarding issues had been raised over 2 years ago with the case being referred to BSSD in January 2013. The case was then passed to the Appointee and Deputyship (A&D) team who applied to the court to investigate the client’s finances. In June 2014, the A&D Team advised the Sundry Debts team not to undertake any court recovery action. A&D referred the case to the Exchequer Manager on</p>	Completed.	2	Liberata.	<i>The CPS has not yet made a decision and has requested more information.</i>	Completed.

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
	<p>19th February 2015 however no decision will be made on what further action should be taken until the CPS has made a decision on whether there is sufficient evidence to charge the relative with theft.</p>					
<p><u>7. Customer Account Refund</u> Each customer should have a unique customer account in order that charges and receipts can be easily verified.</p>	<p>Sample 5 - The client has a Domiciliary Care account and a Sundry Debt account. Both accounts are held on separate databases within Oracle. As such they cannot be merged. The client died on 2/12/14. The balance of £90.42 relates to two days personal care (1st and 2nd Dec 14) of £55.98. Plus three weeks of Carelink charges (7th, 14th & 21st Dec 14) at a cost of £11.48 per week. The Carelink unit was not returned until 15th December, as this was a Monday the client was charged for a full week.</p>	<p>Completed</p>	<p>3</p>	<p>Liberata</p>	<p>Completed.</p>	<p>Implemented</p>

Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
<p>8. <u>Duplicate Customer Account</u> The duplicate accounts should be merged if found to be correct the amount on second account investigated.</p>	<p>Sample 5 - The client has a Domiciliary Care account and a Sundry Debt account. Both accounts are held on separate databases within Oracle. As such they cannot be merged. The client died on 2/12/14. The balance of £90.42 relates to two days personal care (1st and 2nd Dec 14) of £55.98. Plus three weeks of Carelink charges (7th, 14th & 21st Dec 14) at a cost of £11.48 per week. The Carelink unit was not returned until 15th December, as this was a Monday the client was charged for a full week.</p>	<p>Completed</p>	<p>2</p>	<p>Liberata</p>	<p>Completed.</p>	<p>Implemented</p>

Recommendation	Priority *Raised in Previous Audit	Risk	Management Comment	Responsibility	Agreed Timescale
<p>1. <u>Service Agreements closed on incorrect dates and also non closure.</u> Services must be closed on the correct date at the point at which the services terminate. All brokers and contractor staff should be informed without delay. All death notifications should be updated and all services closed in a timely manner. All cases highlighted during the audit should be closed off without delay.</p>	<p>1*</p>	<p>Services may continue to be funded and clients incorrectly charged as systems are not updated correctly</p>	<p>Business Support Officers or staff in Care Management add the date of death on the system and notify the Central Placements Team who end all Service Agreements and Activities and check personal details have been amended.</p>	<p>Head of Assessment and Care Management/ Strategic Commissioner, CPT.</p>	<p>In place since April 15, in response to this audit and both the Head of Assessment & Care Management and the Strategic Commissioner are both confident the appropriate measures have been taken and would not expect a repeat of this issue. The Strategic Commissioner will check that all cases identified have been closed off as per the new process by 30th May 16.</p>

Recommendation	Priority *Raised in Previous Audit	Risk	Management Comment	Responsibility	Agreed Timescale
					This will still need to be confirmed by Audit.
<p><u>2.Reablement Assessment Team & Reablement Service</u> Carefirst should be updated with the correct information such as the actual date of death, service agreements should be ended once the reablement service ends and should be limited to a maximum. The basis for charging clients whilst others are not should be a policy decision but the basis of this has not been determined.</p>	<p>2*</p>	<p>Carefirst data held is not accurate.</p> <p>Clients receiving the same service are treated differently.</p>	<p>Process as in point 1 for deaths as above and is in place.</p> <p>Not all Service Users would be appropriately ended at the maximum eg 6 wks. There will be exceptions because of the complexity of the person resulting in a longer period. Agree that the new maximum for that person should be added to the agreement.</p> <p>Where there is no capacity for a person to be seen by reablement and an interim package of care is set up it is deemed appropriate by the Head of Assessment & Care Management that the person is charged for the interim package because they would be receiving personal care. If then a space for reablement comes available the person would then receive this service free as per process.</p>	<p>Reablement, Team Leader.</p>	<p>In place since April 15, in response to this audit and both the Head of Assessment & Care Management and the Strategic Commissioner are both confident the appropriate measures have been taken and would not expect a repeat of this issue. The Strategic Commissioner will check that all cases identified have been closed off</p>

Recommendation	Priority *Raised in Previous Audit	Risk	Management Comment	Responsibility	Agreed Timescale
					<p>as per the new process by 30th May 16.</p> <p>Work underway to resolve queries in relation to the service lines on Carefirst and the data held on the Reablement Client List by 30th May 16.</p>

Recommendation	Priority *Raised in Previous Audit	Risk	Management Comment	Responsibility	Agreed Timescale
<p><u>3. Procedures for the Reablement Assessment Team & Reablement Service</u> Procedures should be revised in line with the current processes and practices for the reablement service and the Reablement Assessment staff. All staff should be issued with the revised procedures.</p>	<p>2</p>	<p>Staff may be operating to different working practices.</p>	<p>The department will provide Audit with the process as written by Impower to satisfy this priority. Audit has since confirmed receipt of the 'Revised Adult Care & Support Package Guidance'.</p> <p>The Head of Direct Care to advise Audit when his service will provide the details of the policy and procedures that he agreed would be developed after the April 15 review. This was agreed by him to be in place by July 15 in his previous submission.</p>	<p>Head of Assessment and Care Management / Reablement, Team Leader.</p> <p>Head of Direct Care /Group Manager.</p>	<p>By 31st August 2016</p> <p>By 31st August 2016</p>

Recommendation	Priority *Raised in Previous Audit	Risk	Management Comment	Responsibility	Agreed Timescale
<p><u>4.Support Plans</u> The support plans for the cases identified should be investigated. Support plans should be completed for the current clients.</p>	<p>2*</p>	<p>Assessments may not be up to date and match care currently being provided.</p>	<p>Action plans should be completed and staff know to follow this process.</p>	<p>Head of Assessment and Care Management</p>	<p>Implemented. Issues were highlighted to staff who were instructed to update Action Plans on all relevant cases. The Reablement, Team Leader will check this and report back to Audit by 30th May. Now Completed</p>

Recommendation	Priority *Raised in Previous Audit	Risk	Management Comment	Responsibility	Agreed Timescale
<p>5. <u>Extra Care Housing – Actual Hours Reconciliation</u> Variations between the planned hours and actual hours should be easily identified. Carefirst should be updated without delay with new care packages or any revisions to care packages. Care plans held at the Extra Care Units should be up to date.</p>	<p>1*</p>	<p>Clients may not receive the assessed care hours.</p>	<p>Concerns that the tolerance policy may need reviewing and the Head of Assessment & Care Management will arrange for this to be looked at.</p>	<p>Head of Assessment and Care Management /Operational Manager, Care Services/Group Manager Care Management.</p>	<p>By 31st August 2016</p>

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**