



FINAL INTERNAL AUDIT REPORT
EDUCATION CARE & HEALTH SERVICES

REVIEW OF LEARNING DISABILITIES AUDIT 2015-16

Issued to: Stephen John - Director, Adult Social Care
Mandy Henry – Joint Team Manager Integrated Service
Anne Watts – Assistant Director, Strategic and Business Support Services
David Bradshaw – Head of Finance ECHS

C.c. Peter Turner – Director of Finance

Prepared by: Auditor (Wandsworth Council on behalf of LBB)
Principal Auditor

Date of Issue: 9th November 2016

Report No.: ECH/010/01/2015bf

REVIEW OF LEARNING DISABILITIES AUDIT 2015-16

INTRODUCTION

1. This report sets out the results of our systems based audit of Learning Disabilities 2015-16. The audit was carried out in quarter 4 as part of the programmed work specified in the 2015/16 Internal Audit Plan agreed by the Director of Resources and Audit Sub-Committee.
2. The revised budget for Learning Disabilities (LD), 2015/16, was £23,942K; with an actual spend of £23,352K. The 2016/17 budget was set at £22,614K, the difference in the two years explained by £150K inflation, £130K changes in ILF arrangements and savings of £1.6m to be delivered by the LD service. The full year equivalent client numbers for the services reviewed in this audit was 498 for 2015/16 but this will vary during the year.
3. The London Borough of Bromley manages the learning disability residential service for adults who have a learning disability and are Bromley service users. The services provided include Supported Living, Short Breaks, Live in care & Support, Shared Lives and Shared ownership schemes.
4. 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.
5. The scope of the audit was outlined in the revised Terms of Reference issued on 10th May 2016. The period covered by this report is from April 2015 to March 2016.

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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

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AUDIT SCOPE

6. The scope of the audit is detailed in the Terms of Reference. The audit considered clients who are receiving a Day Provision, Residential service, Shared Lives support or Supported Living service.

AUDIT OPINION

7. Overall, the conclusion of this audit was that limited assurance can be placed on the effectiveness of the overall controls. Definitions of the audit opinions can be found in Appendix C.

MANAGEMENT SUMMARY

8. The audit reviewed the effectiveness of controls in the following areas: Policies and Procedures, Assessments, Care Plans & Support Plans, Service Agreements and Ordinary Residence Claims. The Performance and Information team generated a list of clients with active service lines on CareFirst during 2015/16; this report detailed 1507 entries. For the purpose of this audit the report was filtered down to 755 entries consisting of 478 case ID's. A sample of 15 cases was selected for audit examination.

9. Management are requested to consider findings in the following areas:-

Assessments

- A Learning Disabilities Core Assessment was not in place in three instances, and there were four instances where an eligibility assessment was not performed; significant delays in authorisation in four adult review documents; incomplete

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documents on file in three instances; no separation of duties for authorisation; reviews not carried out in a timely manner for 6 cases and core assessments not reviewed every 3 years in seven instances.

Care Plans & Support Plans

- It was identified that in seven instances, the care plan was not reviewed on an annual basis; for 3 cases sampled there was no disability core assessment and in 11 instances a care plan was not in place within four weeks of the assessment being completed.

Service Agreements

- Testing identified 12 instances where there was no evidence that the panel had authorised the agreements.

10. This service area was previously audited in 2013/14; the final report issued September 2013 gave a nil assurance audit opinion and 12 priority 1 recommendations. A management review and follow up audit review ensured that there was scrutiny for this service to improve the significant areas of weak control. Progress to implement the priority 1 recommendations was reported to Audit Sub Committee. The findings in this report have identified similar issues arising however it is acknowledged that the service have been through a difficult period of operation given management changes and turnover.
11. A restructure in 2015 resulted in three senior managers in the LD service leaving the Authority. The Head of Service post has been met by agency appointments, the most recent of which terminated in August 2016. The Department have now transferred the Team Leader (Complex Team East) to manage the LD team and an initial meeting has been held with audit to discuss the issues arising.
12. During the course of the audit the Director, Adult Social Care sought advice from Internal Audit with regard to an invoice received from a provider for £130K. The payment was in respect of a Bromley LD client but the Department were disputing financial liability. Initial review indicated that the client had been transferred from his placement to a secure unit. E-mails

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between providers and the allocated Bromley care manager (TH) indicate that alternative placements were being considered and comparative costs were made available. There is then elapsed time of some 8 months followed by an e-mail between commissioning officers seeking to clarify the agreement for the placement and funding for this LD client. Internal Audit have consulted with LD and determined that a case review and internal investigations is being progressed by the Senior Practitioner LD. To avoid duplication it was agreed with the Director, Adults Social Care that LD would complete their review and Internal Audit would be kept informed particularly as there is potential loss to the Authority. This case does indicate potential system weaknesses and issues:-

- Availability of key documentation to support placement, funding and financial liability and absence of an adequate audit trail to support key decisions and allow continuity of service delivery.
- The shortcomings identified maybe restricted to this case, this care manager or may be endemic of the working practices evidenced by the LD team.
- The limited emails available to audit indicate that the lowest cost placement was not accepted by the Authority and may therefore represent a loss and poor value for money, if a higher cost placement was then procured.

SIGNIFICANT FINDINGS (PRIORITY 1)

13. During the audit the following issues were identified in three areas of the service:

Assessment: Examination of a sample of 15 clients identified three instances where a core assessment to identify the clients' needs was not carried out and in four instances where an eligibility test to determine the clients' eligibility for publicly funded care and support was not performed. Examination of 17 key documents identified four instances where there was a delay in authorising the adult reviews and three instances where the forms were incomplete. Examination of

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the sample of 15 clients identified six instances where a client review was not carried out on an annual basis and seven instances where the core assessment was not reviewed every three years. There was 1 key record out of the 65 key documents reviewed that had been initiated and authorised by the same officer.

Care & Support Plans: Examination of a sample of 15 clients identified that in 7 instances, the care plan was not reviewed on an annual basis; 3 instances without a core assessment in place and 11 instances where a care plan was not in place within 4 weeks of the core assessment being completed.

Service Agreements: Examination of 15 clients identified twelve instances where there was no evidence that the panel had authorised the agreements.

DETAILED FINDINGS / MANAGEMENT ACTION PLAN

14. The findings of this report, together with an assessment of the risk associated with any control weaknesses identified, are detailed in Appendix A. Any recommendations to management are raised and prioritised at Appendix B.

ACKNOWLEDGEMENT

15. Internal Audit would like to thank all staff contacted during this review for their help and co-operation.

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1	<p>Assessments Examination of a sample of 15 clients identified three instances where a core assessment was not in place (Sample 1, 11 and 14) and four instances where eligibility assessment was not performed (Sample 4, 9, 11 and 13)</p> <p>Examination of the 17 key documents identified four instances where there was a delay in authorising the adult review document.</p> <table border="1" data-bbox="286 943 1178 1174"> <thead> <tr> <th>Sample</th> <th>Date Completed</th> <th>Authorised Date</th> <th>Duration (Days)</th> </tr> </thead> <tbody> <tr> <td>3</td> <td>30/12/2015</td> <td>03/02/2016</td> <td>35</td> </tr> <tr> <td>8</td> <td>16/10/2015</td> <td>04/03/2016</td> <td>140</td> </tr> <tr> <td>10</td> <td>31/07/2015</td> <td>05/01/2016</td> <td>158</td> </tr> <tr> <td>10</td> <td>03/03/2016</td> <td>26/04/2016</td> <td>54</td> </tr> </tbody> </table>	Sample	Date Completed	Authorised Date	Duration (Days)	3	30/12/2015	03/02/2016	35	8	16/10/2015	04/03/2016	140	10	31/07/2015	05/01/2016	158	10	03/03/2016	26/04/2016	54	<p>Where the Core Assessments are not carried out, there is a possibility that the client's disability and the client's needs may not be identified and met.</p> <p>Where an eligibility test is not performed, there is a risk that services are being provided to clients who are not eligible to receive a service.</p> <p>Where the review documents are not authorised in a timely manner, there is a risk that clients' needs are not adequately met</p>	<p>Ensure that the Core Assessments and eligibility tests are carried out and are available in all cases.</p> <p>Ensure that document authorisation is carried out in a timely manner.</p>
Sample	Date Completed	Authorised Date	Duration (Days)																				
3	30/12/2015	03/02/2016	35																				
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1 cont	<p>Examination of the 17 key documents identified three instances where these forms were incomplete. These incomplete forms are the last document on these clients CareFirst files.</p> <table border="1" data-bbox="282 539 1162 700"> <thead> <tr> <th>Sample</th> <th>Document</th> <th>Date Started</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>Core Assessment</td> <td>17/11/2014</td> </tr> <tr> <td>7</td> <td>Initial Assessment</td> <td>07/08/2015</td> </tr> <tr> <td>11</td> <td>Initial Assessment</td> <td>17/08/2015</td> </tr> </tbody> </table> <p>Examination of 65 key documents consisting of Adult Reviews, Core Assessment, and Initial Assessments identified 30 instances where there was a lack of segregation of duties and the officer completing the assessment was the same officer who authorised the document. However, there was only one instance which related to 2015/16.</p> <table border="1" data-bbox="282 1035 1081 1112"> <thead> <tr> <th>Sample</th> <th>Document</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>15</td> <td>Initial Assessment</td> <td>17/06/2015</td> </tr> </tbody> </table>	Sample	Document	Date Started	4	Core Assessment	17/11/2014	7	Initial Assessment	07/08/2015	11	Initial Assessment	17/08/2015	Sample	Document	Date	15	Initial Assessment	17/06/2015	<p>Where there are incomplete documents on clients' files, there is a risk that assessments cannot be evidenced as being carried out.</p> <p>Where the assessments are being authorised by the same officer who completed the document, there is a risk that the qualitative data may be insufficient.</p>	<p>Ensure that key documents are completed</p> <p>Ensure that the officers completing and authorising documents are different officers.</p>
Sample	Document	Date Started																			
4	Core Assessment	17/11/2014																			
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Sample	Document	Date																			
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1 cont	<p>Examination of the clients' assessment record identified six instances where a review has not been carried out in a timely manner. In all cases, these were the last document on the clients CareFirst file.</p> <table border="1" data-bbox="282 611 1162 903"> <thead> <tr> <th>Sample</th> <th>Document</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>Initial Assessment</td> <td>06/03/2014</td> </tr> <tr> <td>4</td> <td>Initial Assessment</td> <td>03/04/2014</td> </tr> <tr> <td>5</td> <td>Core Assessment</td> <td>01/07/2014</td> </tr> <tr> <td>7</td> <td>Adult Review</td> <td>27/01/2015</td> </tr> <tr> <td>11</td> <td>Adult Review</td> <td>24/11/2014</td> </tr> <tr> <td>12</td> <td>Initial Assessment</td> <td>30/10/2014</td> </tr> </tbody> </table> <p>It was also identified that in seven instances, the core assessment was not reviewed every three years.</p> <table border="1" data-bbox="282 1086 1146 1214"> <thead> <tr> <th>Sample</th> <th>Core Assessment Date</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>03/12/2012</td> </tr> <tr> <td>3</td> <td>11/02/2011</td> </tr> </tbody> </table>	Sample	Document	Date	2	Initial Assessment	06/03/2014	4	Initial Assessment	03/04/2014	5	Core Assessment	01/07/2014	7	Adult Review	27/01/2015	11	Adult Review	24/11/2014	12	Initial Assessment	30/10/2014	Sample	Core Assessment Date	2	03/12/2012	3	11/02/2011	<p>Where adult reviews and assessments are not performed on an annual basis, there is a risk of not identifying any changes to the clients need</p>	<p>Ensure that reviews and core assessments are carried out on an annual basis.</p> <p>[Priority 1]</p>
Sample	Document	Date																												
2	Initial Assessment	06/03/2014																												
4	Initial Assessment	03/04/2014																												
5	Core Assessment	01/07/2014																												
7	Adult Review	27/01/2015																												
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8	18/06/2009																		
13	20/06/2011																		
2	<p data-bbox="282 734 1149 869">Care and Support Plans Examination of 15 clients found seven instances where the care and support plan was not reviewed on an annual basis.</p> <table border="1"> <thead> <tr> <th data-bbox="282 877 640 917">Sample</th> <th data-bbox="640 877 1149 917">Most Recent Care Plan Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="282 917 640 957">2</td> <td data-bbox="640 917 1149 957">06/02/2014</td> </tr> <tr> <td data-bbox="282 957 640 997">5</td> <td data-bbox="640 957 1149 997">28/10/2013</td> </tr> <tr> <td data-bbox="282 997 640 1037">7</td> <td data-bbox="640 997 1149 1037">19/02/2015</td> </tr> <tr> <td data-bbox="282 1037 640 1077">8</td> <td data-bbox="640 1037 1149 1077">05/02/2014</td> </tr> <tr> <td data-bbox="282 1077 640 1117">11</td> <td data-bbox="640 1077 1149 1117">24/11/2014</td> </tr> <tr> <td data-bbox="282 1117 640 1157">12</td> <td data-bbox="640 1117 1149 1157">26/09/2014</td> </tr> <tr> <td data-bbox="282 1157 640 1197">14</td> <td data-bbox="640 1157 1149 1197">06/02/2014</td> </tr> </tbody> </table>	Sample	Most Recent Care Plan Date	2	06/02/2014	5	28/10/2013	7	19/02/2015	8	05/02/2014	11	24/11/2014	12	26/09/2014	14	06/02/2014	<p data-bbox="1205 766 1617 949">Where care and support plans are not reviewed on an annual basis there is a risk that care needs may not be identified.</p> <p data-bbox="1205 989 1617 1204">Where care and support plans are not in place within four weeks, appropriate services may not be in place to support the client's needs.</p>	<p data-bbox="1639 766 2045 869">Ensure that care plans are reviewed on an annual basis.</p> <p data-bbox="1639 909 2045 1061">Ensure that care plans are in place within four weeks of the core assessment being completed.</p> <p data-bbox="1639 1101 1803 1141">[Priority 1]</p>
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12	19/09/2013	05/02/2014													
13	20/06/2011	04/02/2014													
14	-	06/02/2014													
3	<p>Service Agreements Examination of the 15 client’s service agreements identified that in twelve instances, LD Panel Report and Decision Paper approving the service provided was not located.</p> <p>(Sample 1,2,3,4,5,6,7,8,11,12,13 and 14)</p> <p>Discussion at the end of audit meeting identified that care managers have submitted funding requests for approval by the Group Manager. These requests were referred to as “X manager requests” and were not formally recognised as part of the service agreement procedures, as approval was outside of panel.</p>	<p>Where panel papers are not obtained and retained on the clients file, there is a risk that the department is providing services prior to authorisation being granted which could potentially lead to a financial loss to the Council.</p>	<p>Ensure that panel papers authorising the provision of services are obtained and retained.</p> <p>Investigate the use of any informal request for funding. Identify any funding approved outside of panel and ensure that the correct procedure is followed.</p> <p>[Priority 1]</p>												

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	<p>Ensure that the Core Assessments and eligibility tests are carried out and are available in all cases.</p> <p>Ensure that document authorisation is carried out in a timely manner.</p> <p>Ensure that key documents are completed.</p> <p>Ensure that the officers completing and authorising documents are different officers.</p> <p>Ensure that reviews and core assessments are carried out on an annual basis.</p>	1	<p>This is to be bought up in the team meetings and followed through in supervision sessions. This is agreed practice</p> <p>Supervisors to routinely quality check and authorise documents sent to them on the Electronic Social care system- CareFirst</p> <p>Regular scrutinisation of workers desktops by workers, supervisors and team manager is required to ensure key documents are completed.</p> <p>Also, in supervision, cases are to be reviewed to inform the supervisor that the workers are completing the key documents.</p> <p>This can also be discussed in team meetings</p> <p>Discussion at team meetings to enforce the process and remind team of the audit requirement- it is the agreed practice that documents should not be</p>	<p>Joint Team Manager Integrated Service</p>	<p>November 2016</p>

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
			completed and authorised by the same officer Regular scrutiny of the management reports to inform the management team how many reviews are due-The report is produced weekly		
2	<p>Ensure that care plans are reviewed on an annual basis.</p> <p>Ensure that care plans are in place within four weeks of the core assessment being completed.</p>	1	Supervisors and staff to ensure this occurs, and that any care plans not reviewed are returned to the worker to complete. Care/support plans to be completed and scrutinised by supervising staff. Assessing staff to accept and acknowledge this requirement	Joint Team Manager Integrated Service	November 2016

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
3	<p>Ensure that panel papers authorising the provision of services are obtained and retained.</p> <p>Investigate the use of any informal request for funding. Identify any funding approved outside of panel and ensure that the correct procedure is followed</p>	1	<p>Panel papers are completed and authorised on carefirst, and retained on the system. PRG papers are to be authorised by someone other than the manager completing them signifying agreement for a case to go to PRG</p> <p>All requests for funding are to be made to the Group Manager, or in her absence, to the Senior care managers, and advised to the Director of Adult Social Care. Requests are to be recorded on Carefirst Observations by all parties and service requests raised and authorised by the manager where necessary, and presentation to the next PRG should be made as a priority</p>	Joint Team Manager Integrated Service	November 2016

OPINION DEFINITIONS

As a result of their audit work auditors should form an overall opinion on the extent that actual controls in existence provide assurance that significant risks are being managed. They grade the control system accordingly. Absolute assurance cannot be given as internal control systems, no matter how sophisticated, cannot prevent or detect all errors or irregularities.

Assurance Level	Definition
Full Assurance	There is a sound system of control designed to achieve all the objectives tested.
Substantial Assurance	While there is a basically sound systems and procedures in place, there are weaknesses, which put some of these objectives at risk. It is possible to give substantial assurance even in circumstances where there may be a priority one recommendation that is not considered to be a fundamental control system weakness. Fundamental control systems are considered to be crucial to the overall integrity of the system under review. Examples would include no regular bank reconciliation, non-compliance with legislation, substantial lack of documentation to support expenditure, inaccurate and untimely reporting to management, material income losses and material inaccurate data collection or recording.
Limited Assurance	Weaknesses in the system of controls and procedures are such as to put the objectives at risk. This opinion is given in circumstances where there are priority one recommendations considered to be fundamental control system weaknesses and/or several priority two recommendations relating to control and procedural weaknesses.
No Assurance	Control is generally weak leaving the systems and procedures open to significant error or abuse. There will be a number of fundamental control weaknesses highlighted.