

**London Borough of Bromley**

**PART 1 - PUBLIC**

**Briefing for Care Services  
Policy Development and Scrutiny Committee  
4<sup>th</sup> July 2017**

**Progress Report from Priority Ones Learning Disabilities  
Following on from Internal Audit**

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1. Summary

1.1 This information briefing provides an update on the action taken to remedy the Priority 1 concerns raised by Internal Audit.

2. **THE BRIEFING**

2.1 The internal audit of LD Services was conducted in in quarter 4 of 2015/16 and finalised 9/11/16. The audit considered clients who were receiving a Day provision, Residential Service, Shared Lives Support or Supported Living Support.

2.2 Internal Audit gave limited assurance and effectiveness of the overall controls in place from a list of 15 cases selected for audit.

2.3 They identified 3 priority 1 concerns; Management were 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 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.

2.4 The Interim Manager has now been in post for 10 months and the priorities have been the Service user, culture changes and adherence to policy. There has also been a familiarisation of the service and the issues, including continuation to review the procedures within the Team, and delivering efficiency savings. There is a good solid base of staff now to improve good

practice, and ensure professional standards are adhered to. Supervision is provided on a regular basis both on a formal and informal basis to embed and improve good practice.

2.5 The following update was provided to the meeting of Audit Sub-Committee on 21<sup>st</sup> June 2017:

Extract from Internal Audit Progress Report

We had previously reported that there were three priority one recommendations following an audit. These were in respect of:

- Assessments- where in some instances core assessments had not been done, eligibility tests for public funding were not evident, annual client reviews were not carried out and three yearly core assessments were not done.
- Care and Support Plans- where it was identified that in some cases the care plan was not reviewed on an annual basis, that there were cases without a core assessment in place and cases where a care plan was not in place within 4 weeks of the core assessment being completed.
- Service Agreements- where it was identified that in some instances there was no evidence that the panel had authorised the agreements.

The report's findings were reported to the Care Services PDS in March 2017.

The Internal Audit follow up report for Learning Disabilities has been rescheduled to quarter 3 prior to the November 2017 meeting of this Committee. Limited testing has been carried out at this time to monitor the progress to implement the three priority 1 recommendations relating to assessments, care and support plans and service agreements.

Internal Audit tested the original sample of 15 clients with the Joint Team Manager Integrated Service to ensure that the reported findings had been remedied. A check on CareFirst identified that progress has been made in the majority of cases and the expected documentation was evidenced however, the core assessment was still outstanding for two cases, the core assessment had been completed for 2 cases but not ended or authorised and annual reviews were overdue for 4 cases. Given the findings for the original sample the recommendation relating to assessments will remain as outstanding.

It is acknowledged that there has been a high turnover of staff; weak practices have been resolved and higher standards of process, timeliness and authorisation have now been imposed. All staff have been reminded that once assessment forms have been started the document must be completed and authorised. Staff have also been reminded to use the correct templates in CareFirst; year-end collation of data from CareFirst has identified that reviews were being completed on the wrong templates or recorded as observations in CareFirst and therefore not included in data returns. Management are now using reports generated from CareFirst to identify incomplete assessments and to improve the timeliness of authorisations. The Joint Team Manager is recruiting two new care manager assistants specifically tasked with review work to ensure that the annual review target is met.

The recommendations relating to timely completion of care plans and authorisation and supporting documentation for service agreements will be need to be tested for a sample of new service users and this will be undertaken during the planned follow up review. Both recommendations are therefore open.

2.6 Further updates would be provided to future meetings of Audit Sub-Committee and Care Services PDS Committee.