

**FINAL INTERNAL AUDIT REPORT**  
**EDUCATION, CARE & HEALTH DEPARTMENT**

**FOLLOW UP REVIEW OF CHILDREN WITH DISABILITIES TEAM**  
**AUDIT FOR 2016-17**

**Issued to:** David Dare, Head of Service Safeguarding and Care Planning  
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**C.c.** Ade Adetosoye, Deputy Chief Executive, Executive Director for ECHS (Final Only)

**Prepared by:** Principal Auditor.

**Date of Issue:** 3/8/2017  
**Report No.:** ECH/037/01/2016

## INTRODUCTION

1. This report sets out the results of our systems based follow up audit of Children with Disabilities Team for 16-17. The audit was carried out in quarter 4 as part of the programmed work specified in the 2016-17 Internal Audit Plan, agreed by the Director of Finance 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 final audit report issued on 18/6/2015 and identifying progress made on implementing the previously agreed recommendations.

## MANAGEMENT SUMMARY

4. Of the previous 4 agreed recommendations, 2 have been fully implemented in respect of the annual reviews and the procedures. Two recommendations relating to the Resource Request Form (RRF) and the Initial Assessment are partially implemented.
5. Through testing it was found that for Sample 1, this service user was also in receipt of direct payments. Reviewing the service agreements, it can be seen that one related to a direct payment of £107.30 per week being paid for the period 29/10/07 to 26/6/11. A second service agreement for direct payments commenced on 27/6/11, which is still in payment, of £182.41 per week, an increase of £74.80 per week. However, previous reviews on 25/9/14 and 25/7/16 both highlight that the direct payment was to be reduced to 15 hours and details an annual figure of £8,369.40, equating to a weekly figure of £160.94. Monitoring information provided to date has been queried as there are no receipts provided only bank statements going out and into the account of the carer. The Exchequer contractor have confirmed that the bank statement is in the name of the carer but is the same address as the family and will therefore require further checking.
6. For the same client it was found that the Initial Assessment was an Adult Initial Assessment, the service user was aged 13 at the time of completion. Additionally, the most recent RRF could not be located.
7. For Samples 1, 2 and 5 all service users had service agreements on Carefirst, but at the time of testing they had not been authorised. The Group Manager confirmed by e-mail that service agreements for Provider A were not authorised. No payment is made from CareFirst service agreements in respect of these placements as the Authority has a block contract with the provider. The team uses the RRF as the

authorisation for placement. Further testing for sample 1, 2 and 5 identified that there are current authorised RRF for 2 and 5 but as discussed in finding 3, sample 1 is not supported by a current RRF. The service should review their procedures with regard to authorisation of service agreements and RRF to ensure that there is an agreed standard approach that delivers an acceptable level of control.

8. As a result of the testing there are two new findings, one related to the direct payment and a second relating to the authorisation of the Provider A placements.

#### **SIGNIFICANT FINDINGS (PRIORITY 1)**

9. None.

#### **DETAILED FINDINGS/MANAGEMENT ACTION PLAN**

10. Any new findings and are detailed in Appendix B of this report and require management comment. Appendix A provides information on the recommendations that are being followed-up and Appendix C give definitions of the priority categories.

#### **ACKNOWLEDGEMENT**

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

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**Appendix A**

No	Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
1	<b>Ensure that the DCT Procedures are up to date and available to all appropriate officers and available on One Bromley.</b>	Review of the policies has taken place and agreed at SMT. Updated procedures to be made available on One Bromley. GM to advise DCT at Team Meeting and in supervisions.	01/08/15	3	Head of Service Group Manager.	The Disabled Children's Procedures are held with the Children's Social Care Procedure Manual recorded under Children In Particular circumstances (Section 4). These are periodically reviewed and updated.	Implemented.
2	<b>Ensure that the Initial Assessments are carried out and are available in all cases.</b>	Team meeting agenda to include a slot on completing Single Assessments and ensure that supervisors cover these areas of practice in supervisions.	15/6/15	3	Group Manager	Audit testing showed that in respect of Sample 1 a query arose with the fact that the Initial Assessment is listed as an adult assessment. The service user is 16 years old but at the time was 13 as at 15/12/13.	Partially Implemented.
3	<b>Ensure that the Resource Request Forms are:-</b> <ul style="list-style-type: none"> <li>• Reviewed in a timely manner to identify any funding which is due to expire.</li> <li>• Include a duration date.</li> <li>• Are authorised in a timely manner.</li> </ul>	DCT Team Meeting Agenda to include workshop slot and cover these areas of practice and also supervisors to discuss in social workers one to one supervision. Monitoring	1/7/15	2	Group Manager	Testing showed that with the exception of Sample 1 all Resource Request Forms could be located. The last Resource Request Form was dated 27/1/15.	Partially Implemented.

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**Appendix A**

No	Recommendation	Management Comment	Target Date	Priority	Responsibility	Follow-up comments	Status
	<ul style="list-style-type: none"> <li>• <b>Specifies a review date. Ensure that service reviews are carried out as agreed within the Resource Request Form.</b></li> </ul>	spreadsheet to be implemented by admin, GM to track and manage work flow & oversee that this is being implemented.					
4	<b>The Annual Review must be carried out within a 12 month timeline including sign off by a manager. To achieve this commencement of the Annual Review should start at the 10th month to ensure that the Review is completed and signed off by a manager within the 12 months' timeline.</b>	A spreadsheet to be set up with a trigger alert for the social worker and supervisor to review the case at the 10 <sup>th</sup> month thereby ensuring that there is a good period of time to Review the case and record the outcome with managers authorisation before the 12 <sup>th</sup> month anniversary date. This is also included in the short break procedures.	15/6/15	2	Group Manager	Audit testing undertaken had no issues arising.	Implemented.

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**Appendix B**

Original recommendation No.	Recommendation	Priority	Management Comment	Responsibility	Agreed Timescale
2	<b>Ensure that the Initial Assessment is carried out and are available in all cases.</b>	3*	Recommendation agreed , evidence to decision making is required in all cases	Group Manager /Team managers	To start immediately
3	<b>Ensure that the Resource Request Forms are:-</b> <ul style="list-style-type: none"> <li>• Reviewed in a timely manner to identify any funding which is due to expire.</li> <li>• Include duration date.</li> <li>• Are authorised in a timely manner.</li> <li>• Specifies a review date</li> <li>• Ensure that service reviews are carried out as agreed within the Resource Request Form.</li> </ul>	2*	Recommendation agreed, Review panel exists and sits fortnightly and considers RRF agreements.  The area of improvement needed is re the administration of ensuring all cases return to panel as stated.	Group Manager /Head of Service	Review these arrangements by July 1 <sup>st</sup> 2017

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**Appendix B**

<p><b>New</b></p>	<p>For the direct payment case discussed in paragraph 5 of the management summary it should be determined whether the correct level of direct payment is being made. The dates of any change should be evidenced to calculate the value of any overpayment and then seek recovery. The status of the queries raised by the Exchequer contractor in respect of the direct payment monitoring information for this case should be confirmed, specifically payment to the carer at the same address.</p>	<p>2</p>	<p>Due to Playscheme hours reducing significantly this is offset against the overpayment made of 17 hours rather than 15 hours. No recovery is therefore required.( £1210 per year reduction of outgoings re Playscheme along with DP being provided at a cost of £1115.92)</p> <p>It is imperative that all staff are fully aware of the DP procedure.</p> <p>Payment to a carer at the same address should only be made in exceptional circumstances. In this case the understanding was the carer was staying in frequently but this still requires monitoring.</p>		
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**Appendix C**

Definition of priority categories.

**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**