

FINAL INTERNAL AUDIT REPORT
EDUCATION, CARE AND HEALTH SERVICES

REVIEW OF ADULT'S SAFEGUARDING FOR 2017-18

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REVIEW OF ADULT'S SAFEGUARDING FOR 2017-18

INTRODUCTION

1. This report sets out the results of our systems based audit of Adult's Safeguarding for 2017/18. The audit was carried out in quarter 4 as part of the programmed work specified in the 2017-18 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.
3. The original scope of the audit was outlined in the Terms of Reference issued on 22 February 2018.
4. A process is in place for Adult's Safeguarding. Between 1st April 2016 and 1st January 2018 there have been 339 Adult's Safeguarding cases opened from which we selected our sample for audit testing.

AUDIT SCOPE

5. The scope of the audit is detailed in the Terms of Reference.

AUDIT OPINION

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

MANAGEMENT SUMMARY

7. Controls noted to be in place and working well based on audit work conducted included:
 - Policies and procedures were in place and available to staff;
 - Staff completed regular training sessions related to Adult's Safeguarding;
 - Referrals were received and recorded on the case management system in a timely manner;
 - Strategy discussions and enquiries were completed and recorded on the case management system in a complete manner;
 - Case conferences/plans and review meetings were completed and, where required, a protection plan is developed;

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- Regular review meetings took place to monitor the Adult Safeguarding Cases;
 - The safeguarding process was closed and approved appropriately where the safeguarding concern had been removed; and
 - Management information was produced and reviewed on a weekly basis.
8. However, we would like to bring to management attention the following issues:
- Staff were not all following the same practices with regards to use of the case management system.
 - Strategy discussions were not completed within five working days of receiving the referral for four of the sample of 10 cases tested; plan and review meetings/case conferences did not take place within the required 20 days for two of the sample of 10 cases tested.
 - The safeguarding cases were not being closed in a timely manner, i.e. in line with the procedural guidance.

SIGNIFICANT FINDINGS (PRIORITY 1)

9. There were no priority one recommendations raised as part of this audit.

DETAILED FINDINGS / MANAGEMENT ACTION PLAN

10. 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

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

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DETAILED FINDINGS

APPENDIX A

No.	Findings	Risk	Recommendation
1	<p><u>Use of the Case Management System</u></p> <p>Whilst undertaking testing of a sample of 10 Adults Safeguarding cases, it was identified that staff members were using inconsistent document names. In addition, documentation relating to Adult Safeguarding cases was stored in inconsistent locations on the case management system.</p> <p>As a result, locating the documentation for testing took more time, however, all the required documentation was located.</p>	<p>Where staff members store documentation and information in inconsistent locations and use inconsistent document names, there is a risk that this information will not be easily accessible if required. This could result in duplication of work or work not being completed.</p>	<p>Staff should be reminded and, if appropriate, further training provided to ensure that staff use consistent document names and locations to save documentation.</p> <p>The database system should also be reviewed to ensure that it is effectively maintained and any old forms which should not be used anymore, are removed from the system</p> <p>(Priority 3)</p>

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DETAILED FINDINGS

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No.	Findings	Risk	Recommendation
2	<p><u>Timeliness of Strategy Discussions and Plan and Review Meetings</u></p> <p>In accordance with the PAN London Procedures and Bromley Local Procedures, a strategy discussion should be completed within five working days of receiving the referral.</p> <p>For the sample of 10 referrals selected, it was identified that in four cases the strategy discussion did not take place within this target. The longest delay in time was 49 days for one case. No rationale was provided as to the reason for the delays.</p> <p>As a result of the safeguarding enquiry, a plan and review meeting/case conference will be completed to discuss the enquiry and the safeguarding case. The plan and review meeting/case conference should be completed within 20 days of the enquiry report, according to the PAN London Procedures and the Bromley Local Procedures.</p> <p>For a sample of 10 referrals, we identified two cases where the plan and review meetings were not completed within 20 working days of the enquiry report. For one of these cases the delay was due to it being police led and therefore accepted as outside of the control of Bromley officers.</p> <p>However for the other case the Enquiry Report was completed on 23/03/2017 and the plan and review meeting took place on the 08/06/2017.</p>	<p>Where strategy discussions and/or plan and review meetings do not take place in a timely manner, there is a risk that staff are not being compliant with local procedures. There is also a risk that the safeguarding concern may escalate which could lead to reputational damage for the Council.</p>	<p>Staff should be reminded within supervision or team meetings to complete strategy discussions and/or plan and review meetings in line with the procedures and timeframes.</p> <p>The Department should consider sample checking cases to ensure that the required timescales are adhered to.</p> <p>Where timeframes cannot be met, the reasoning should be documented on the case management system.</p> <p>(Priority 2)</p>

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DETAILED FINDINGS

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No.	Findings	Risk	Recommendation
3	<p><u>Timeliness of Safeguarding Closure</u></p> <p>In accordance with the PAN London procedures, it is suggested that closure of Safeguarding cases should be undertaken immediately following the removal of risks. This has been adapted at the London Borough of Bromley, with the local procedures detailing that the review and closure should be within 30 days of any final actions.</p> <p>For a sample of 10 safeguarding cases tested, it was identified that five had not been closed within the 30 days of final actions target.</p>	<p>Where safeguarding cases are not closed in a timely manner, there is a risk that performance figures will be inaccurate and unnecessary resources may be expended on cases that should be closed.</p>	<p>Staff should be reminded to close safeguarding cases on the case management system in a timely manner and where this cannot be done, the reasoning should be documented on the case management system.</p> <p>Management should consider reviewing cases that are due for closure to confirm that these are closed in a timely manner.</p> <p>(Priority 2)</p>

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APPENDIX B

MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
1	<p>Staff should be reminded and, if appropriate, further training provided to ensure that staff use consistent document names and locations to save documentation.</p> <p>The database system should also be reviewed to ensure that it is effectively maintained and any old forms which should not be used anymore are removed from the system</p>	3	<p>All staff to receive annual training and refresher training.</p> <p>Meeting with the IT provider to discuss the database system has been diarised.</p>	<p>Head of Service Assessment and Care Management /Consultant Lead Practitioner for Safeguarding ECHS</p> <p>Director of Adult Social Care</p>	<p>Ongoing</p> <p>June 2019</p>

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MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
2	<p>Staff should be reminded within supervision or team meetings to complete strategy discussions and/or plan and review meetings in line with the procedures and timeframes.</p> <p>The Department should consider sample checking cases to ensure that the required timescales are adhered to.</p> <p>Where timeframes cannot be met, the reasoning should be documented on the case management system.</p>	2	<p>Staff reminded through 1:1 meetings, CSMG of the supervision and case management responsibilities.</p> <p>Quality Assurance sample and quality assure through these checks.</p>	<p>Director of Adult Social Care</p> <p>Quality Assurance Officer ECHS</p>	<p>July 2018</p> <p>July 2018</p>

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
3	<p>Staff should be reminded to close safeguarding cases on the case management system in a timely manner and where this cannot be done, the reasoning should be documented on the case management system.</p> <p>Management should consider reviewing cases that are due for closure, to confirm that these are closed in a timely manner.</p>	2	Simple cases closed as soon as possible following referral. Some protracted cases are routinely reviewed.	<p>Director of Adult Social Care</p> <p>Head of Service, Assessment and Care Management</p>	<p>July 2018</p> <p>July 2018</p>

OPINION DEFINITIONS

APPENDIX C

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.