

FINAL INTERNAL AUDIT REPORT

FOLLOW UP INTERNAL AUDIT REVIEW OF REABLEMENT 2017-18

Issued to: Adesina Suleiman, Interim Direct Services Manager,
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Carol Brown, Operations Manager,
Tricia Wennell, Head of Assessment & Care Management,
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David Bradshaw, Head of ECHS Finance,
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Prepared by: Principal Auditor,

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INTRODUCTION

1. This report sets out the results of our systems based follow up audit of Reablement. The audit was carried out in quarter 4 as part of the programmed work specified in the 2017 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.
3. This service has had a change of management with the new Interim Direct Services Manager being in post in February 2018.

AUDIT SCOPE

4. This follow up review considered the final audit report issued in March 9th 2017 and was restricted to identifying progress made on implementing the previously agreed recommendations.

MANAGEMENT SUMMARY

5. Of the previous 10 agreed recommendations, 1 has been fully implemented, 2 are being progressed for completion, 7 have not been implemented. The recommendations not being implemented relate to; detailing current reablement users, performance data, asset register, procedures in both teams, outcome measurement tool, support plans, service agreements and reablement reviews.

SIGNIFICANT FINDINGS (PRIORITY 1)

6. Included within the 7 outstanding recommendations are 2 priority one findings. One was found to be partially implemented that related to the performance measures and data and as such should now be downgraded to a priority 2 recommendation.
7. The second recommendation was previously reported as no longer applicable due to the service transferring out. However, the service is now to be retained in house and the finding was re-tested. This related to the Outcome Measurement Tool and issues arose in 4 out of five cases. Therefore, this has been re-recommended.

DETAILED FINDINGS/MANAGEMENT ACTION PLAN

8. Appendix A provides information on the recommendations that are being followed-up and Appendix C give definitions of the priority categories.

ACKNOWLEDGEMENT

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

| No | Recommendation | Management Comment | Target Date | Priority | Responsibility | Follow-up comments | Status |
|----|--|--|--|----------|-----------------------------|--|------------------------|
| 1 | <p><u>Number of Clients in the Reablement Service</u></p> <p>The Department should consider the need for a more comprehensive way of identifying and detailing the current reablement users.</p> <p>CareFirst reports identifying service users should be reconciled to the records held to ensure that the information held on CareFirst is accurate and complete.</p> | <p>The Re-ablement provider service has its own weekly record of how many clients are in the service measured on a daily basis.</p> <p>This information is made available to finance allowing them to cross check the information held in Carefirst.</p> <p>The provision of a more detailed list of SU's will be discussed with the Director.</p> | <p>The new system started July 16 and will be reviewed following the market testing of the service or 31st March 2018</p> | 2 | Group Manager, Re-ablement. | <p>A spreadsheet is produced weekly by the Reablement Assessment Team of all Reablement clients.</p> <p>Additionally, a spreadsheet is circulated by Finance of all 'open' reablement service agreements '. This also highlights when it appears that the service user has been in reablement for more than 6 weeks.</p> <p>Audit Testing showed that there were service users that appeared on the Reablement Assessment spreadsheet but did not appear on Carefirst.</p> | Partially Implemented. |
| 2 | <p><u>Performance Management Data</u></p> <p>Robust and accurate performance data should be available, accessible and provide useful management information. This data for the identified and agreed measures must be regularly</p> | <p>The KPI's are monitored on a weekly basis by the Head of Service and the Re-ablement Management Team.</p> <p>Current figures for the 13 weeks up to and including week</p> | <p>30th of September 2017.</p> | 1 | | <p>Audit testing raised a few queries in relation to the performance data which have been raised with the Interim Direct Services Manager. The Direct Services Manager advised that CQC were on site on 2/5/18 so the auditor emailed a few queries that were to be clarified.</p> | Partially Implemented. |

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| | <p>reviewed, variances investigated and reconciled to staff claims on a monthly basis.</p> <p>Management must ensure that contracted hours are being delivered by staff and that all performance data is accurate and complete.</p> <p>Management must monitor and investigate the reasons why performance measures are not being satisfied.</p> | <p>commencing 6th Feb are;</p> <p>Contact Time – 63% Office Time – 10% Travel Time – 28%</p> <p>The monitoring will continue and staff are constantly reminded about the need to be accurate with their timing and reporting.</p> <p>Following discussions with HR all staff will be informed that overtime/additional hours claims will not be authorised if their monthly hours, as identified on Ezitracker, are lower than their contractual hours for the month in question. The three performance indicators referred to</p> | | | | <p>Overall the KPI's have improved since they were last tested.</p> <p>In some weeks travel time has increased but there may be various reasons for this.</p> | |

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| | | <p>were agreed as indicators of the service being provided and were never intended as individual performance indicators for individual staff.</p> <p>Unfortunately, there are a number of factors which make the KPI's unsuitable for individual staff. For example, cancellations of visits, visits that are curtailed due to SU's fatigue, hospital discharges not happening and on occasions SU's not being at home. An example of this is that on 22nd February, between 18:49 and 19:29, one member of staff had three calls cancelled as follows; 1 x Agency already</p> | | | | | |

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| | | <p>on site. Re-ablement not informed. 1 x Already in bed, no help needed. 1 x Daughter on-site, no help needed.</p> <p>The shortfall identified by audit will be investigated but cancellation figures may not be complete as data collection had not started at that point and specific travel time figures for the two periods identified may not be available as Ezitracker data is not kept beyond three months. The possibility for retrieval is being explored but this may be a chargeable service. However the Re-ablement management team</p> | | | | | |

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| | | <p>believe that the shortfall was the result of the reporting system which allocated an across the board 25% for all staff travel time. This was changed in Sept/Oct 2016 to reflect the actual time the staff spent travelling as it had become clear that a generic travel time missed a significant number of hours as the travel time was in excess of 25% and was therefore no longer accurate enough for monitoring purposes.</p> <p>An example for w/c 3rd October thru to w/c 24th October 2016 there were 1,871 re-ablement hours available. The service could account for 1,859, a</p> | | | | | |

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| | | <p>shortfall of 11 hours (0.68%).</p> <p>Subsequent monitoring has shown that the Re-ablement service regularly delivers more weekly hours than are actually available.</p> | | | | | |
| 3 | <p><u>Reablement Asset Register</u></p> <p>The Reablement service should ensure that they are maintaining an up to date record of assets and that movements of these assets are recorded. The stock list should be regularly reviewed and signed off by a senior officer.</p> | <p>Re-ablement has set-up an asset register which has documented the number of mobiles phones and non-disposable PPE items, e.g. Jackets.</p> | January 31 st 2017. | 2 | Group Manager, Re-ablement | <p>The asset register was requested from the Group Manager.</p> <p>It was found that the asset register did not include the individual asset numbers/ reference and also details of which staff member had been allocated the relevant asset.</p> | Outstanding Re-recommendation. |
| 4 | <p><u>Reablement Service Procedures</u></p> <p>Policies & Procedures for the reablement service should be fully reviewed and updated, stating the responsible officer and be version controlled. The areas discussed in this report should be considered and</p> | <p>The Re-ablement Service and Procedures manual will be updated to show the change the service has made to how it records the performance data.</p> | 1 st April 2017. | 2 | Group Manager, Re-ablement | <p>The procedure manual was found to still require updating..</p> <p>The Direct Services Manager confirmed that the procedure manual needed to be reviewed going forward.</p> | Outstanding Re-recommendation |

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| | included if appropriate. On completion, procedures should be made available to all staff. | | | | | | |
| 5 | <p><u>Insurance Certificates for Business Use</u></p> <p>All current staff using their vehicles for business journeys should be insured for business use.</p> | <p>The two Insurances that were found to be out of date were:-</p> <p>1. The staff member was on long term sick and had not been asked for her certificate.</p> <p>2. The staff member was on Annual Leave.</p> <p>These were both updated when the staff returned to work.</p> | Immediate. Completed as detailed. | 2 | Group Manager, Re-ablement | <p>A sample of staff was selected to confirm that the current and relevant business insurance was in place.</p> <p>It was found that all staff tested had the relevant business insurance in place.</p> | Implemented |
| 6 | <p><u>Outcome Measurement Tool</u></p> <p>Staff need to be reminded that the outcome measurement tool to assess suitability for the service must be completed until a decision is made to the contrary. The scoring index must be applied consistently.</p> | All Team Leaders have been reminded verbally and in writing to ensure that staff complete the OMT in all cases. | Completed September | 1 | Operations Manager, Short Term Intervention. Head of | <p>Sample testing showed that issues arose with all 5 cases at the time of testing. Two of the OMT were found to be incomplete and there was no OMT located on Carefirst for the three remaining cases.</p> <p>Due to the change to the service and the sample testing the recommendation remains</p> | Outstanding. Re-recommendation. |

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| | Management should determine whether the Outcome Measurement Tool should continue to be used to determine the service users suitability for the reablement service, as is detailed within the current procedural guidance. Cases highlighted within this audit should be investigated. | The OMT will be reviewed | 30 th 2017 | | Service, Assessment & Care Management / Operations Manager, Short Term Intervention. | <p>as outstanding.</p> <p>The Operations Manager advised on 23/4/18 that all staff have been reminded that they are to commence the OMT when referring for this service. This email was circulated last year.</p> <p>The OMT has not been reviewed, as previously planned, as Reablement will no longer be commissioned out. Care Management will now need to look at what is being used elsewhere as a benchmark and make a decision moving forward.</p> | |
| 7 | <u>Support Plans</u> The support plans for the cases identified should be investigated. Current support plans should be in place for all service users currently receiving services. | All Team Leaders will be sent a reminder to ensure staff complete support plans as per procedure. PRG will continue to monitor this and feedback to TLs. Staff will be informed and will be required to update the cases. | Completed March 31 st 2017 | 2 | Head of Service, Assessment & Care Management Operations Manager, Short Term Interventions. | <p>Audit testing showed that there was no support plan held on Carefirst for Sample 3.</p> <p>The Operations Manager advised that PRG continue to scrutinise support plans for accuracy and if the plans reflect the assessed needs.</p> | Outstanding Re-recommendation. |

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| 8 | <p><u>Service Agreements</u></p> <p>Service agreements should be updated and authorised in a timely manner. Cases should be investigated and updated as necessary.</p> | <p>All Team Leaders will be sent a reminder to ensure staff complete support plans as per procedure. PRG will continue to monitor this and feedback to Team Leaders.</p> <p>Staff will be informed and will be required to update the cases.</p> | <p>Completed</p> <p>March 31st 2017</p> | 2 | <p>Head of Service, Assessment & Care Management.</p> <p>Operations Manager, Short Term Interventions.</p> | <p>A sample of clients were selected at random. It was found that one service agreement for Reablement, Sample 5, had not been authorised at the time of testing.</p> <p>Additionally, there was no service agreement for Sample 2, but this service user appeared on the Reablement Assessment spreadsheet.</p> | Outstanding Re-recommendation. |
| 9 | <p><u>Reablement Reviews</u></p> <p>Reablement Reviews should be undertaken to determine whether the service users still require the service over the full period of up to six weeks or if there is the possibility of setting up a care package due to ongoing needs, or whether the service can be terminated.</p> | <p>All Team Leaders will be sent a reminder to ensure staff complete support plans as per procedure. PRG will continue to monitor this and feedback to TLs.</p> <p>Staff will be informed and will be required to update the cases</p> | <p>Completed</p> <p>March 31st 2017</p> | 2 | <p>Head of Service, Assessment & Care Management.</p> <p>Operations Manager, Short Term Interventions.</p> | <p>Audit testing showed that there were no reablement reviews located on Carefirst for Samples 2, 4 and 5.</p> | Outstanding Re-recommendation. |

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| 10 | <p><u>Reablement Assessment Policies & Procedures</u></p> <p>Policies & Procedures for the Reablement Assessment team should be revised in full and should reflect the Care Act and not Fair Access to Care, stating the responsible officer and be version controlled and made available to all staff.</p> <p>The areas discussed in this report should be considered and included if appropriate.</p> | <p>All documents will be reviewed and updated.</p> <p>Service is subject to future commissioning considerations and the Head of Service will work with any new provider on the development of documents if appropriate.</p> | January 31 st 2018 | 2 | Head of Service, Assessment & Care Management / Operations Manager, Short Term Intervention. | The Operations Manager advised that this is work in progress. We now have a Policy Officer who we work closely with to update these policies and procedures. In addition, we will be liaising with the Interim Manager for Reablement Direct Care Services to be involved with this work. | Outstanding Re-recommendation. |

| Original recommendation No. | Recommendation | Priority | Management Comment | Responsibility | Agreed Timescale |
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| 1 | <p><u>Number of Clients in the Reablement Service</u></p> <p>The Department should consider the need for a more comprehensive way of identifying and detailing the current reablement users.</p> <p>CareFirst reports identifying service users should be reconciled to the records held to ensure that the information held on CareFirst is accurate and complete.</p> | 2* | <p>A spreadsheet is produced weekly by the Reablement Assessment Team of all Reablement clients. This report is shared with the Group Manager and the Direct Services Manager to identify service users who need review to be completed by Facilitators. It is also used to identify the number of service users in the service. Additionally, a spreadsheet is circulated by Finance of all 'open' reablement service agreements '. This also highlights when it appears that the service user has been in reablement for more than 6 weeks. Audit Testing showed that there were service users that appeared on the Reablement Assessment spreadsheet but did not appear on Carefirst. The list from Finance is now monitored every week by the Direct Services Manager. Request for data cleaning is sent to the</p> | Direct Services Manager | N/A |
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| | | | <p>relevant team leader to close open service agreements and this has significantly improved the data although not completely eliminated. This recommendation should be reported as fully implemented from the Reablement point of view as the actual responsibility for cleaning the data falls on other teams once raised with the team managers.</p> | | |
| 2 | <p><u>Performance Management Data</u></p> <p>Robust and accurate performance data should be available, accessible and provide useful management information. This data for the identified and agreed measures must be regularly reviewed, variances investigated and reconciled to staff claims on a monthly basis.</p> <p>Management must ensure that contracted hours are being delivered by staff and that all performance data is accurate</p> | 1* | <p>Overall the KPI's have improved since they were last tested. There is now an agreed process in place for reviewing the performance data from Ezitracker. The Admin staff who compile the data will produce a report every 2 weeks and share this with the Group Manager and the Direct Care Services Manager. The Admin staff is well experienced in doing this and she will seek clarification with the Facilitators and Planners if she is not clear about the information provided. Admin staff will raise to Group Manager any unresolved issue and this will be further</p> | Direct Services Manager | On-going |

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| | <p>and complete.</p> <p>Management must monitor and investigate the reasons why performance measures are not being satisfied.</p> | | <p>escalated. The most recent available data on 14/05/18 provides the following information:</p> <p>Contact time – 62.40 (KPI 65-70%): This is affected by several factors some of which are beyond the service control such as unplanned cancellations or staff getting better sooner than expected. On-going monitoring to be continued and improvement plan to be implemented once identified.</p> <p>Travel time – 27.55% (KPI 20-25%): In some weeks travel time has increased but there may be various reasons for this such as difficulty in managing the rota system with the current number of staff and service users and the geographical spread of areas that needs to be covered.</p> <p>Variance 1.40%: This shows that overall staff are putting in more hours than their contracted hours. The baseline used in managing</p> | | |
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| | | | <p>staff hours is that any negative variance of up to 0.5hour will be discussed with the staff to identify the reason and identify how to manage situation better.</p> <p>Office time – 11.20% - No KPI is set for office time but this is expected to be reduced with increase in staff mobile working.</p> | | |
| | | | <p>The most recent available data on 21/05/18 provides the following information: Contact time – 63.58 (KPI 65-70%): This is affected by several factors some of which are beyond the service control such as unplanned cancellations or staff getting better sooner than expected. On-going monitoring to be continued and improvement plan to be implemented once identified. Travel time – 26.96% (KPI 20-25%): In some weeks travel time</p> | | |

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| | | | <p>has increased but there may be various reasons for this such as difficulty in managing the rota system with the current number of staff and service users and the geographical spread of areas that needs to be covered.</p> <p>Variance 2.60%: This shows that overall staff are putting in more hours than their contracted hours. The baseline used in managing staff hours is that any negative variance of up to 0.5hour will be discussed with the staff to identify the reason and identify how to manage situation better.</p> <p>Office time – 12.01% - No KPI is set for office time but this is expected to be reduced with increase in staff mobile working.</p> | | |

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| 3 | <p><u>Reablement Asset Register</u></p> <p>The Reablement service should ensure that they are maintaining an up to date record of assets and that movements of these assets are recorded. The stock list should be regularly reviewed and signed off by a senior officer.</p> | 2* | <p>The asset register has been updated and now includes the name of individual staff and telephone numbers allocated. The Register has been further updated to include recent laptops allocated to the staff. The Register is checked as correct by the Group Manager. This recommendation should be recorded as completed.</p> | Group Manager Reablement | N/A |
| 4 | <p><u>Reablement Service Procedures</u></p> <p>Policies & Procedures for the reablement service should be fully reviewed and updated, stating the responsible officer and be version controlled. The areas discussed in this report should be considered and included if appropriate. On completion, procedures should be made available to all staff.</p> | 2* | <p>The procedure manual was updated prior to CQC Inspection on 02/05/18. The CQC found the records to be up to date for their requirement. Some of the new policies in place are the Infection Control Policy, Medication Administration policy, Gifts and Hospitality Policy, Raising Concerns and Whistleblowing policy. The Business Continuity Plan was also updated and signed off. The Reablement Group Manager and Direct Services Manager will</p> | Group Manager Reablement | September 30th 2018 |

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| | | | continue to review and update the procedure as appropriate and make the necessary improvement. | | |
| 6 | <p><u>Outcome Measurement Tool</u></p> <p>Staff need to be reminded that the outcome measurement tool to assess suitability for the service must be completed until a decision is made to the contrary. The scoring index must be applied consistently.</p> <p>Management should determine whether the Outcome Measurement Tool should continue to be used to determine the service user's suitability for the reablement service, as is detailed within the current procedural guidance. Cases highlighted within this audit should be investigated.</p> | 1* | <p>All staff have been reminded that they are to commence the OMT when referring for this service. This email was circulated last year.</p> <p>The OMT has not been reviewed by Provider A as previously planned. Care Management will now need to look at what is being used elsewhere as a benchmark and make a decision moving forward.</p> | Operations Manager | October 31st 2018. |

| Original recommendation No. | Recommendation | Priority | Management Comment | Responsibility | Agreed Timescale |
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| 7 | <p><u>Support Plans</u> The support plans for the cases identified should be investigated. Current support plans should be in place for all service users currently receiving services.</p> | 2* | PRG continue to scrutinise support plans for accuracy and if plans reflect the assessed needs. | Operations Manager | October 31st 2018. |
| 8 | <p><u>Service Agreements</u> Service agreements should be updated and authorised in a timely manner. Cases should be investigated and updated as necessary.</p> | 2* | As above | Operations Manager | October 31st 2018. |
| 9 | <p><u>Reablement Reviews</u> Reablement Reviews should be undertaken to determine whether the service users still require the service over the full period of up to six weeks or if there is the possibility of setting up a care package due to ongoing needs, or whether the service can be terminated.</p> | 2* | As above | Operations Manager | October 31st 2018. |

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| 10 | <p><u>Reablement Assessment Policies & Procedures</u></p> <p>Policies & Procedures for the Reablement Assessment team should be revised in full and should reflect the Care Act and not Fair Access to Care, stating the responsible officer and be version controlled and made available to all staff.</p> <p>The areas discussed in this report should be considered and included if appropriate.</p> | 2* | This is work in progress. We now have a Policy Officer who will work closely with the Interim Direct Services Manager, where appropriate. | Operations Manager | April 1st 2019. |

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**