

## **FINAL INTERNAL AUDIT REPORT**

### **EDUCATION, CARE AND HEALTH SERVICES DEPARTMENT**

#### **REVIEW OF REABLEMENT TEAM SERVICE AUDIT FOR 2016-17**

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**Prepared by:** Principal Auditor,

**Date of Issue:** March 9<sup>th</sup> 2017

**Report No.:** ECH/036/01/2016

## REVIEW OF REABLEMENT TEAM SERVICE AUDIT FOR 2016-17

### INTRODUCTION

1. This report sets out the results of our systems based audit of **Reablement Team Service Audit for 2016-17**. The audit was carried out in quarter 3 as part of the programmed work specified in the 2016-17 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 9/11/16. The period covered by this report is from **April 2016 to January 2017**.
4. The budget for Reablement also includes the Community Assessment & Rehabilitation Team (CART's) and the Direct Care Management. For 2016/17, the budget is £842,460 and the actual spend is £655,472 (as at August). This was provided to Internal Audit in November 2016. For 2015/16, the budget was £844,500 and the actual spend at year end was £694,648. The Better Care Fund and how this was spent was not reviewed as part of this audit review.
5. The Reablement Services help people adapt to a recent illness or disability by learning or relearning the skills necessary for independent daily living at home. Reablement Services may be offered to someone who has recently come out of hospital. Reablement should be provided free of charge by the local authority for up to six weeks. Reablement is one of councils' main tools in managing the costs of an ageing population and will be important as Authorities face cuts in government funding. Since the Care Act 2014, there is more of a responsibility for prevention and to enable people to remain independent.
7. Referrals for reablement or new service requests are made via a number of sources such as the Hospital Care Manager or the Reablement Care Management. An assessment is undertaken and as part of this, an outcome measurement tool is used to determine suitability for the service following which the Reablement Service will commence the home visits for the service user.

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8. It is proposed that the Council tender this service jointly with Provider A.
9. The Reablement Service was inspected on the 22/11/16 by the Care Qualities Commission. The overall rating for the service was that the service 'requires improvement'.

### AUDIT SCOPE

10. The scope of the audit is detailed in the Terms of Reference. In addition to this, coverage of the understanding of reablement tasks was requested by the Director, Adult Social Care.
11. The CARTS team were not reviewed.

### AUDIT OPINION

12. 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

13. The findings within this report are split between the Reablement Team and the Reablement Assessment Team. Internal Audit wish to bring the following to management's attention :-

#### **Reablement Team**

- A definitive number of clients cannot be accurately identified at present.
- Concerns relate to the accuracy and robustness of performance management data.
- An asset register was not maintained and signed off by a senior manager.
- Reablement Policies and Procedures had not been updated since May 2016, despite a change in processes.

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- Insurance certificates to confirm that staff are insured for business use were found in have expired in some cases.

### **Reablement Assessment Team**

- The Outcome Measurement Tool was found not to be used by all staff to assess suitability for the service.
- Current support plans were found not to be in place in some cases.
- Service agreements on Carefirst were not updated in a timely manner and queries arose with the dates of the service.
- Reablement Reviews had not been undertaken in some cases.
- Reablement Assessment Policy & Procedures were found to require an update.

14. Enquiries were made in respect of the understanding of reablement tasks by staff who were able to provide details as applicable. The service undertook some functions that were more akin to a homecare service, such as shopping. These non-reablement functions have since ceased immediately under the direction and supervision of the Director of Adult Social Care.

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

15. Priority 1 findings are also listed here:

### **Performance Management Data**

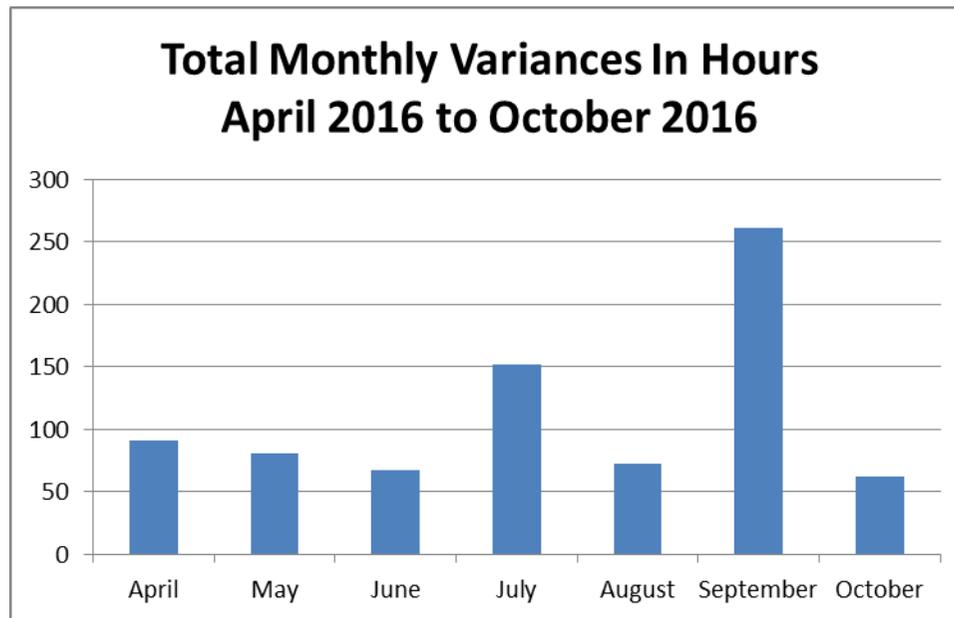
16. The main performance area is also the information recorded within Ezitracker. This records the contracted hours, available hours (after leave and any training or sickness), hours allocated to Ezitracker, office time, contact time with clients and the travelling time. These are shown as percentages. Any variances are highlighted.
17. For weeks commencing 11/7/18 and 18/7/18 (combined) the performance measures outcomes are detailed below;-
- Eight staff exceeded the 10% office time measure.(Samples D,E,F,J,K,O,S and W )
  - Six staff had not met the 65% contact time measure. (Samples B, D, E, F, K and V).
  - Six staff had not delivered their contracted hours /available hours. (Samples B,D,E,K,R & T)
  - Two staff claimed additional hours or overtime in respect of the month of July 2016 that was paid in August 2016. For Sample R, 0.5 hours extra hours were paid and according to the Ezitracker data there was a shortfall of 3.25 hours. For Sample P, the Ezitracker data highlights that there was a variance of 12.75 hours (shortfall) but 2.58 hours were paid.

## REVIEW OF REABLEMENT TEAM SERVICE AUDIT FOR 2016-17

- In total, there are 80 hours in variance for this time period that cannot be accounted for by management.
18. For week commencing 31/10/16 the performance measures results are detailed below:-
- Eight staff exceeded the 10% office time measure (Samples C, E, F, G, K, L, N and Q).
  - Nine staff had not met the 65% contact time measure. (Samples B, E, F, I, K, L, O, P and U).
  - Nine staff had exceeded the travel time measure of 25%. (Samples E, F, G, I, K, L, M, Q and U).
  - Five staff had not delivered their contracted hours/ available hours. (Samples B, E, I P and W).
  - One staff member (Sample B) claimed additional hours in respect of the month of October 2016 that was paid in November 2016, Ezitracker shows that there was a shortfall of hours of 3.5 hours in October 2016 and 6.75 hours were paid in November 2016. For Sample P, the Ezitracker data highlights that there was an additional 4.5 hours but 2.17 hours were paid.
  - In total there are 25 hours in variance for this time period that cannot be accounted for by management.

## REVIEW OF REABLEMENT TEAM SERVICE AUDIT FOR 2016-17

19. The chart below shows the number of hours that cannot be accounted for the period of April 2016 – October 2016, according to the services performance data on Ezitracker. The total number of hours that cannot be accounted for over this seven month period is 788.42, which represents 5% of the available hours that facilitators should have delivered for the period. Therefore, it is likely that hours have been overpaid but this cannot be quantified comprehensively.



20. It is highlighted within a committee reported dated 14/9/16, that 'Performance management information is not adequately captured and reported on, which means that the service cannot be confident in its current budget monitoring. This is being addressed through establishing weekly reconciliation reports between finance, the service, and care management'.

## REVIEW OF REABLEMENT TEAM SERVICE AUDIT FOR 2016-17

### **Outcome Measurement Tool**

21. For 11 samples, it was found that the outcome tool had not been completed. Therefore, it was not possible to confirm whether the eligibility criteria had been satisfied.  
(Samples 4,9,11,14,19,23,24,27,28,30 and 32).
22. Additionally, it was found that when applying the outcome measurement tool scoring index, although the scoring had been applied it was found that 9 service users that received the reablement service had not met the criteria. (Samples 1, 3, 7, 12, 16, 17, 22, 25, and 29).
23. Discussions with management identified that there was a lack of confidence that all staff completed the tool as they should and suggested that a decision should be made on whether the completion of the measurement tool should continue.
24. Discussions with the Operations Manager, Short Term Intervention on 30/01/2017, confirmed that the Outcome Measurement Tool should continue to be completed and there has been no directive issued to the contrary.

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

25. 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**

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

DETAILED FINDINGS

No.	Findings	Risk	Recommendation
1	<p><b><u>Number of Clients in the Reablement Service</u></b></p> <p>Referred clients eligible for reablement care are assessed and then set up on Carefirst with a service agreement.</p> <p>Strategy and Performance (ECHS) provided a report of all open and closed reablement service users for the period April 1<sup>st</sup> 2016 to 9<sup>th</sup> November 2016. It could be seen that there were a total number of 437 service users during this period of which of which 47 were open, 390 were closed and 48 of these cases were actually deceased</p> <p>The Reablement Service itself used to monitor the number of clients by means of the Reablement Client list which detailed the client, start and end dates, hours of weekly care over a period of time within or in excess of 6 weeks. However, this is no longer available due to a lack of resources and instead the weekly Reablement Performance Data is now prepared, which shows the number of clients in the service each week. It does not drill down to individual service users or detail the number of terminations or discharges from the service each week. The reliability of this data was not tested during the audit.</p>		

**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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	<p>Delays occur in updating Carefirst in a timely manner when services are ended. An update is provided by the Group Manager periodically to ensure that Carefirst is up to date. The start and end date of the reablement service sometimes differs in reality to that recorded on Carefirst.</p> <p>Concerns have been raised with the Head of Direct Care by other senior officers in respect of the reliability of this data for clients in receipt of reablement as this cannot be given as a definitive figure at a point in time. This will directly impact on business planning, budget monitoring and the completion of statutory returns.</p> <p>The number of clients is circa 500 per year as highlighted within a committee report dated 14/9/16. The report highlights that ‘the absence of accurate data means it is difficult to measure the success of the current services, and therefore accurately measure the impact the services is having on the overall objectives of reducing or delaying long term social care intervention. Through the weekly reconciliation meetings this will be improved and monitored’.</p>	<p>Records currently held do not allow sufficient reconciliation or information to make informed decisions.</p>	<p><b>The Department should consider the need for a more comprehensive way of identifying and detailing the current reablement users.</b></p> <p><b>CareFirst reports identifying service users should be reconciled to the records held to ensure that the information held on CareFirst is accurate and complete.</b></p> <p><b>[Priority 2]</b></p>

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No.	Findings	Risk	Recommendation
2	<p><b><u>Performance Management Data</u></b></p> <p>The main source of performance data for the service is recorded within Ezitracker. Performance reports are also produced separately and additional data collection is undertaken on open and closed cases, which is duplicating work.</p> <p>Ezitracker records key data such as the facilitators contracted hours, available hours (after leave and any training or sickness), hours allocated to Ezitracker, office time, contact time with clients and the travelling time. There are three main performance measures that are required to be met; Office time 10%, Contact Time 65% and Travelling Time 25%. Any variances are highlighted.</p> <p>In some cases fields are not completed and some contain errors.</p> <p>Sample weeks of Ezitracker date were selected for review and it was found that having reviewed the performance data for weeks commencing 11/7/16 and 18/7/16 (combined) it can be seen that :-</p> <ul style="list-style-type: none"> <li>• Eight staff exceeded the 10% office time measure.</li> </ul>	<p>Performance data is inaccurate and misleading. If data is incorrect and misleading service data, budget monitoring and government returns will also be incorrect.</p>	<p><b>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.</b></p>

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	<p>(Samples D,E,F,J,K,O,S and W )</p> <ul style="list-style-type: none"> <li>• Six staff had not met the 65% contact time measure. (Samples B, D, E, F, K and V).</li> <li>• Six staff had not delivered their contracted hours or available hours. (Samples B, D, E, K, R &amp; T).</li> <li>• Two staff claimed additional hours or overtime in respect of the month of July 2016 that was paid in August 2016. For Sample R, 0.5 hours extra hours were paid and according to the Ezitracker data there was a shortfall of - 3.25 hours.</li> <li>• For Sample P, the Ezitracker data highlights that there additional hours of 4.5 hours but 2.17 hours were paid.</li> <li>• In total, there are 80 hours in variance for this time period that cannot be accounted for by management.</li> </ul> <p>For week commencing 31/10/16 the performance measures results are detailed below:-</p> <ul style="list-style-type: none"> <li>• Eight staff exceeded the 10% office time measure. (Samples C, E, F, G, K, L, N and Q).</li> <li>• Nine staff had not met the 65% contact time measure. (Samples B, E, F, I, K, L, O, P and U).</li> </ul>	<p>Staff do not delivering their contracted hours.</p>	<p><b>Management must ensure that contracted hours are being delivered by staff and that all performance data is accurate and complete.</b></p>

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	<ul style="list-style-type: none"> <li>• Nine staff had exceeded the travel time measure of 25%. (Samples E, F, G, I, K, L, M, Q and U).</li> <li>• Five staff had not delivered their contracted hours or available hours (Samples B, E, I, P and W).</li> <li>• There was no data completed for K and there is a query with the data for R.</li> <li>• One staff claimed additional hours in respect of the month of October 2016 that was paid in November 2016. For Sample B, Ezitracker shows that there was a shortfall of hours of 3.5 hours and 6.75 hours were paid. For Sample P, the Ezitracker data highlights that there was an additional 4.5 hours but 2.17 hours were paid.</li> <li>• In total there are 25 hours in variance for this time period that cannot be accounted for by management.</li> </ul> <p>The performance measures do not seem to be reported anywhere and are used within the service area only. It was confirmed that at the budget monitoring meeting held on 27/10/16, copies were handed out but collected back in at the end of the meeting.</p> <p>It is highlighted within a committee reported dated 14/9/16, that</p>		

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	<p>'Performance management information is not adequately captured and reported on, which means that the service cannot be confident in its current budget monitoring. This is being addressed through establishing weekly reconciliation reports between finance, the service, and care management'.</p>	<p>There is also no supporting evidence to confirm that management monitor the weekly performance data and investigate variances.</p>	<p><b>Management must monitor and investigate the reasons why performance measures are not being satisfied.</b></p> <p><b>[Priority 1]</b></p>
3	<p><b><u>Reablement Asset Register</u></b>                      A copy of the Reablement Asset Register was requested. The Group Manager confirmed that there was no reablement asset register, as they did not own any equipment.</p> <p>The stock or equipment such as protective clothing etc was not detailed and log of mobile phone users provided to the Auditor detailing the 25 mobile phones currently in use by staff and managers had not be signed off or dated.</p>	<p>Ineffective control over assets.</p>	<p><b>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 reviewed and signed off by a senior officer.</b></p> <p><b>[Priority 2]</b></p>

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4	<p><b><u>Reablement Service Policies &amp; Procedures</u></b>                      The current procedure manual was requested from the Group Manager on 16/11/16. The auditor was advised that this had previously been sent on 27/5/16. The manual has not been updated since this time.</p> <p>It was found that the change in process of moving away from the completion of the reablement client list to the Reablement Performance Data spreadsheet had not been reflected within the procedure manual.</p> <p>The details of the performance measures for the service are also not included within the procedures.</p>	<p>Staff may be working to different working practices.</p>	<p><b>Policies &amp; 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.</b></p> <p><b>[Priority 2]</b></p>

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5	<p><b><u>Insurance Certificates for Business Use</u></b>                      Insurance certificates were reviewed for facilitators sampled to confirm that the necessary insurance was in place for business use if staff used their own vehicles. Queries arose in 3 cases.(Samples K, R and T).</p> <p>Sample K - Insurance expired on 4/12/16.                      Sample R - Insurance expired on 25/11/16.                      Sample T - Insurance expired on 2/10/16. This facilitator left employment on 16/10/16.</p>	<p>Employees will not be insured whilst on business journeys in the event of a claim.</p>	<p><b>All current staff using their vehicles for business journeys should be insured for business use.</b></p> <p><b>[Priority 2]</b></p>
6	<p><b><u>Outcome Measurement Tool</u></b></p> <p>For 11 samples, it was found that the outcome tool had not been completed. Therefore, it was not possible to confirm whether the eligibility criteria had been satisfied. (Samples 4,9,11,14,19,23,24,27,28,30 and 32).</p> <p>Additionally, it was found that when applying the outcome measurement tool scoring index, although the scoring had been applied it was found that 9 service users that received the reablement service had not met the criteria. (Samples 1, 3, 7, 12, 16, 17, 22, 25, and 29).</p>	<p>The correct service may not be provided in the first instance.</p>	<p><b>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.</b></p>

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	<p>Discussions with management identified that there was a lack of confidence that all staff completed the tool as they should and suggested that a decision should be made on whether the completion of the measurement tool should continue.</p> <p>Discussions with the Operations Manager, Short Term Intervention on 30/01/2017, confirmed that the Outcome Measurement Tool should continue to be completed and there has been no directive issued to the contrary.</p>	<p>Services may be provided with a service that is not appropriate based on the service users assessment.</p>	<p><b>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.</b></p> <p><b>[Priority 1]</b></p>

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7	<p><b>Support Plans</b>                      Audit testing showed that out of the 32 service agreements tested,</p> <ul style="list-style-type: none"> <li>• Two service users had draft support plans only (Samples 3 and 8).</li> <li>• Eight current service users only had historic support plans. (Samples 15, 16,19, 20, 21,22,24,25)</li> </ul> <p>A Care and Support Plan should be completed within 4 weeks of the assessment being finished.</p>	<p>Assessments may not be up to date and match care currently being provided.</p>	<p><b>The support plans for the cases identified should be investigated. Current support plans should be in place for all service users currently receiving services.</b></p> <p><b>[Priority 2]</b></p>

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8	<p><b><u>Service Agreements</u></b></p> <p>From the 32 reablement service agreements reviewed, it was found that there were 4 service agreements that were open or closed at 11/1/17 but remained unauthorised (Samples 1, 2, 6 a deceased service user, 11, 12, 15 and 19). The remaining sample was incomplete at the time of testing. (Sample 4).</p> <p>Dates of start and end dates were also found to be different when comparing data on Staffplan (which details the individual staff visits to the service user) to Carefirst. (Samples 1, 8, and 19).</p>	<p>Service agreements are not updated or authorised onto Carefirst correctly resulting in incorrect and misleading service data, budget monitoring and government returns.</p>	<p><b>Service agreements should be updated and authorised in a timely manner. Cases should be investigated and updated as necessary.</b></p> <p><b>[Priority 2]</b></p>

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9	<p><b><u>Reablement Reviews</u></b></p> <p>Audit testing showed that out of the 32 service agreements tested (31 service users), it was found that some Reablement Reviews were not recorded/fully recorded on Carefirst at the time of testing.(Samples 4,5,8,12,27 and 31).</p>	<p>If Reablement Reviews are not undertaken, then identifying any changes in the client's needs may not be possible.</p>	<p><b>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.</b></p> <p><b>[Priority 2]</b></p>

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10	<p><b><u>Reablement Assessment Policies &amp; Procedures</u></b>                      The procedure document Operational Procedures for Reablement version 3, refers to the early adopter site and the assessment Process for Reablement version 3, were both undated. On discussions with the Senior Practitioner, the Auditor was informed that these procedures were no longer relevant and were no longer applicable.</p>	<p>Staff may be operating to different practices.</p>	<p><b>Policies &amp; 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.</b></p> <p><b>The areas discussed in this report should be considered and included if appropriate.</b></p> <p><b>[Priority 2]</b></p>

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MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
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Reablement Team					
1	<p><b><u>Number of Clients in the Reablement Service</u></b></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>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>	Group Manager, Re-ablement.	The new system started July 16 and will be reviewed following the market testing of the service or 31 <sup>st</sup> March 2018.
2	<p><b><u>Performance Management Data</u></b></p> <p>Robust and accurate performance data should be available, accessible and</p>	1	<p>The KPI's are monitored on a weekly basis by the Head of Service and the Re-ablement Management Team.</p>		

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MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
	<p><b>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.</b></p> <p><b>Management must ensure that contracted hours are being delivered by staff and that all performance data is accurate and complete.</b></p> <p><b>Management must monitor and investigate the reasons why performance measures are not being satisfied.</b></p>		<p>Current figures for the 13 weeks up to and including week commencing 6<sup>th</sup> 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.</p>	<p>Head of Service/Re-ablement management team.</p> <p>Group Manager, Re-ablement</p>	<p>Weekly monitoring started October 2016.</p> <p>March 31<sup>st</sup> 2017.</p>

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
			<p>The three performance indicators referred to 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.</p> <p>An example of this is that on 22<sup>nd</sup> February, between 18:49 and 19:29, one member of staff had three calls cancelled as follows; 1 x Agency already on site. Re-ablement not informed.</p>	<p>Head of Service Re-ablement management team.</p>	<p>Weekly reviews started July 2016 and will continue until the outcome of the market testing tender is known when the KPI's will be reviewed.</p>

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MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
			<p>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 believe that the shortfall was the result of the reporting system which allocated an across the board 25% for all</p>	<p>Head of Direct Care/Re-ablement Management Team.</p>	<p>30<sup>th</sup> of September 2017.</p>

**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

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MANAGEMENT ACTION PLAN

Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
			<p>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 3<sup>rd</sup> October thru to w/c 24<sup>th</sup> October 2016 there were 1,871 re-ablement hours available. The service could account for 1,859, a 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>		

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			For example the figures for the service for the 13 weeks up to and including week commencing 6 <sup>th</sup> Feb show that there were 4,821 available hours and the service accounted for 4,863 (+42 hrs., 0.87%). This period included Christmas and New Year which historically see an increase in cancellations and aborted visits.		

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
3	<p><b><u>Reablement Asset Register</u></b></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	Re-ablement has set-up an asset register which has documented the number of mobiles phones and non-disposable PPE items, e.g. Jackets.	Group Manager, Re-ablement	January 31 <sup>st</sup> 2017.

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
4	<p><b><u>Reablement Service Procedures</u></b></p> <p><b>Policies &amp; 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.</b></p>	2	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.	Group Manager, Re-ablement	1 <sup>st</sup> April 2017.

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5	<p><b><u>Insurance Certificates for Business Use</u></b></p> <p><b>All current staff using their vehicles for business journeys should be insured for business use.</b></p>	2	<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>	Group Manager, Re-ablement	Immediate. Completed as detailed.
<b>Reablement Assessment Team</b>					

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
6	<p><b><u>Outcome Measurement Tool</u></b></p> <p><b>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.</b></p> <p><b>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.</b></p>	1	<p>All Team Leaders have been reminded verbally and in writing to ensure that staff complete the OMT in all cases.</p> <p>The OMT will be reviewed</p>	<p>Operations Manager, Short Term Intervention.</p> <p>Head of Service, Assessment &amp; Care Management / Operations Manager, Short Term Intervention.</p>	<p>Completed</p> <p>September 30<sup>th</sup> 2017</p>

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7	<p><b><u>Support Plans</u></b></p> <p>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	<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>Head of Service, Assessment &amp; Care Management</p> <p>Operations Manager, Short Term Interventions.</p>	<p>Completed</p> <p>March 21<sup>st</sup> 2017</p>
8	<p><b><u>Service Agreements</u></b></p> <p>Service agreements should be updated and authorised in a timely manner. Cases should be investigated and updated as necessary.</p>	2	<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>Head of Service, Assessment &amp; Care Management.</p> <p>Operations Manager, Short Term Interventions.</p>	<p>Completed</p> <p>March 31<sup>st</sup> 2017</p>

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9	<p><b><u>Reablement Reviews</u></b></p> <p><b>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.</b></p>	2	<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>Head of Service, Assessment &amp; Care Management.</p> <p>Operations Manager, Short Term Interventions.</p>	<p>Completed</p> <p>March 31<sup>st</sup> 2017</p>

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Finding No.	Recommendation	Priority *Raised in Previous Audit	Management Comment	Responsibility	Agreed Timescale
10	<p><b><u>Reablement Assessment Policies &amp; Procedures</u></b></p> <p><b>Policies &amp; 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.</b></p> <p><b>The areas discussed in this report should be considered and included if appropriate.</b></p>	2	<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>	Head of Service, Assessment & Care Management / Operations Manager, Short Term Intervention.	January 31 <sup>st</sup> 2018

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## 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.