



FINAL INTERNAL AUDIT REPORT

ADULT SOCIAL CARE RESIDENTIAL PLACEMENTS

PE/01/2022

16 June 2023

Auditor	Principal Auditor
Reviewer	Head of Audit and Assurance

Distribution list

Job title
Director of Adult Services
Assistant Director, Safeguarding, Practice and Provider Relations
Assistant Director, Operations, Adult Services
Head of Service, Placements and Brokerage
Team Leader, Central Placements Team

Executive Summary

Audit Objective	The objective of this audit was to review the effectiveness of the controls in place over the placement of adults in residential care, to ensure that placements are made timely, taking into account the needs and wishes of the client whilst also being cost effective.
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Assurance Level		Findings by Priority Rating		
Reasonable Assurance	There is generally a sound system of control in place but there are weaknesses which put some of the service or system objectives at risk. Management attention is required.	Priority 1	Priority 2	Priority 3
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Key Findings
<p>We noted the following areas of good practice:</p> <ol style="list-style-type: none"> 1. Prior to making a placement the client’s needs and wishes are taken into account as part of the assessment process. 2. Residential care was the appropriate option, following assessment, for all of the clients in our sample. 3. There was sufficient information in the assessment for the Central Placements Team to work with when placing a client. 4. Any specific health needs or conditions which may impact on the Council’s options when selecting a residential home to place the client, had been identified. 5. There are procedures for placements which are current, available on the Team’s Sharepoint site, with a named owner and a review date of September 2023. <p>Our audit highlighted the following areas where controls need to be improved:</p> <ol style="list-style-type: none"> 6. Time taken to place clients (Priority 2). Two of the placements in our sample of 15 had not been made timely. In one other case the process of making the placement permanent took over 11 months. See Recommendation 1. 7. Explaining the placement process to the family prior to the placement. (Priority 2). <p>In two cases, explanations about the placement process and paying for care had either not been sent to the client’s family or had not been sent prior to the placement. The Team leader has now instructed the team to complete the email notifications to the family or whoever placed the client e.g. Oxleas, straightaway. See Recommendation 2</p>

8. **Accuracy of information recorded, and action taken, including escalation procedures.** (Priority 2). We noted that some information recorded for clients was incomplete or incorrect. Whilst it may not be the responsibility of the Central Placements Team, there was no evidence that actions required following a placement had not been escalated, taken and matters resolved. **See Recommendation 3**
9. **Engaging new providers for residential placements.** (Priority 2). We were unable to see evidence that the procedures for engaging new providers had been followed correctly, and that all checks required had been undertaken. **See Recommendation 4**
10. **Accuracy and completeness of the records of providers.** (Priority 2). We found that the providers used for residential placements were not all recorded on the Central Placement Team's spreadsheet record of providers. The information for existing providers recorded on the spreadsheet was incomplete and, in some cases, notes made up to nine years ago about providers had not been updated or removed. **See Recommendation 5.**

Management has agreed actions for all findings raised in this report. **Please see Appendix A.**

*Definitions of our assurance opinions and priority ratings are in **Appendix B.***

*The scope of our audit is set out in **Appendix C.***

Appendix A - Management Action Plan

1. Time taken to place clients	
<p><u>Finding</u></p> <p>Two of the placements in our sample of 15 had not been made timely. For one of these, the placement took 63 working days and there were two monthly periods when nothing happened. For the second client, the case had to be re-assigned because it had not been actioned by a former Placement Officer for over three months.</p> <p>For another client, the process of making the placement permanent took 11 months. We noted an email from the home stating that they were happy to make the placement permanent, but this was not progressed for another five months. At the time of writing this report, the agreement has still not been signed by the provider and next of kin. The last case note on Liquidlogic is an email from another Placement Officer dated 25 Sept 2022 with relevant documents attached for the next of kin and provider to sign.</p> <p><u>Risk</u></p> <p>Clients may not receive the residential care which they need if they are not placed promptly, leading to a deterioration in their health. Suitable residential provision may not be available leading to the Council having to find more expensive residential care. The lack of a signed agreement between the provider, Council and next of kin may lead to a lack of clarity as to what residential care is expected to be provided and received.</p>	
<p><u>Recommendation</u></p> <p>Management review their arrangements for ensuring that placements are made timely, reviewed, progressed to conclusion and signed off on Liquidlogic. Any placements which are outstanding and have not been progressed are identified timely and addressed.</p>	<p><u>Rating</u></p> <div style="border: 1px solid black; background-color: #ffc000; padding: 5px; display: inline-block;">Priority 2</div>
<p><u>Management Response and Accountable Manager</u></p> <p>A change of management and change of tracking system meant that it was reliant on checking with the Placement Officers during supervision. For the first client referred to in the findings section, whose placement took 63 days, this was a learning disability service user with complex needs.</p> <p>In the case of the second client, he varied in capacity. When he had capacity he would be uncooperative and refuse a placement. The Placement Officer involved would not engage in the supervision process. Once she had left it was found that a number of cases allocated to her had been intentionally hidden or masked to be made to look as if she had completed the work. This resulted in a total change of the tracking using the new allocation spreadsheet.</p>	<p><u>Agreed timescale</u></p> <p>Implemented</p>

<p>For the third client referred to, this seems to be an oversight on changing the service line from temporary to long term – enhanced by the cut over period between CareFirst & Liquidlogic LAS. The service user was in a care home and no move was required. There could be a small financial loss to the Council, not a care and support issue.</p> <p>There are now separate tabs for each Placement Officer on the tracking spreadsheet and weekly reviews take place between the Head of Service, Placements and Brokerage and the Team Leader to ensure that the allocations that Placement Officers have are limited. We are working towards ensuring that Placement Officers have no more than 18 cases at any one time. Any cases not placed within 45 days are identified and then discussed with Placement Officers.</p> <p>Team Leader, Central Placements Team</p>	
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2. Explaining the placement process to the family prior to the placement.

<p><u>Finding</u></p> <p>In two cases out of 15 in our sample there was no evidence that the placement process and information about paying for care had been sent to the client’s family. In three cases the notification had not been sent promptly, prior to the placement.</p> <p>In one case in our sample the client’s next of kin was wrongly told by a locum Care Manager that the residential placement was all funded by the NHS.</p> <p><u>Risk</u></p> <p>The client’s family may not be aware of the placement process or the funding arrangements, leading to possible misunderstandings, and a reputational risk to the Council.</p>	
<p><u>Recommendation</u></p> <p>Ensure that Placement Officers, Care Managers and any other stakeholders involved in the placement process are made aware of the process and arrangements for paying for care.</p>	<p><u>Rating</u></p> <p style="text-align: center;">Priority 2</p>
<p><u>Management Response and Accountable Manager</u></p> <p>Placement Officers have now been instructed to complete the email notifications to the family or whoever placed the client e.g. Oxleas, straightaway.</p> <p>Team Leader, Central Placements Team</p>	<p><u>Agreed timescale</u></p> <p>Implemented</p>

3. Accuracy of information recorded on placements and action taken, including escalation procedures.

Finding

Through review of documentation for our sample of 15 placements, we identified the following exceptions where information was incomplete, inaccurate or where there were outstanding and overdue actions on the case:

The 'tracker document' on Liquidlogic for one of the clients in our sample was for a different client. The document was subsequently removed and corrected by the Central Placements Team. However, the Commissioning Checklist contained some errors including incorrectly recording the LB Croydon home as 'in borough' and stating that a Third Party Top Up had not been agreed, which contradicted the email exchange on file where the next of kin had agreed a top up. Furthermore, it had not been signed off.

For one client where we queried during our audit why a third party top up was not in place, the Team Leader explained "Not eligible as home met needs, no alternative offered, Oxleas Mental Health plan. Budget holder authorised the placement & cost March 2022' Whilst a costed care plan had been completed, on Liquidlogic this had been signed off by the Business Support Officer; not by the budget holder.

For one client the information recorded on Liquidlogic shows that he has been in the home since 31 May 2022 and, as a 'disputed line' case, the Council are responsible for funding since that date. This is an on-going issue as his brother who is the next of kin was incorrectly told by the locum Care Manager that it was all funded by NHS. However, the Team Leader stated that the Care Act Assessment had not been completed and therefore the CPT were unable to progress the case.

For another client, the Council agreed to fund her, but an email sent by the Assistant Director on 8 Aug 2022 asked for a third party top up to be explored and to ensure that a financial assessment is in place. There is no evidence on Liquidlogic to show that these actions have been completed and the matter resolved.

Whilst it may not be the responsibility of the Central Placements Team, we could not see evidence that instances like these are identified and escalated to whoever in the Directorate should take ownership and responsibility for resolving them.

Risk

Where information is not recorded accurately, complete or timely there is a risk that operational and financial decisions made and actions are either not taken, or are incorrect, leading to a deterioration in health outcomes or increased expenditure for the Council.

Recommendation

Management review their quality assurance arrangements to ensure the accuracy of information recorded on Liquidlogic for placements, and that actions to be taken are identified and escalated as required. This should include signing off the Commissioning Checklist and reviewing high cost placements.

Rating

Priority 2

Management Response and Accountable Manager

The Central Placements Team do not monitor services prior to Care Act assessment, or the length of time people are on DISP/D2a lines. For the two cases highlighted in paragraphs 4 and 5 of the findings above we will however raise the issue with the appropriate team manager in ASC. There are now weekly reports sent out by the Performance Team regarding this for monitoring and review of the longer length services.

Oxleas cases are entered to Liquidlogic and signed off by the Business Support Officer as per the Oxleas PRG process as Oxleas do not use LAS. The Oxleas Budget holder sign off on Liquidlogic would need to be considered by the Assistant Director for Operations.

Information is stored on SharePoint, as of May 2023, relating to cases so that monitoring of the Placement Officer Trackers can occur in real time. Prior to this implementation the tracker could only be reviewed ad hoc. We are working towards ensuring that Placement Officers have no more than 18 cases at any one time to ensure they have the capacity to improve recording.

The service provision (CPLI) is not authorised by the Team Leader until the checklist is complete and signed off - this will assist to ensure the documentation is recorded, accurate and in the correct place. The procedure has now been updated.

Head of Service, Placements and Brokerage.

Agreed timescale

Implemented

4. Engaging new providers for residential placements.

Finding

There was evidence that the procedures for engaging new providers had not been followed correctly, and that all checks required had not been undertaken. One of the providers had been identified by the Care Co-ordinator, prior to the Central Placements Team receiving the case. Another provider was a respite placement. For those two cases we saw emails to the ECHS Contracts Team for that team to progress, with a completed pre-contract due diligence document and Spot Contract request form. We were provided with the Companies House checks carried out on these two providers, but there was no evidence of references obtained or management sign off that all the checks required had been completed.

There would be merit in carrying out open source internet checks to identify any issues highlighted with the provider/home.

Risk

The Council may engage with providers who are not suitable and who do not have the necessary financial and other resources to provide the amount and standard of residential care required. This could lead to clients receiving poor quality care which results in a deterioration of their health, or the need to be relocated in another residential care home.

Recommendation

Review the due diligence process for engaging new providers of residential homes, with management sign off that this had been carried out correctly and complete. This should include references, financial checks, open source internet checks and Companies House information and where this information should be stored, so that it is accessible to those who need it. When reviewing the due diligence process seek advice from the Council's Procurement Team.

Rating

Priority 2

Management Response and Accountable Manager

Storage of documentation is not centralised as the N: Drive is used for contractual checks, whereas the person's file or SharePoint would hold the relevant checks completed at the time of placement. Currently the documentation can be stored on SharePoint, N: Drive, the contract database or potentially Controcc. The Central Placements Team carries out checks on new providers that includes Companies House, Health and Safety documentation and references.

The contractual documentation storage is currently under review and is linked with the upcoming review of contracts. This has been discussed with the Council's Procurement Team.

Head of Service, Placements and Brokerage.

Agreed timescale

31 December 2023

5. Accuracy and completeness of the records of providers.

Finding

The Central Placement Team' has a spreadsheet of providers which is used as a reference point when looking for a placement. It is not comprehensive, consistent in information recorded, or up to date.

Four providers from our sample of 15 placements were not recorded on the spreadsheet. The information for existing providers recorded on the spreadsheet was incomplete and, in some cases, notes made up to nine years ago about providers (including limitations on using them) had not been updated or removed. It was therefore unclear whether or not these were still relevant.

Further, the MH and LD providers the tabs are lacking in information (e.g. a link to the last CQC inspection report is not included), and are of a different format and content to the Bromley, Croydon and Greenwich tabs.

We were informed by the Head of Service, Placements and Brokerage, that Controcc is a preferable means of sourcing information about current and previously used providers, including financial information.

Risk

Officers making placements may rely on information which is inaccurate or incomplete, leading to a risk of incorrect placements being made.

Recommendation

Review how information about current and previously used providers will be recorded and maintained, to ensure that it is complete, accurate and readily available for any Placement Officers seeking information about a provider prior to making a placement.

Rating

Priority 2

Management Response and Accountable Manager

The list of providers is not a contractual list or binding but used as a point of reference/ reminder for the team when carrying out searches in neighbouring boroughs. The team have access to information from Liquidlogic and Controcc reports to verify any contracts held. A point of reference is useful, and the spreadsheet of providers will be retained, as the team uses it appropriately. The historic notes about limitations on using providers will be removed.

Head of Service, Placements and Brokerage.

Agreed timescale

30 June 2023

Appendix B - Assurance and Priority Ratings

Assurance Levels

Assurance Level	Definition
Substantial Assurance	There is a sound system of control in place to achieve the service or system objectives. Risks are being managed effectively and any issues identified are minor in nature.
Reasonable Assurance	There is generally a sound system of control in place but there are weaknesses which put some of the service or system objectives at risk. Management attention is required.
Limited Assurance	There are significant control weaknesses which put the service or system objectives at risk. If unresolved these may result in error, abuse, loss or reputational damage and therefore require urgent management attention.
No Assurance	There are major weaknesses in the control environment. The service or system is exposed to the risk of significant error, abuse, loss or reputational damage. Immediate action must be taken by management to resolve the issues identified.

Action Priority Ratings

Risk rating	Definition
Priority 1	A high priority finding which indicates a fundamental weakness or failure in control which could lead to service or system objectives not being achieved. The Council is exposed to significant risk and management should address the recommendation urgently.
Priority 2	A medium priority finding which indicates a weakness in control that could lead to service or system objectives not being achieved. Timely management action is required to address the recommendation and mitigate the risk.
Priority 3	A low priority finding which has identified that the efficiency or effectiveness of the control environment could be improved. Management action is suggested to enhance existing controls.

Appendix C – Audit Scope

Audit Scope

We reviewed the adequacy and effectiveness of controls over the following risks:

- Eligibility criteria for residential placements may not be complied with.
- The Council is unable to make residential care placements timely, due to a competitive market and a lack of suitable residential places, including those which are able to meet the specialist needs of a client.
- Expenditure on residential care placements may not be cost effective for the Council, particularly where it involves paying above the Council's ceiling rate or requires funding from other parties which is not collected at all or in a timely manner.

Our scope included the following:

- Governance, including organisational management, roles and responsibilities
- Reviewing policies and procedures and guidance,
- The arrangements to assess clients' needs and wishes, and secure appropriate and timely placements,
- Individual placements, including decision making and authorisation,
- The completeness and accuracy of individual placement information recorded on Liquid Logic

We have excluded from our findings, on the decision making for placements, those placements which were made by other interested parties as a result of mental health assessments, the Covid discharge, or discharge to assess schemes. In those cases (six) from our sample we were unable to evidence that contracted residential care homes were contacted as a first option, or the timeliness of the placement made by that party, before notifying the Central Placements Team.