

REDACTED



## FINAL INTERNAL AUDIT REPORT

### DOMICILIARY CARE

PEO/11/2022

22 September 2023

|                 |                             |
|-----------------|-----------------------------|
| <b>Auditor</b>  | Principal Auditor           |
| <b>Reviewer</b> | Head of Audit and Assurance |

| <b>Distribution list and Job title</b>                  |
|---|
| Director of Adult Services                              |
| Assistant Director, Integrated Commissioning            |
| Head of Service, Community Living Commissioning         |
| Integrated Strategic Domiciliary Care Lead Commissioner |
| Contract Compliance Team Leader                         |

## Executive Summary

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|------------------------|---|
| <b>Audit Objective</b> | The objective of this audit was a review of new contracts to ensure delivery of domiciliary care is in line with service objectives, outcomes are being met, and value for money is being achieved. |
|------------------------|---|

| Assurance Level          |   | Findings by Priority Rating |                   |                   |
|--------------------------|---|-----------------------------|-------------------|-------------------|
| <b>Limited Assurance</b> | 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. | <b>Priority 1</b>           | <b>Priority 2</b> | <b>Priority 3</b> |
|                          |   | 1                           | 1                 | 0                 |

| Key Findings   |
|--|
| <p>We noted the following areas of good practice:</p> <ol style="list-style-type: none"> <li>1. The contract specification for providers clearly aligns with the specific goals for re-modelling domiciliary care services.</li> <li>2. A domiciliary care provider forum takes place regularly and providers are encouraged to attend, either in person or virtually. There is a focus on information exchange, with presentations on key topics. A newsletter is sent out to all providers regularly.</li> <li>3. A Trusted Assessor initiative is being introduced to apply a reablement based approach and enable domiciliary care providers to make timely changes to their provider support plans without the need for prior sign off from care managers.</li> </ol> <p>Our audit highlighted the following areas where controls need to be improved:</p> <ol style="list-style-type: none"> <li>4. <b>Contract monitoring arrangements</b> (Priority 1). From our examination of the contract monitoring arrangements and completion of the strategic contract management dashboard, there is a lack of evidence to demonstrate that the needs of clients, desired outcomes and expected quality care standards are being met. <b>See Recommendation 1.</b></li> <li>5. <b>Business Continuity Plans</b> (Priority 2). The Business Continuity Plan for one provider in our sample was dated February 2020 and therefore before the Coronavirus pandemic. For another of the Business Continuity Plans in our sample the Business Continuity Plan contained no specific details of actions to be taken in the event of cyberattacks, server issues and/or issues with the interface. <b>See Recommendation 2</b></li> </ol> |

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. Monitoring arrangements to ensure that clients' needs, and desired outcomes are achieved, and standards of quality are met

#### Finding

There are policies and procedures for establishing, meeting and reviewing on-going needs and support for care users, together with a Quality Assurance monitoring approach that care placements are only made with providers that have a CQC rating of "Good" or above.

There is a variety of evidence which can be obtained on domiciliary care provision, both from providers themselves and from internal assurance work undertaken by the Adult Social Care Contract Compliance Team and others.

Some of the evidence is compiled in a strategic contract management dashboard which has been created by the Integrated Strategic Domiciliary Care Lead Commissioner. The dashboard is in a spreadsheet format and is ambitious, consisting of 21 tabs to be completed with information. It covers areas including lessons learnt, social value, savings, benefits and action trackers, KPIs, outcomes based on provider evidence, safeguarding and customer satisfaction. We noted that there is no documented guidance or completed example which can be used to show providers what is expected and demonstrate how it will help them and the Council to identify strengths and assess areas for improvement in their performance.

As part of our audit testing, we examined the latest dashboard for a random sample of four of the providers (two patch and two framework). We found that the dashboards were not fully populated and therefore not yet operating as intended. Findings from the internal assurance work undertaken by the Adult Social Care Contract Compliance Team for the providers in our sample had not been included on the dashboard, particularly where these related to issues identified and improvements required on matters such as safeguarding and lack of care plans. One Focussed Assessment Report carried out in March 2023 for one of the providers in our sample identified nine areas where further improvements were required. We suggested during our audit that evidence from these assessments should be included in the respective tabs of the dashboard for the providers and the Integrated Strategic Domiciliary Care Lead Commissioner agreed that this would be done in future.

We noted that two of the providers in our sample failed to attend the quarterly strategic contract meetings arranged with them by the Integrated Strategic Domiciliary Care Lead Commissioner in April and May respectively. Subsequently, she told us that a further meeting has been arranged with one of those providers due to a potentially serious safeguarding issue, which may result in a material breach and possible termination of the contract.

(Redacted). For the patch providers there is the option of extending the contracts for three successive one year extensions. For the framework providers however, there is no option to refresh the framework. (Redacted) We are concerned that at present there is a lack of evidence to assess existing provider performance and the success of the overall commissioning approach, to help inform the decision making process in future.

If the strategic contract management dashboard will continue to be used as the reporting tool for assessing providers' performance, then its use, format, and functionality needs to be reviewed as a priority. This is to ensure that all key information required is captured, analysed and reported comprehensively and timely.

**Risk**

Expected outcomes from the new framework of domiciliary care provision may not be achieved. Evidence obtained may not be timely, accurate or complete to inform decision making.

**Recommendation**

Management should review the sources and types of evidence that they will obtain to enable them to assess whether or not outcomes from domiciliary care provision are being met. This should include what key information is required, how it will be obtained, from whom and when, and how it will be analysed and reported to ensure that the needs of clients, desired outcomes and expected quality care standards are being met.

**Rating**

Priority 1

**Management Response and Accountable Manager**

The following improvement actions will be taken in accordance with the recommendation:

- 1) The Domiciliary Care Dashboard will be reviewed. The aim of the review is to remove any duplication with:
  - The QAF
  - SW Practice (terms of the Initial Assessment and Review Process)
  - CQC Inspection Framework
  - Alongside removing any information that is now considered superfluous (reflecting the 2 years lessons learnt)
  
- 2) Once completed, individual Quality Assessment Framework's (QAF) to be shared with the Commissioning Service so that Commissioners can reflect outcomes in a) the monitoring/dashboard b) the Provider meeting agenda c) a single contract performance and QA report.
  
- 3) Commissioning Service to send quarterly return dates for monitoring to all providers for the next 2 years in order to promote the timely preparation and the submission of their monitoring data.

**Agreed timescale**

31 October 2023

Commenced/Completed

Completed

|   |   |
|---|---|
| <p>4) To support provider attendance at monitoring meetings, dates for the next 12 months to be sent to the £500+ and Patch and Safeguarding, Practice and Provider Relations team lead monitoring officer &amp; domiciliary care manager.</p> <p>5) Review Liquid logic functionality in relation to capturing and recording SMART outcomes via the Social Care Initial Assessment and Review process; in order to develop a report that arrives at a recommended solution for capturing the impact of domiciliary care providers (care and support) on service users outcomes in Care Plan.</p> <p>Accountable Manager: Head of Service, Community Living Commissioning</p> | <p>Completed</p> <p>31 October 2023</p> |
|---|---|

## 2. Business Continuity Plans

**Finding**

We selected a random sample of two patch providers and two framework providers and checked that they had completed the standard Business Continuity checklist and that measures for dealing with cybersecurity and other IT issues had been included in their Business Continuity Plan.

We found that for one of the providers the standard Business Continuity checklist had been completed in April 2022, but the Business Continuity plan was dated February 2020 and therefore before the Coronavirus pandemic. We have discussed this with the Contract Compliance Team Leader who explained that a later version of a Business Continuity Plan was seen during a compliance visit to the provider. It has now been requested from the supplier by the Contract Compliance Team Leader. For another of the providers who we had selected as part of our sample, the Business Continuity Plan contained no specific details of actions to be taken in the event of cyberattacks, server issues and/or issues with the interface.

The Domiciliary Care Forum minutes dated 22 March 2023 included the following:

‘We have been made aware of at least 4 Providers who have been adversely affected by cyberattacks, server issues and/or issues with the interface. This has led to system failures. Providers are reminded that they must have specific details within their Business Continuity Plan to cover actions to be taken for these eventualities.’

|  |   |
|--|---|
| <b><u>Risk</u></b>   |   |
| Loss of or compromise of clients' data by providers. Disruption of domiciliary care service occurs in the event of a cybersecurity attack.   |   |
| <b><u>Recommendation</u></b>   | <b><u>Rating</u></b>  |
| Review Business Continuity Plans for all providers and ensure that: <ul style="list-style-type: none"> <li>(i) They have been completed no later 1 April 2022 and</li> <li>(ii) They contain sufficient information about actions which will be taken in the event of cyberattacks, server issues and/or issues with the interface. When assessing the sufficiency of the cyber security arrangements, obtain advice from the Council's IT department if necessary.</li> </ul>   | <div style="border: 1px solid black; background-color: yellow; padding: 5px; display: inline-block;">Priority 2</div> |
| <b><u>Management Response and Accountable Manager</u></b>  | <b><u>Agreed timescale</u></b>  |
| In response to the recommendation the following actions will be taken: <ol style="list-style-type: none"> <li>1. Safeguarding, Practice and Provider Relations to send the request for Business Continuity Plans to providers and collate the returns for all of the London Borough of Bromley utilised domiciliary care providers. Log to be created on SharePoint.</li> <li>2. The Commissioning Service to refer to the shared Log (see point 1 above) to ensure that the service is fully informed on any potential Business Continuity Plan issues for Framework and Patch providers. When meeting with providers Business Continuity Plans will be included as a standard agenda item.</li> <li>3. Business Continuity Plan expectations to be included for discussion at the Domiciliary Care Forum and in the Domiciliary Care Newsletter</li> <li>4. Safeguarding, Practice and Provider Relations to ensure that the Business Continuity Plan includes reference to Cyber Attacks</li> </ol> <p>Accountable Manager: Head of Service, Community Living Commissioning</p> | <p>By 31 October 2023</p> <p>Ongoing from 1 September 2023</p> <p>By 31 October 2023</p> <p>By 30 September 2023</p>  |

## Appendix B - Assurance and Priority Ratings

### Assurance Levels

| Assurance Level              | Definition   |
|------------------------------|--|
| <b>Substantial Assurance</b> | 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.  |
| <b>Reasonable Assurance</b>  | 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.   |
| <b>Limited Assurance</b>     | 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.                  |
| <b>No Assurance</b>          | 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  |
|-------------------|---|
| <b>Priority 1</b> | 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. |
| <b>Priority 2</b> | 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.                                   |
| <b>Priority 3</b> | 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:

- Providers are not engaged or on board with the commissioning model, meaning that service delivery does not align to the specification objectives
- The care provided does not meet clients' needs or facilitate the achievement of their desired outcomes
- Service provision does not meet desired or expected quality standards

Our scope included the following:

- Realisation of expected benefits through the new framework
- Governance, including contractual management, roles and responsibilities.
- Review of the contract documents and contract monitoring procedures, including the design of these procedures, and quality assurance arrangements.
- Analysis of management information about contractors' performance and the measures in place to ensure that value for money is being achieved from the current contract arrangements.
- Review of the management relationship arrangements put in place by the Council for domiciliary care providers, to ensure that expected outcomes for the clients are being met.
- All of our relevant contract audits in 2022/23 will also consider supplier business continuity arrangements.

We will not include, as part of our scope, those quality assurance arrangements which have already been covered in our recent desktop review of the Adult Social Care Quality Assurance Framework. We will not include verification of payments made to contractors or budget monitoring.