

# Redacted



## REDACTED INTERNAL AUDIT REPORT

### QUALITY OF CARE - ADULTS (RESIDENTIAL)

PEO / 04 / 2023

22 May 2024

<b>Auditor</b>	<b>TIAA Limited</b> Principal Auditor Director of Audit - TIAA
<b>Reviewer</b>	Director - TIAA Head of Audit and Assurance (Bromley Council)

#### Distribution list

<b>Job title</b>
Director of Adult Social Care
Assistant Director for Safeguarding, Practice and Provider Relations, Adult Services - People Directorate
Head of Service, Placements and Quality Assurance
Team Leader, Quality and Provider Relations Team, Safeguarding, Practice and Quality Improvement-Adult Services

## Executive Summary

<b>Audit Objective</b>	The overall objective of the audit was to review how the Council receives assurance on the quality of its adult care placements (which are subject to the Council's Quality Assurance Review process) to ensure best outcomes for service users by assessing the quality of provision by the providers once placements have been made. The review also assessed the adequacy and effectiveness of the controls and processes in place for ensuring that, once placements are made, providers supply good quality care and continue to do so for the service users (focusing on adult placements).
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Assurance Level		Findings by Priority Rating		
<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>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>
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Key Findings
<p>We noted the following areas of good practice and positive audit findings:</p> <ol style="list-style-type: none"> <li>1. There is effective engagement and collaboration with the providers by the Quality and Provider Relations Team. The providers alert the team of any significant concerns and Care Quality Commission (CQC) inspections prior to formal assessment reports being published by CQC. The timely information received by the team is used to update the risk assessment and planning for visits for the providers. NB: There is good engagement with the CQC as evidenced by the CQC Operations manager also attending the Home Care Forum meetings.</li> <li>2. A Quality Monitoring Feedback survey of the providers (dated February 2024) was undertaken by the team as part of the continuous improvement process for ensuring that the support and advice provided to providers is effective and the work undertaken improves services for the residents of Bromley. This sought feedback on each of the allocated Quality Monitoring Officers (QMO). Overall, the feedback was positive with very minor improvement matters noted.</li> <li>3. There are up to date procedural and guidance documents which are current and were dated September 2023.</li> <li>4. The Quality and Provider Relations Team have in place expected monitoring and tracking schedules for planning visits and recording when visits have been undertaken. There is a robust risk assessment process for each provider which takes into account various information including the outcome of CQC inspections and is used for planning monitoring visits.</li> </ol>

5. There is a clear process for following up recommendations arising from monitoring visits and the outcome of the follow up of those actions is evidenced. The actions are included by the Quality Monitoring Officer in a table and progress also shown on a pie chart which shows the total number of actions, the number and % met / partially met / not met / in progress.
6. There is a programme of unannounced visits in addition to the full Quality Assurance Framework (QAF) monitoring visits to providers, and the dates of when these have been undertaken by the Quality Monitoring Officers are recorded with the CQC current scores as a Quality Assurance (QA) visit.
7. We shadowed a Quality Monitoring Officer on a monitoring visit to a provider. The assessment was undertaken thoroughly and conducted in a professional and collaborative manner with appropriate challenge and corroborating evidence reviewed.
8. For a sample of providers selected for testing we were provided with the detailed reports also showing the results of the follow up of the previous actions.

Our audit highlighted the following areas where controls and processes need to be improved:

1. **Timely completion of monitoring visits** (Priority 3). From a review of providers as recorded on the monitoring spreadsheets we found that for one provider a QAF had not been conducted for more than 24 months as the last QAF visit was carried out on 1st September 2019.  
**See Recommendation 1.**
2. **Use of spreadsheets for tracking, planning and monitoring QAF visits** (Priority 3). The Quality and Provider Relations Team maintains several Excel spreadsheets for planning, risk assessing providers, recording monitoring visits, and recording the outcome of the QAF visits (including a recommendations tracker). There are opportunities to automate the process based on a cost vs benefit analysis or linking the spreadsheets for ease of updating in order to reduce the amount of time required to update each spreadsheet and also reduce the risk of errors including version control.  
**See Recommendation 2.**

The Management Action Plan includes 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. Timely completion of monitoring visits

#### Finding

The Quality and Provider Relations Team maintains a spreadsheet of providers which is used for tracking when each provider has had a monitoring visit using the Council's Quality Assurance Framework (QAF). The Council's processes for prioritising quality monitoring reviews as stated in the QAF monitoring guidance states that as a minimum for current providers one full QAF should be completed every 24 months.

The QAF provider visits for all providers were noted to have been undertaken in line with the requirements of the guidance, except for one. For this provider a QAF had not been conducted for more than 24 months as the last QAF visit was carried out on 1st September 2019, with no subsequent QAF visit thereafter.

We were informed by the Team Leader, Quality and Provider Relations Team that *"This provider is part of a Group of providers with 3 homes on the one site but the provider has registered them separately with CQC. The three homes have one main entrance, all adjoining, one kitchen, one laundry etc. and all use the same systems and one manager / administration staff across all 3 homes. Focus has been on one of the other homes as it was rated as Requires Improvement by CQC and the other two were rated as Good in April 2023. This home was not high on the Team's risk register, due to CQC rating, monitoring input to the other homes in the Group and with only a few concerns raised"*.

At the time of concluding the audit the Team Leader, Quality and Provider Relations Team stated that the Quality Monitoring Officer was aware that the provider is due to have a QAF visit soon. Acknowledging the mitigations stated by the Team Leader, the provider should have had at least 2 QAF visits since the last visit in September 2019 in compliance with the recommended timeframe for monitoring schedule within both the QAF Monitoring Guidance (September 2023) and the Guidance for Quality Monitoring (September 2023).

#### Risk

The officers may not be able to identify in a timely manner areas for improvement in relation to the quality of care provided for adult residential care placements.

#### Recommendation

A QAF visit for the outstanding provider be undertaken as soon as possible.

#### Rating

Priority 3

<b><u>Management Response and Accountable Manager</u></b>	<b><u>Agreed timescale</u></b>
A visit has been booked for 31 <sup>st</sup> May.  Head of Service, Placements and Brokerage	May 2024

## 2. Use of spreadsheets for tracking, planning, and monitoring QAF visits

### Finding

We noted that the Quality and Provider Relations Team maintains the following Excel spreadsheets:

- Provider Visits - Total and Type. This spreadsheet lists all the providers, and the number of QA Visits (including unannounced visits) Review Visits etc by month.
- Current CQC Scores: This spreadsheet contains details for each provider, previous and current CQC scores (overall rating and for each domain), dates for when QAF visits were undertaken etc.
- Contract monitoring risk and Planning - Care Homes. This spreadsheet is the visit planning tracker which is linked to each provider's risk assessment. This risk assessment determines the frequency of the visits and considers concerns raised and engagement and communication, CQC scores etc. to arrive at a risk score for each provider. The spreadsheet does not provide an alert system to show which provider is due for a visit and the process relies on the team regularly reviewing the spreadsheets as part of the visit planning process.

The spreadsheets are not interlinked but contain overlapping information which has to be regularly updated on each spreadsheet to ensure that it is accurate and reads across. Automating the process or linking the spreadsheets for ease of updating will reduce the amount of time required to update each spreadsheet and also reduces the risk of errors including version control.

### Risk

Risk of errors and inaccuracies within the Excel spreadsheets maintained by the Quality and Provider Relations Team.

### Recommendation

Opportunities to automate the process based on a cost vs benefit analysis or linking the spreadsheets for ease of updating be reviewed in order to reduce the amount of time required to update each spreadsheet and also reduce the risk of errors including version control.

### Rating

Priority 3

<b><u>Management Response and Accountable Manager</u></b>	<b><u>Agreed timescale</u></b>
<p>Will review the spreadsheets with the Quality and Provider Relations Team Leader &amp; book a session with the Bromley Excel trainer to see if we can streamline further.</p> <p>Head of Service, Placements and Brokerage</p>	<p>6 months</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**

<b>Audit Scope</b>
<p>We reviewed the adequacy and effectiveness of controls over the following risks:</p> <ul style="list-style-type: none"><li>• The Council fails to ensure that providers provide good quality care for adult placements.</li><li>• The Council is not able to identify in a timely manner those providers which provide inadequate/poor quality care for residential care placements.</li><li>• There are inadequate and effective arrangements for quality assurance arrangements for contracts with providers and progress being made to raise standards in residential care placements.</li></ul> <p>Our scope included the following:</p> <ul style="list-style-type: none"><li>• Existence of adequate and approved policies and procedures which are complied with.</li><li>• Compliance with the controls and processes as articulated in the Council’s policies and procedures or quality assurance framework for monitoring provider contracts.</li><li>• Assessment of the processes and controls in place for provider contract management / quality assurance to ensure that there is timely identification of inadequate/poor quality care for residential care placements.</li><li>• Evidence of a process for following up corrective actions identified from the programme of quality visits to ensure that these are addressed by the providers in a timely manner.</li></ul> <p>The review covered the financial year 2023/24 and assessed the evidence supporting the programme of quality visits undertaken by the Adult Services Team.</p> <p>Scope exclusions:</p> <p>The review does not provide assurance on the payments to providers, or safeguarding arrangements, and we did not undertake a quality review of a provider. We did not include within the scope the effectiveness of the controls in place over the placement of adults in residential care because as this was covered in the 2022/23 review of Adult Social Care Residential Placements.</p>