

# Redacted



## REDACTED INTERNAL AUDIT REPORT

### LEARNING DISABILITIES (Reviews and Budget Monitoring)

PEO/02/2023

15<sup>th</sup> May 2024

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

#### Distribution list

<b>Job title</b>
Director of Adult Social Care
Assistant Director ASC, Operations
Head of Service, Learning Disabilities
Head of Finance, Adult Social Care, Health and Housing

## Executive Summary

<b>Audit Objective</b>	This audit focused on the adequacy and effectiveness of review and budget monitoring processes, including high cost placements or services.
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Assurance Level		Findings by Priority Rating		
<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>Priority 1</b>	<b>Priority 2</b>	<b>Priority 3</b>
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Key Findings
<p>This audit focused on the service user review and budget monitoring processes within the Learning Disability (LD) service. The service is currently facing some resource pressures caused by vacancies and long term sickness.</p> <p>We identified areas of sound control and good practice including:</p> <ul style="list-style-type: none"> <li>• The weekly distribution of overdue service reviews and the fortnightly Performance Review meetings gives senior management oversight and early alert of any issues with service reviews across the Department</li> <li>• There are dedicated reviewing staff within LD which allows social workers to be task specific</li> <li>• Budget monitoring information is produced and supplied to meet the budget setting and quarterly reporting timetable. Service area input to the process is evident.</li> </ul> <p>We have identified the following areas for management attention:-</p> <p><b>Procedures for LD Service Users</b> (Priority 2) – There are no locally agreed procedures to support the LD review function. Our audit testing identified areas of social work practice, system input and Care Act compliance where further guidance would be beneficial. <b>See Recommendation 1.</b></p> <p><b>Social Care case management system Review Tray and System Generated Reports</b> (Priority 2) – The LD reviewing staff do not use the Social Care case management system LD Review Tray which has led to the data held being out of date, not reconciled to other Social Care case management system reports and limits our assurance that all LD clients are accounted for and are reviewed annually in line with the Care Act 2014. There is no active data</p>

ownership, cleansing, utilisation and development of information available in Social Care case management system to support the LD review function. **See Recommendation 2.**

**Annual Reviews – Social Care case management system data input and record keeping (Priority 2)** Audit testing on a sample of LD client reviews due in 2023/24 have identified some inconsistencies, anomalies and omissions with data input, dates and record keeping. **See Recommendation 3**

We have made two additional Priority 3 recommendations for good practice.

As part of our review, we did also note that the projected outturn for the LD service changed from an anticipated £758K underspend presented in the Quarter 1 2023/24 budget monitoring report to a projected £155K overspend in the Quarter 3 budget monitoring report. At the time of the Quarter 1 report, there were vacancies and staff changes in key relevant posts. We are satisfied with the budget monitoring process as discussed with current officers and therefore have not made a further recommendation. Officers should however continue to monitor spend and projections closely to ensure that early remedial action can be taken if necessary.

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. Procedures for LD Service User Reviews

#### **Finding**

The Adult Social Care (ASC) Practice guidance pages held on the ASC SharePoint site set out a guide to carrying out a review to comply with the Care Act 2014, specifically the duty to review, carrying out the review and revisions to a Support Plan. These comprehensive notes are available to all ASC officers to support the review process. The Standard Operating Procedures also set out the Council's approach to service reviews and contain links to template letters to issue the review to the Service User.

However there are no locally agreed, documented procedures specific to the LD review process. Our audit testing has identified areas that should be included in these procedures:

- Allocation of LD Reviews using the Social Care case management system (please see Recommendation 2)
- Clarification regarding the circumstances and the materiality of changes for which a Full Care Act Assessment should be completed rather than the review template (sample testing of 10 cases highlighted four where the officer had completed a FCAA rather than a review)
- Time targets to complete, authorise and follow up any actions arising
- Inclusion of all open tasks for that service user, specifically risk assessments to be updated or removed
- Upload supporting documentation to support the review for example pre review questionnaires
- Completion of all Social Care case management system fields to ensure compliance to the Care Act 2014 (please see Recommendation 3)

At the start of the audit the LD Management Team referenced procedures that had been drafted but not formalised. This document was not available for review.

#### **Risk**

Without procedures, there is an increased risk of non-compliance to the Care Act and of reviews not completed to an acceptable standard. This may in turn mean that clients do not achieve desired outcomes. There is also a risk of inaccurate data on the social care case management system.

<p><b><u>Recommendation</u></b></p> <p>Develop locally agreed procedures to support the review function. These procedures should allow any officer assigned with a LD service review to complete the task end to end.</p> <p>(Please note that the list of areas set out above is indicative of issues identified in our testing, the team will need to identify key areas, themes and structure. Development of procedures will allow the LD Team to analyse their review process and identify areas that work well, need revision and gaps in workflow.)</p>	<p><b><u>Rating</u></b></p> <p style="text-align: center;"><b>Priority 2</b></p>
<p><b><u>Management Response and Accountable Manager</u></b></p> <ol style="list-style-type: none"> <li>1. Review of the operational procedures to be carried out</li> <li>2. Identify areas where an LD specific procedure is required, and develop such.</li> <li>3. Write a local process for the LD team specifically and implement, where there are local targets and processes for allocation etc.</li> </ol> <p>Accountable Manager - Head of Service, Learning Disabilities</p>	<p><b><u>Agreed timescale</u></b></p> <ol style="list-style-type: none"> <li>1. End June 2024</li> <li>2. End June 2024</li> <li>3. 14 June 2024</li> </ol>

## 2. Social Care case management system Review Tray and System Generated Reports

### Finding

LD officers utilise a standalone excel spreadsheet to track and allocate review cases, outside the social care case management system. This raises issues with duplication of effort together with risks of document corruption and loss of data. Although the officer completes a monthly reconciliation between the Social Care case management system Review Tray and the spreadsheet, this does not include an overall reconciliation to account for all clients or ensure that clients are successfully moved between monthly tabulations. For our sample testing of 10 clients, 4 had not been carried forward to the 2024 monthly tab and for 3 clients we were unable to find the case on the 2023 or 2024 tabs. The Social Care case management system is used to generate performance, monitoring and management reports to support service decisions and therefore any activity or data outside of the care management system may not be included.

The Social Care case management system LD Review Tray has some 1250 client records, compared to 770 current clients declared by the service in December 2023. The difference in numbers is due to the way that the Social Care case management system records "tasks". This means that there may be more than one task assigned against a single service user's name. Our own analysis identified 102 pre 2023 records, 702 "no due date" records, 51 risk assessments (reviews) and 626 tasks classified as "case". This indicates that the Review Tray is not managed and that there are some data quality issues.

The LD Overdue Reviews report generated from the Social Care case management system 12.12.23 contained 65 records with an overdue review of between 367 to 3,925 days. 14 records did not have a "latest review" date and narrative suggested these were 0-25 cases but had been included as LD data. The numbers of overdue reviews from this dataset was higher than the numbers on the dataset used by the service to scrutinise performance. The Performance Team Manager advised that this was due to the two datasets drawing information from different parts of the system and that going forwards, this would be rectified.

The "Reviews finalised in 2023/24" cumulative by month, shows a total of 961 LD reviews up to the end of February 2024. A difference here could be explained by Reviews started in 2022/23 completed in 2023/24 but there is a difference of some 200 clients.

During the audit our use of Social Care case management system generated reports has highlighted that the data is neither owned or scrutinised to remove anomalies and improve data quality.

### Risk

Service decisions are based on inaccurate and incomplete information. Key case management activities for individual clients are overlooked which may mean that provision no longer meets needs or that outcomes are not achieved.

<p><b><u>Recommendation</u></b></p> <p>The Social Care case management system should deliver all data required and in a format to support the service. The service should:</p> <ul style="list-style-type: none"> <li>• Work with the Practice Development and System Team to identify and rectify the root cause that requires a stand alone spreadsheet to track and monitor review clients.</li> <li>• Offer training and support to LD officers to allow the team to own, use and have confidence in the data held in the Social Care case management system</li> <li>• Complete data cleansing of the Review Tray to remove obsolete records, review and update risk assessments and ensure reviewing officers are following Social Care case management system procedures so that duplicate tasks are not created.</li> <li>• Consider the need to data share risk assessments and contribute to the wider risk arrangements across the Council.</li> <li>• Assign ownership for data quality and data cleansing</li> <li>• Ensure that each system report used for performance monitoring and management is drawing complete and consistent information, in accordance with the purpose for which it is required</li> </ul>	<p><b><u>Rating</u></b></p> <p style="text-align: center;"><b>Priority 2</b></p>
<p><b><u>Management Response and Accountable Manager</u></b></p> <ol style="list-style-type: none"> <li>1. Data cleansing of Social Care case management system</li> <li>2. Work with performance team to ensure data synergy when moving away from the current system of working</li> <li>3. Develop a data quality assurance process</li> </ol> <p>Accountable Manager - Head of Service, Learning Disabilities</p>	<p><b><u>Agreed timescale</u></b></p> <ol style="list-style-type: none"> <li>1. Sept 2024</li> <li>2. Sept 2024</li> <li>3. 14 June 2024</li> </ol>

### 3. Annual Reviews – Social Care case management system data input and record keeping

#### Finding

Sample testing of ten client review records highlighted that:

- For 2 cases with multiple support plans and reviews we were unable to have assurance that the 12 months' review timeframe was achieved
- 1 case receiving a Direct Payment had not been reviewed since 2022, it was unclear how this had been overlooked.
- In 3 cases the completed review date did not agree to the Social Care case management system generated start date. We referred these to the Practice Development and System Lead to follow up and resolve

We checked the information available on the Social Care case management system to verify that the Review template had been completed in full, the review had been issued to the service user and/or family and that the review had been authorised and in a reasonable time frame. We found the following issues:

- For 6 cases there was no evidence that the review was issued to the service user or their representative. The LD Review Team Leader did raise a data protection concern if officers send the Review or FCAA to the Next of Kin
- For 2 cases it was not clear who had attended the review as involvement had not recorded on the review template or in the Full Care Act Assessment
- For 1 case a telephone review had been completed rather than a face to face review
- 1 Practice Review Group decision for an increase to service was not evidenced in case notes
- For 1 case the review start and end date exceeded 3 months

Our testing worksheet has been shared with the Head of Service to allow the team to review the sample cases.

#### Risk

Inconsistent working practices that may not fully comply to the Care Act 2014. Incomplete or inaccurate information may result in poorer outcomes for the client.



<p><b><u>Recommendation</u></b></p> <p>The LD Team should:</p> <ul style="list-style-type: none"> <li>• liaise with the Practice Development and System Team to investigate if the anomalies identified in our testing are system related or data input errors.</li> <li>• review the procedure issues raised by our audit testing and issue a reminder to all review officers of any social work practice or data input that requires remedy.</li> <li>• liaise with the Head of Security and Information Management to clarify the data protection position and protocols to follow with regard to the issue of Reviews to the next of kin.</li> </ul>	<p><b><u>Rating</u></b></p> <p style="text-align: center;"><b>Priority 2</b></p>
<p><b><u>Management Response and Accountable Manager</u></b></p> <ol style="list-style-type: none"> <li>1. Review the operational process for quality checking of reviews</li> <li>2. Work with the ASC Quality Assurance team to review progress</li> <li>3. Work with staff to improve overall quality</li> </ol> <p>Accountable Manager - Head of Service, Learning Disabilities</p>	<p><b><u>Agreed timescale</u></b></p> <ol style="list-style-type: none"> <li>1. 14 June 2024</li> <li>2. Ongoing</li> <li>3. 14 June 2024</li> </ol>

#### 4. Fraud Awareness

##### Finding

Review officers should have an awareness of overstatement of need by the service user and/or family and be mindful of any indication of care provider fraud whilst undertaking an assessment/review. Fraud Awareness training was delivered by the Fraud Service Provider in June 2023. This was mandatory training for all frontline ASC officers.

We checked the training attendance records with HR colleagues and identified that of the 12 officers shown in the LD organisation chart, 7 had attended the training last year.

Unfortunately the course was not recorded but the slides are still available from HR Learning and Development.

##### Risk

Over statement of need, misrepresentation, false declaration and misappropriation of Council funds is undetected. Review officers are not adequately equipped to complete a review mindful of any fraudulent activity.

##### Recommendation

All LD officers with a frontline, assessment or reviewing role should complete the fraud awareness training when next available. In the interim, all LD officers with a frontline, assessment or reviewing role should access the course slides. LD team members who did attend the course could enable induction to fraud awareness, cascade key themes and/or address in team meetings/supervision.

##### Rating

Priority 3

##### Management Response and Accountable Manager

1. All staff to attend next available fraud training

Accountable Manager - Head of Service, Learning Disabilities

##### Agreed timescale

Next available session

## 5. New Budget Holder Training

### Finding

The Budget Holder for the Learning Disabilities Care Management Service took up post in August 2023. We found that they had not received any formal Budget Monitoring Training or been invited to attend Budget Holders' financial awareness/planning and forecasting system training courses.

### Risk

Budget Holders may not be maximising efficiency and effectiveness in the role. Duties may not be performed in a standardised manner.

### Recommendation

The Budget Holder for the Learning Disabilities Care Management Service should attend the next available Budget Holders' financial awareness/planning and forecasting system training courses.

### Rating

Priority 3

### Management Response and Accountable Manager

1. Budget holder to attend next training session

Accountable Manager - Head of Service, Learning Disabilities

### Agreed timescale

Next available session

## 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:

- The Learning Disabilities review process does not fully meet the requirements set out in the Care Act 2014
- Inadequate review information is available to submit complete and accurate statutory returns
- Decision making following review resulting in poorer outcomes for the client
- Overspent budget requiring further efficiencies in order to balance the budget

Our scope included:-

- Procedures for the Learning Disabilities review process including time targets for annual reviews, interim reviews for new service users, authorisation and compliance with Care Act 2014.
- Compliance to the agreed Standard Operating Procedures, Social Care case management system training guides and locally agreed procedures.
- Review of the information uploaded to Social Care case management system, mandatory fields, templates accuracy and completeness of information.
- Liaison and communication with care providers, LBB colleagues, Financial assessment contractor, the service user and family during the review process.
- Review of the information available from Social Care case management system, ad hoc information and regular reporting, to support the review process, identify overdue reviews and measure performance.
- Learning Disability expenditure across all service heads; support at home, access to community schemes/support, shared lives, supported living, residential/nursing placements and direct payments.
- Review the budget monitoring for the Learning Disability service and any ad hoc financial reports that are available to the team to identify high costs services.
- Review the controls in place to manage social care fraud risks, specifically overstatement of need.