



Internal Audit Report
Housing and Community Care
Reablement Assignment No. 15-07
June 2015

Final Report

Chief Executive's Service
Finance Division
Perth & Kinross Council
Blackfriars Development Centre
North Port
Perth PH1 5LU

Internal Audit

“Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes”. Public Sector Internal Auditing Standards (PSIAS)

On 27th March 2013, the Council’s Audit Committee approved the PSIAS as the relevant standard for its Internal Audit activity.

Background and Introduction

This audit was carried out as part of the audit plan for 2015/16, which was approved by the Audit Committee on 1 April 2015.

Reablement is the term used for the process of providing support in the home to enable people to live independently. The Reablement Team was formed in 2010 and is managed by Housing and Community Care. The process captures a change in arrangements from doing things for service users to supporting service users in doing things for themselves. Service users are referred for this service by a wide variety of sources including (but not limited to) hospitals and General Practitioners.

Reablement usually takes place for up to 6-8 weeks to allow the person adequate opportunity to regain skills and confidence for everyday living. Throughout this period a process of weekly reviews takes place to monitor the person’s progress and determine what, if any, residual care needs remain. Reablement is not therefore a process that occurs in isolation to other events, it relieves the pressure on hospital bed spaces and, if successful, ensures that the person will be able to maintain independent living for longer than if the service had not been provided. Where, after a period of reablement, there is still some further need this will be met through a range of options. Therefore, it reduces the amount of care to be provided to individuals across the area, thereby reducing costs to the Council and maintaining independence and reducing reliance on the provision of Care Services for those people who have successfully been through the process.

Scope and Limitations

The Audit considered the controls in place for the identification of needs and outcomes for service users, the review process to ensure the outcomes are met and any subsequent support needs to enable service users to continue to live independently.

The audit comprised interviews with officers responsible for the delivery of Reablement, with review of written processes and procedures and testing of the adequacy of current arrangements in meeting the Service’s needs.

For the avoidance of doubt, the Audit was limited to a review of the Reablement service and did not consider Home Care provision.

Control Objectives and Opinions

This section describes the purpose of the audit and summarises the results. A ‘control objective’ is a management objective that requires the maintenance of adequate and effective internal controls to ensure that it is achieved. Each control objective has been given a rating describing, on the basis of the audit work done, the

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actual strength of the internal controls found to be in place. Areas of good or poor practice are described where appropriate.

Control Objective: To ensure adequate processes are in place to assess needs and implement agreed outcomes for referred service users	
<p>Auditor's Comments:</p> <p>The authority to provide an assessment of Community Care needs is delegated under the HCC Scheme of Delegation to relevant qualified officers. Records demonstrated that all Assessing Officers were suitably qualified and trained and, of those tested, all Reablement Assistants held the required qualifications or had training plans in place to ensure that the required qualification would be held by the specified date.</p> <p>A wide range of information and procedures is available on the Access Team Sharepoint site and on the Council's intranet (ERIC) in the Assessment and Reviews section of the Community Care pages. Whilst the information available is consistent with the process maps, much of the documentation refers to the systems and process involved in Homecare rather than indicating that this is a generic process.</p> <p>Testing of client files identified instances where observations were repeated without any action being taken. In some cases there was no evidence of the weekly case file review having taken place at least once during the period of Reablement. Of these, for two cases there was no weekly review over successive weeks although this took place over the festive period. Service management observed that this would be partly due to the closure of Council offices and that, at this time, a skeleton staff normally operates. In preparation for this, focussed case reviews take place to ensure that resources are properly utilised. Care for service users continues throughout this period.</p> <p>Throughout the audit it was noted that a number of improvements were in progress or were part of an existing programme of work. These included the review of written procedures, a review of the Scheme of Delegation and re-emphasis on the completion of ERDs. These are noted by the Auditor and are included in this report to ensure achievement of results in a formal time frame.</p>	
Strength of Internal Controls:	Moderately Strong

Control Objective: To ensure management review confirms efficiency and effectiveness of the reablement service	
<p>Auditor's Comments:</p> <p>The Reablement Service is subject to ongoing monitoring by HCC's Finance and Support Services to ensure that efficiencies are maintained. Financial monitoring of Reablement and other Care Services provides evidence that the Council has made a net saving due to the introduction of the Reablement Service. Reports on the efficiency and effectiveness of the Service are provided to Senior Management</p>	

as required.

The efficiency of the Service is also analysed through the use of data collated through the scheduling and time recording system; it was noted that 40% of Clients using the Service require no further support at the end of the Reablement period and this was confirmed through testing.

Service User survey questionnaires saw evidence that staff were praised for courtesy and care and that the respondents felt safer and more independent as a result of the service. Currently however, there is no systematic analysis of survey responses which could inform improvements.

Other monitoring is provided by HCC's Business Improvement Team which presents information to Senior Management relating to the effectiveness of the Service and the challenges from demographic change and the resulting impact on the Council's resources.

Strength of Internal Controls:

Moderately Strong

Management Action and Follow-Up

Responsibility for the maintenance of adequate and effective internal controls rests with management.

Where the audit has identified areas where a response by management is required, these are listed in Appendix 1, along with an indication of the importance of each 'action point'. Appendix 2 describes these action points in more detail, and records the action plan that has been developed by management in response to each point.

It is management's responsibility to ensure that the action plan presented in this report is achievable and appropriate to the circumstances. Where a decision is taken not to act in response to this report, it is the responsibility of management to assess and accept the risks arising from non-implementation.

Achievement of the action plan is monitored through Internal Audit's 'follow up' arrangements.

Management should ensure that the relevant risk profiles are reviewed and updated where necessary to take account of the contents of Internal Audit reports. The completeness of risk profiles will be examined as part of Internal Audit's normal planned work.

Acknowledgements

Internal Audit acknowledges and thanks the Finance and Resources, Business Improvement and Access/Reablement Teams for their co-operation during this audit.

Feedback

Internal Audit welcomes feedback from management, in connection with this audit or with the Internal Audit service in general.

Distribution

This report has been distributed to:

B Malone, Chief Executive

J Walker, Executive Director, Housing & Community Care

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J Gilruth, Depute Director, Housing & Community Care
B Atkinson, Depute director, Education & Children's Services
D. Fraser Head of Community Care
C Johnston, Head of Community Care
J Symon, Head of Finance
P. Kippen, Service Manager, Older People
N. Copland, Business & Resources Manager
G Taylor, Head of democratic Services
P Dickson, Complaints & Governance Officer
External Audit

Authorisation

The auditor for this assignment was A Gallacher. The supervising auditor was M Morrison.

This report is authorised for issue:

Jacqueline Clark
Chief Internal Auditor
Date:

Appendix 1: Summary of Action Points

No.	Action Point	Risk/Importance
1	Operational Procedures	Medium
2	Service Scheme of Delegation	Low
3	Training & Qualifications	Low
4	Supervision Records	Low
5	Questionnaires	Low
6	Weekly Case Review Meetings	Medium

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Appendix 2: Action Plan

Action Point 1 - Operational Procedures

Operational Procedures for the administration of Reablement are currently under review by the Service Operational Instruction and Guidance Group. However, it was noted that of those procedures that are available on the Assessment and Reviews page of ERIC, which are intended to cover Reablement, not all refer to Reablement or to the timeframes for assessment and reviews of people in the reablement process.

In order to provide clarity, further review is required to identify processes and procedures which are common to Homecare and Reablement and those which are specific to either.

Management Action Plan

- a) Operational Instructions and Guidance will be updated to reflect the generic outcome focussed assessment and outcome focussed review processes and to reflect Keyworker monitoring reviews and Reablement weekly updates.
- b) Management will update current policies on Assessment and Review to include monitoring.

Importance:	Medium
Responsible Officers:	a) V Riddell, Team Leader, Access/Reablement, and S MacLean, Team Leader, Access/Reablement b) P Kippen, Service Manager, Older People
Lead Service:	Housing and Community Care
Date for Completion (Month / Year):	July 2015
Required Evidence of Completion:	Documents on ERIC

Auditor's Comments

Satisfactory

Action Point 2 - Service Scheme of Delegation

The Service Scheme of Delegation is available on ERIC detailing those responsibilities held by the Executive Director (Housing and Community Care) under the Council's Scheme of Administration which are, in practice, delegated to other officers, ensuring the proper administration of the Service.

The Scheme of Delegation was last reviewed in 2009 and is not current as regards officers' job titles. In addition, a section detailing legislation which is not included in the Scheme of Administration is no longer applicable.

Management Action Plan

The Service will review the current Scheme of Delegation and update as appropriate. This will then be updated to ERIC on approval of the revisions by SMT.

Importance:	Low
Responsible Officer:	N. Copland, Business and Resources Manager
Lead Service:	Housing and Community Care
Date for Completion (Month / Year):	October 2015
Required Evidence of Completion:	Revised approved Scheme of Delegation

Auditor's Comments

Satisfactory

Action Point 3 - Training & Qualifications

Reablement Assistants are required to hold or to be working towards SVQ level 2 in Health and Social Care. There will be a legal requirement for Home Care staff to hold this level of qualification by 2017, and for those working in Care Homes by December 2015. However, SSSC will allow five years for staff to complete the qualification post registration.

Certificates were held for the qualification by 9 of the 10 Reablement Assistants whose personal files were examined. It was noted that the officer who did not hold the qualification had formally requested training in January 2013 but this had not yet taken place.

In addition, whilst training in Reablement skills took place prior to implementation in 2010 and refresher courses took place in 2011 and 2012 there was no formal certificate available on completion of the course. Team Leaders have identified training needs and a range of courses for Reablement staff, in consultation with the training department.

Management Action Plan

- a) SVQ2 training requirements to be scheduled for training team with target dates for completion
- b) Reablement Training needs to be re-assessed and training plan established
- c) Training needs to be completed in line with schedule.

Importance:	Low
Responsible Officers:	V Riddell, Team Leader, Access/Reablement and S MacLean, Team Leader, Access/Reablement
Lead Service:	Housing and Community Care
Date for Completion (Month / Year):	a) November 2015 b) November 2015 c) December 2016
Required Evidence of Completion:	a) Schedule of training b) Training needs assessment schedule c) Verification of completion of training in line with plan

Auditor's Comments

Satisfactory

Action Point 4 - Supervision Records

Supervision is a core part of the support and development of staff in Care professions and should be carried out in accordance with Social Work practice standards. HCC policies and procedures state that this should take place at least quarterly. Supervision records were examined for 8 current members of staff across all areas and it was found that no Reablement Assistants had received a formal supervision meeting in the current calendar year. All but one however, had an Employee Review and Development meeting in May 2015.

The Service advised that there is a weekly team meeting for each Reablement Team and this provides staff support as well as reviewing workloads. The weekly meetings were acknowledged as being an important element of staff support due to the high turnover/ demand within the services.

Management Action Plan

- a) Team Leaders will ensure Reablement Coordinators' implementation of Supervision and ERD regime.
- b) Success of implementation to be reviewed after 6 months.

Importance:	Low
Responsible Officers:	V Riddell, Team Leader, Access/Reablement and S MacLean, Team Leader, Access/Reablement
Lead Service:	Housing and Community Care
Date for Completion (Month / Year):	a June 2015 b) January 2016
Required Evidence of Completion:	a) Schedule of Officers' supervision meetings b) Confirmation of achievement of quarterly supervision meetings

Auditor's Comments

Satisfactory

Action Point 5 - Questionnaires

The Service provides more than one service user survey questionnaire and there is no analysis of the responses.

A review of the Service User Questionnaires responses identified that, whilst some respondents had difficulty understanding some expressions on the form, overall the experience of those who responded had been positive.

The Reablement/Access team is currently working with Research & Consultation in ECS to redesign the questionnaire thereby assisting analysis which would further inform the development of the Service.

Management Action Plan

- a) The revised Questionnaire will be available for distribution from end of June 2015.
- b) Analysis of responses will commence from the return of questionnaires with involvement from the Business Improvement Team, and an Action Plan will be developed resulting from customer feedback.

Importance:	Low
Responsible Officer:	K Shepherd, Administrative Assistant
Lead Service:	Housing and Community Care
Date for Completion (Month / Year):	a) June 2015 b) January 2016
Required Evidence of Completion:	a) Revised Questionnaire b) Action Plan following analysis of questionnaires

Auditor's Comments

Satisfactory

Action Point 6 - Weekly Case Review Meetings

A key aspect of Reablement, in accordance with procedures, is the process of weekly review. This allows feedback from service users and their families, key workers, health professionals, Reablement Assistants and Reablement Co-ordinators. The meeting provides an opportunity to assess progress and reduce elements of support to enable the service user to regain independence.

12 Case files were reviewed which had gone through the reablement process from the period 1 January 2014 to 6 May 2015. Testing of client files identified instances where observations were repeated without any action being taken. In some cases there was no evidence of the weekly review having taken place at least once during the period of Reablement. Management advised that it is not always possible or necessary to discuss all clients at the meetings.

Two cases were also identified where the absence of weekly review took place over the festive period. Management observed that this would be partly due to the closure of Council offices and that, at this time, a skeleton staff normally operates and that the care of the service user continues as normal. Moreover, focussed review takes place in the weeks leading up to the break to ensure that the care provided is appropriate.

Management Action Plan

- a) Instruction to relevant officers that records of weekly meetings are completed to ensure client minute is updated or that; if there is no update, this should be clearly stated in notes "no update", or "meeting cancelled" etc..
- b) Purpose of weekly meeting to be clearly defined in Operational Guidance.

Importance:	Medium
Responsible Officers:	V Riddell, Team Leader, Access/Reablement and S MacLean, Team Leader, Access/Reablement
Lead Service:	Housing and Community Care
Date for Completion (Month / Year):	August 2015
Required Evidence of Completion:	a) Client file notes b) Revised procedures

Auditor's Comments

Satisfactory

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