Internal Audit Report
Housing and Community Safety
Generic Outcome Focussed Assessments
Assignment No.17-01
December 2017

Final Report

Legal and Governance
Corporate and Democratic Services
Perth & Kinross Council
Council Offices
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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)

The Council's Audit Committee approved the PSIAS as the relevant standard for its Internal Audit activity.

Background and Introduction

This assignment forms part of the Internal Audit Plan for 2017/18, as presented to Audit Committee on 18th April 2017.

Generic Outcome Focussed Assessments (GOFAs) are undertaken to help identify outcomes to maintain and sustain living in the community as far as possible. Suitably trained and qualified staff undertake the assessment to ensure that people can live safely in their home or care home, establishing the support they need to enable them to maintain a safe way of life and, as far as possible, to live independently in community settings.

The initially agreed indicative scope was revised in light of ongoing changes to the process of assessment recording, following the introduction of Adult Integration Solution(AIS) the web-based version of SWIFT. Assurance was however, still sought regarding the assessment, identification and delivery of appropriate services.

Audit testing was carried out in August and September 2017.

Scope and Limitations

The audit included interviews with relevant officers, review of policies and procedures; examination of assessments undertaken and management information used to inform decision making relating to Community Care Assessments.

The audit will not duplicate work covered in Internal Audit Assignment 16-07 Financial Assessment and Charging.

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 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 that assessments for social care identify individual outcomes and ensure the provision of the necessary services to achieve those outcomes, on a timely basis.
Audit Comments: The Audit noted that the majority of assessments were carried out within 28 days of initial request and enabled the achievement of personal outcomes for the people

concerned.

Generally, the audit observed good practice in safeguarding people to ensure that the exposure to risk, due to frailty or ill health was minimised. In most instances, a longer period of delay from initial request to the delivery of services was due to the practice of preparing for hospital discharge, by requesting a GOFA, at the point of hospital admission. In many cases this resulted in a delay between the request and the assessment being carried out as the specific outcomes and the support required to attain them would not always be identifiable at the point of admission. Other delays were due to prioritising Occupational Therapy cases in accordance with eligibility criteria.

In a minority of cases, testing identified some delays in providing support services due to lack of capacity of the care providers; there were also delays in providing required residential care, when required, due to capacity in care homes.

There were some issues with the recording of information on AIS (Adult Integrated Solution), the case management system, as a number of cases mis-recorded the event triggering the GOFA and therefore associated the wrong date with it. This resulted in the under-reporting of timely assessments being carried out; which is required for public performance reporting.

Caseload reports are sent to management on a regular basis presenting the assessments completed and those which are incomplete. However, there are no routine management reports which identify cases marked "Progress to Assessment", for which no assessment has been carried out.

A Quality Assurance Group has been established by the Service to review data recording and reporting arrangements to support management in developing improvements to service delivery.

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. Appendix 3 describes one action point which, although outwith the scope, was considered of sufficient importance as to be brought to Management's attention.

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 with thanks the co-operation of Housing and Community Safety during this audit.

Feedback

Internal Audit welcomes feedback, 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 Fyffe, Senior Depute Chief Executive

R Packham, Chief Officer Health & Social Care Partnership

L Cameron, Acting Director of Housing & Community Safety

D Fraser, Head of Adult Social Work and Social Care

A Taylor, Head of Corporate IT and Revenues

P Henderson, Service Manager, (Early Intervention and Prevention/Mental Health)

S Strathearn, Service Manager (Business Improvement)

K Ogilvy, Service Manager, (Fieldwork)

V Riddell, Team Leader, Prevention

C. MacLean, Business Systems Team Leader

K McNamara, Head of Strategic Commissioning and Organisational Development

For Final Reports always include L Simpson, Head of Legal and Governance Services

G Taylor, Hed of Democratic Services

External Audit

Authorisation

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

This report is authorised for issue:

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Jacqueline Clark
Chief Internal Auditor
Date: 18 December 2017

Appendix 1: Summary of Action Points

No.	Action Point	Risk/Importance
1	Data Quality	Low
2	Management Reporting	Medium
1	Appendix 3 :Forced Password Changes for AIS	Medium

Appendix 2: Action Plan

Action Point 1 - Data Quality

Testing identified instances where either an incorrect date was recorded as the trigger point for the assessment or no date inputted at all.

For the year ending July 2017, there were 370 (7%) instances where this date was not recorded and therefore the time taken for these assessments cannot be fully established. In addition, 62 cases were recorded on the system where the assessments took longer than a year to be completed. 20 such cases were tested, and were found to be linked to an incorrect event and therefore had an incorrect date recorded. These would all normally be excluded from public reporting, although would demonstrate more timely coverage for carrying out assessments.

Management Action Plan

Guidance will be written for Team Leaders to ensure accuracy of detail and a consistent approach.

Risk/Importance:	Low
Responsible Officer:	V Riddell, Team Leader, Prevention
Lead Service:	Housing and Community Safety
Date for Completion (Month / Year):	January 2018
Required Evidence of Completion:	Written procedures for Team Leaders

Auditor's Comments

Satisfactory

Action Point 2 - Management Reporting

Caseload reports are sent to management on a regular basis presenting the assessments completed and those which are incomplete.

There are, however, no regular reports capturing cases marked "Progress to Assessment" for which there is no linked assessment. In order to ensure appropriate oversight, regular reporting of such cases should be provided.

This would also be an appropriate area for future consideration by the Quality Assurance Group.

Management Action Plan

a) A report to capture cases where "Progress to Assessment" is identified but no Assessment takes place will be developed.

b) The Quality Assurance Group will include the reporting framework of GOFA as part of their review.

Risk/Importance:	Medium
Responsible Officer:	a) Cara MacLean, Business Systems Team Leader b) K Ogilvy, Service Manager - Fieldwork
Lead Service:	Housing and Community Safety
Date for Completion (Month / Year):	a) December 2017 b) March 2018
Required Evidence of Completion:	a) Copy of Report b) Evidence of review f GOFA reporting framework

Auditor's Comments

Satisfactory

Appendix 3: Action Plan

Action Point 1 - Forced Password Changes for AIS

AIS (Adult Integrated Solution) is the web-based version of Social Work information system SWIFT, which was implemented by Community Care in January 2017.

AIS does not force password changes at first log on or after an interval of 42 days. The first password logon is based on the user's name and therefore, without forcing the password change, an employee's password could easily be guessed.

Mitigating controls to compensate for the absence of a forced password change include the initial network login controls which enforce a change every 40 days, and a review of user's activities. However, neither of these would identify instances where a user's system identity had been compromised and improper access obtained.

Management Action Plan

As an additional compensatory control, the Information Security recommended password generator will be used to create passwords.

Risk/Importance:	Medium
Responsible Officer:	C. MacLean, Business Systems Team Leader
Lead Service:	Housing and Community Safety
Date for Completion (Month / Year):	December 2017
Required Evidence of Completion:	Copy of updated process for issuing passwords for Swift/AIS/CCM

Auditor's Comments

Satisfactory