



Meeting:	Integration Joint Board
Date:	21 December 2015
Report Title:	Community Care Resources – Internal Audit
Reference Number:	CC-58-15-F
Author / Job Title:	Denise Morgan / Interim Executive Manager – Community Care Resources

Decisions / Action required:

That the IJB discuss the content of the action plan and agree that actions are being progressed in a suitable timescale. Agree that a further update on the action plan is presented to the IJB in 3 months time from the date of this meeting

High Level Summary:

This report presents summary findings of the Community Care Resources internal audit that was completed in August 2015

Corporate Priorities and Joint Working:

Shetland Single Outcome Agreement 2013: We have supported people to achieve their full potential at all life stages – from birth and early years through working lives to old age.

Community Health and Social Care Directorate Plan has the following relevant priorities:

- Developing person-centred services, with personalisation driving the shape of all public services and a strong focus on developing a person centred approach to care and care planning.
- Implementing changes to services and our workforce to support the delivery of safe, efficient, sustainable services.

Key Issues:

The two key audit issues identified are concerned with the inappropriate use of relief workers and the security and processes surrounding the use of Webroster as a payroll system.

Implications :	
Service Users, Patients and Communities:	Each service area is inspected on a regular basis by the Care Inspectorate to ensure care standards are being met. There are no concerns to direct care delivery arising from this audit. There may be some impact to service users if they receiving a late or inaccurate invoice and we will on this.
Human Resources and Organisational Development:	We are currently working with HR and Finance to improve systems that are not directly within service control, but where those systems can impact positively on quality and efficiency.
Equality, Diversity and Human Rights:	The Council and Health Board are required to make sure that systems are monitored and assessed for any implications in this regard. Shetland's Joint Strategic (Commissioning) Plan supports and promotes equalities, health and human rights.
Legal:	The IJB is advised to progress the Action Plan, but there are no legal requirements to do so.
Finance:	Any costs associated with the development and maintenance of the Action Plan will be met from within existing budgets of the Community Health and Social Care Directorate.
Assets and Property:	There are no implications for major assets and property.
Environmental:	There are no environmental issues arising from this report.
Risk Management:	Any risks to the Council arising from this audit have been acknowledged and arrangements put in place to mitigate the risks.
Policy and Delegated Authority:	Shetland's Integration Joint Board (IJB) was formally constituted on 27 June 2015. The IJB has the authority to consider the outcomes of audits in respect of the services for which it has the responsibility for oversight.
Previously considered by:	This report has not been presented to any other formal meeting.



Shetland Islands Council



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1. Introduction

- 1.1 The purpose of this report is to present summary findings of the Community Care Resources internal audit that was completed in August 2015.

2. Background

- 2.1 The Community Care Resource Service operates care services from 7 localities across Shetland. Internal Audit undertook a planned audit of 5 care centres in the summer of 2015. Internal Audit identified a number of issues that needed to be addressed, and subsequently the service developed an action plan. Internal Audit submitted a six month progress report to the Audit Committee on 17 November 2015, which informed the Committee of the key issues and updated the Committee on the progress Community Care Resources were making with their action plan.

- 2.2 Below is an extract of the report relating to the Community Care Resource audit that identifies the issues arising from the audit:

“There were a significant number of issues arising from the audit; however, the lack of resources could have contributed.

The two key audit issues identified are concerned with the inappropriate employment of relief workers and the security and processes surrounding the use of Webroster as a payroll system. Both these matters have been previously reported. In addition there were issues with invoice payments, inventories, payroll information, meals and wheels income, supervision, service users’ fees, drugs and medication training, the completeness of client files and fire drills. Recommendations have been accepted and an action plan prepared”.

The Executive Manager Human Resources has already provided advice and undertaken work in partnership with the service and this will continue to ensure appropriate steps are taken to address these issues.

2.3 Below is an update on the work undertaken to date to address the issues raised in the audit report:

- **Use of Webroster as a payroll system:** Webroster is a scheduling system that enables the rostering of staff to service user. It was never designed to be used as a payroll system. Meetings have taken place with finance and an agreement reached that the service will commence using manual timesheets to improve accuracy until an alternative automated system can be found.
- **Use of relief staff:** The audit highlighted that the Service used a significant amount of relief staff and that in a handful of cases it would appear that there is continuous and relatively regular employment. This employment could exceed the description of a true relief worker. The Committee has been made aware throughout the year of the difficulties the Service has had recruiting and retaining staff and this coupled with high sickness levels has resulted in the need to use relief staff on a regular basis.

There are times when each Team Leader is faced with either using relief staff inappropriately and out with the definition of what a 'relief worker' is or risk not being able to provide the appropriate level of care to service users. In these instances the Team Leader will always make care provision a priority. However, it is acknowledged that we need to minimise risks to the Council and with this in mind it has been agreed with colleagues in Human Resources that the following be put in place:

Please note that relief workers are not members of staff – that would imply an employment contract is in place.

Where ever possible relief workers will be offered short term temporary contracts. Good practise and the Council's policy specifies that this should be where work is required for more than four weeks up to six months. If the relief worker declines this, as is sometimes the case, this will be recorded and used to evidence that the employee had exerted their right to refuse to work and did not want to enter into a formal employment contract with the council. This provides protection for the council against the risk of inappropriate use of relief workers.

- **Raising of Invoices:** 18 invoices were audited and 14 were completed correctly. Audit expressed some concern over the process used in that staff do not fully rely on the report taken from SWIFT by the Information Assistant. However, SWIFT reports on scheduled service and not received service, as service users only pay for received services, it is necessary for administrative staff to compare the report with their own records. There are also occasions when an incorrect invoice may be issued and this should be rectified at the next invoice date. We are currently reviewing the system to see if any realistic changes can be made.

- **Medication Training:** The service and NHS Pharmacy operate a three stage training model for the administration of medication. The first stage is an e-learning module followed by a classroom session and two observed practices. Refresher courses are then run every two years. The audit found that all staff who were administering training had undertaken the e-learning and classroom session but that some staff records did not evidence observed practice and refresher training that must take place in the workplace. Observed practice and refresher training is provided by senior social care workers and the difficulty in meeting demand is partly due to the number of these posts being reduced to meet the savings required for the Medium Term Financial plan. The service and Human Resources are currently looking at how we can meet training needs in the most cost effective way that also ensures safe practise.
 - Administration of medication is highly regulated in all establishments with medication being signed for and physical counting of all medicines on a monthly basis. Any discrepancies with the administration of medication are acted on immediately and in some cases require a PIN form to be completed which is monitored by the Council's Health and Safety section.
- 2.4 Other areas mentioned involved some inaccurate completion of records; two fire alarms not being tested weekly; and some staff supervision was out with the policy guidelines. Reminders have been issued to staff by letter and through staff meetings, and steps are being put in place to ensure that policy and procedures are followed, and that staff understand the importance of adhering to these processes.
- 2.5 Given the range of tasks that each locality undertakes and the level of processes that each care centre must complete as part of a regulated service, it is therefore an imperative that staff are supported to ensure that they have the necessary skills and supervision to maintain a consistency in adhering to policies and procedures. Each service area is committed to continuous improvement and the service will strive to improve dramatically on all audit issues.

Recommendations

3.1 It is recommended that the IJB:

- 3.1.1 Discuss the content of the action plan and agree that actions are being progressed in a suitable timescale
- 3.1.2 Agree that a further update on the action plan is presented to the IJB in 3 months time from the date of this meeting

4. Conclusions

- 4.1 Internal Audit have an important role in ensuring that Council services adhere to policies and procedures. Through audits services are able to identify risks and then deal with those risks appropriately. Community Care Resources have used the audit report to formulate an action plan, with realistic

timescales for actions to be completed, where those actions will drive quality, safety and efficiency.

Contact Details:

For further information please contact:

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2 December 2015

Appendices

Appendix 1 – Internal Audit Action Plan

Community Care Resources 2016/17 - Action Plan

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
AC#11 - The Engagement of Relief Workers	Findings A report on SCWRR (relief posts) hours was provided by Planning & Information and from this the information was summarised on IDEA. It would appear that in 2014/15 there were over 380 relief workers carrying out work and over 76,000 relief hours worked. In a handful of cases it would appear that there is continuous and relatively regular employment with some reliefs working well over 1000 hours. The top ten relief workers' hours are from over 950 hours to 1700 hours for 2014/15 .	It would appear that the regularity and usage of relief workers exceeds the description of a real relief worker. Patterns exist that would enable relief workers to claim that an implied contract has been formed and entire periods could be counted as continuous employment.	The culture of utilising relief staff must move towards contracted employment and annualised hours with relief work being ad hoc.	Denise Morgan	Two meetings have been held with HR. It is acknowledged that if the SICs priority is to provide care then it will not always be possible to work within the description of a real relief worker. Arrangements agreed that will minimise risk to the council. HR and Exec Manager are working on a guidance note for Team Leaders.	29-Feb-2015
AC#1 - FM - Invoice Payments	Findings For the financial year 2014/15, the performance figure for Community Care was 70%. The Payments Supervisor has performed an analysis on invoices paid to date in period 2 of 2015/16. A total of 621 invoices have been paid so far this financial year. 228 of these	1. The Council may be subject to additional charges and damage to reputation due to the late payment of invoices. 2. Suppliers may refuse to do business with the Council if invoices continue to be paid late	Further advice should be sought from the Payments Section to ensure payments are made promptly and the KPI is met.	Denise Morgan	Discussions had already been held with Finance and Team Leaders prior to the audit and there had been some improvement. Since this time some processes have been changed and the situation continues to improve. It must be noted that some of the delay is out	Completed

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
	<p>payments were late with only 63.29% of payments made on time.</p> <p>Since these figures have been communicated to the Acting Executive Manager – Community Care Resources, a number of locations have been in contact with the Payments Section to enquire about ways of simplifying the process of submitting invoices for payment.</p>				with service control.	
AC#10 - CC Admin - Webroster	<p>Findings</p> <p>Further information regarding the pilot of timesheets over use of Webroster was sought from the Payroll Manager and Team Leader Expenditure. It was explained by the Payroll Manager that the Webroster system was originally to be used as a rota system and the payroll function was a later addition. It is felt that the system is cumbersome and accuracy cannot be guaranteed. It was stated by the Team Leader Expenditure that there are discussions planned in the near future to look into the pilot and to agree on the</p>	<p>It cannot be assured that the Webroster system results in the accurate pay for staff. The risk of inaccuracies and errors recorded could result in staff receiving incorrect pay.</p> <p>Webroster system is lacking in security and accuracy. Due to lack of audit trail it cannot be guaranteed that the system is being used appropriately.</p> <p>It would appear that tasks completed by Social Care staff are not always Personal Care tasks. This could result</p>	<p>Webroster security, controls and authorisation processes etc should be reviewed to ensure that the pay is correctly authorised and processed.</p> <p>Ensure that all staff time and work carried out is accurately and appropriately recorded on Webroster.</p>	Denise Morgan	<p>Meetings have been held with the Finance Department and it has been agreed that Webroster will stop being used as a payroll system as of 1.2.16. Timesheets for be in operation until an alternative solution is found.</p> <p>Some tasks undertaken involved social time and some light domestic tasks in times when staff had time to spare between visits. Although the service will monitor this to ensure the SIC do not lose income, it could be described as good</p>	Completed

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
	best course of action. It is felt by both the Payroll Manager and Team Leader Expenditure that they should not continue using Webroster as a Payroll system, but do not have the available staff to process the quantity of timesheets that this would produce.	in loss of income due to chargeable tasks being incorrectly carried out.			Care provision.	
AC#2 - HRM - Staff terminations, transfers and promotions	Findings A report was produced from CHRIS identifying all employees who were terminated from the service during the audit scope period. A sample of 10 terminations was selected. There were some minor discrepancies with timeframes.	Some forms are not being completed accurately and within timeframes, which could result in overpayments.	Ensure all forms are completed accurately and are submitted to the Employment Support Team and Payroll within payroll time frames.	Denise Morgan	TLs reminded that all terminations will be submitted on time. The issues with inputting data on CHRIS are out with the service's control but have been forwarded to HR.	Completed
AC#3 - GEN - Inventories	Findings A sample of five items was selected from the inventories to be located in each care home (total of 25 items). A total of eight items could not be located. Seven of these items were believed to have been disposed of but the inventory	1. Inventories do not have a full description of items recorded and location to allow identification of items. 2. Disposals are not being recorded. 3. Hansel fund items are	1. Ensure inventories are up to date and contain relevant information such as location and description of item e.g. brand and serial number for identification purposes. 2. Ensure all disposals are appropriately recorded and	Denise Morgan	Care home inventories is an onerous task as the quantities of goods is substantial. Most items are not branded and do not have a serial number. A meeting will be held with Insurance and Risk to look at simplifying the system.	29-Jan-2016

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
	had not been updated as this is an annual process. There are no records held in the care homes to confirm disposals of items stating reason and authorisation of disposal.	being recorded on the inventories.	authorised. 3. Ensure Hansel fund items are not recorded on inventory, advice should be sought from Insurance for best practice.			
AC#4 - Res, Day Care - Fire Drills	<p>Findings Fire logs and records for emergency fire drills were reviewed in four care homes. The results are as follows: -</p> <p>Annual drills were performed and recorded in all homes. One care home completes weekly system checks, including building checks, and also performs annual drills. A full record is held.</p> <p>Two care homes do not complete the weekly system checks consistently, with the largest time between tests being three weeks</p>	Weekly system checks are not being consistently done.	Ensure appropriate procedures and routines are in place to ensure weekly systems checks are done in accordance with requirement.	Denise Morgan	Issues have been raised with Team Leaders and this action will be monitored through the individual risk register and reviewed in December to ensure that the systems are being checked on a consistent basis.	Completed
AC#5 - Res, Day Care - Service User's Fees	<p>Findings Residential and respite accounts are raised by the Care Unit Admin Support Staff.</p>	1. Clients are not always being correctly charged for the service received at the appropriate rate.	1. Invoices should be raised appropriately with the correct charge for the service provided.	Denise Morgan	Information provided from SWIFT must be checked by localities to ensure only received services are charged for. Process to be	29 Feb 2016

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
	<p>A sample of service users was selected from each care home visited during the audit. A total of 18 invoices were sampled and the results are as follows: -</p> <ul style="list-style-type: none"> . 14 invoices were charged appropriately. . 2 invoices have been undercharged by 1 day from the service dates stated on the invoice . 1 invoice charged the wrong weekly rate for 14/15 . 1 invoice is raised for the costs of 2 service users over one period. 	<p>2. It appears that the report provided by the Information and Systems Assistant used by some areas to raise invoices in connection with non residential services / Care @ Home is not always accurate. This could result in over charging to service users or loss of income to the Council.</p> <p>3. All invoices have an incorrect supply date entered onto Integra.</p>	<p>2. A review of the report produced by the Information and Systems Assistant should be carried out to ensure that accurate information is produce for invoicing to ensure all care units are confident in the information provided.</p> <p>3. All invoices should be entered onto Integra with the appropriate supply date.</p>		reviewed to see if it can be streamlined.	
AC#6 - CC Admin - Supervision	<p>Findings</p> <p>Staff supervision not taking place as per policy.</p>	<p>The 2011 Policy and Procedure Documents were due for review in April 2014 and it would appear that 2011 Version remains the current document.</p> <p>The 2011 Staff Supervision and Support Policy and Procedure requirements are not being adhered to in relation to individual sessions. This may result in staff not receiving the appropriate support required.</p>	<p>The policy and procedural requirements should be reviewed and thereafter the requirements should be adhered to.</p> <p>Supervision should be appropriately documented and signed by both parties when carried out.</p>	Denise Morgan	<p>The 2011 policy became unsustainable following the changes to senior social care staff during the mid-term financial review. The Staff Supervision and Support Policy is currently being reviewed and will reflect a more achievable target whilst ensuring good support to staff.</p>	29-Jan-2016

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
		Documentation evidencing the holding of supervision and the agreements reached etc is not always being signed by either or both parties.				
AC#7 - Res, Day Care - Drugs and medications	<p>Findings <u>Training</u></p> <p>For the sample of four Care Units visited, a report was obtained from Workforce Development with regard to the completion of the Medication Policy training requirements. With the exception of one Care Unit, it would appear that on numerous occasions the workplace assessments that are required to validate the e-learning and Class Room learning have not been completed. In addition there are a significant number of 2 year refresher courses that are overdue.</p>	<p>The Training requirements of the Medication Administration Policy 2014 are not being adhered to. There are a number of work based assessments and two yearly refresher courses that are overdue.</p> <p>Although there are competent systems in place in each of the care homes visited, records must be updated.</p>	<p>The Medication Training Records for all Care Units should be reviewed and updated to ensure that the requirement to complete the medication training including Assessments 1 & 2 and to carry out a refresher course within two years is adhered to.</p> <p>Controlled Drug Cupboard key holders should be reminded of the requirements to always complete the controlled drugs records and associated secondary methods of recording returns with respite clients and disposals / returns to the Pharmacists. Recommendation 1 will assist with this.</p>	Denise Morgan	<p>All establishments have noted who has outstanding training need.</p> <p>HR is currently reviewing electronic systems that will enable information to be shared without the need for intensive manual input. The training section is also arranging for training records to be updated for the past year.</p> <p>A reminder has been sent to staff in relation to accurate record keeping.</p>	29-Apr-2016
AC#8 - Res, Day Care - With you for you	<p>Findings</p> <p>A review of sixteen files from four Care Homes was reviewed. In 9 instances, there was no</p>	<p>Concern & Risks</p> <p>Client files are not of a consistent standard. Residential agreements are</p>	The ongoing project of reviewing and systematizing Client files should be completed and rolled out to all	Denise Morgan	An audit system is in place for the reviewing of client files but it has been difficult for staff to keep up to date	29-Feb-2016

Audit Comment	Findings	Concerns & Risks	Recommendation	Responsible Officer	Response	Due Date
	Residential Agreement on file. WYFO and Personal Support Plans were located however the signing and dating of documents by both the key workers and the clients/clients representatives where appropriate is very sporadic and therefore it is not possible to say in many cases how recent the plans/documents are. See Appendix Res6.	not always on file. Signing and dating of care plans and other documents by key workers, clients and/or client representatives are sporadic therefore unable to confirm if timescales are adhered to.	establishments. Documentation should always be dated and signed by the key workers and where possible the Client or the Client representatives		with this due to conflicting pressures caused through greater dependency needs and staff shortages. This has resulted in staff prioritising care tasks over administrative tasks. The service is currently undertaking an exercise to review internal processes and it this issue will be addressed at that time. An audit schedule and quality assurance procedure is currently being finalised and should be ready for implementation across the resource estate by December 2015.	
AC#9 - CC Admin - Meals on Wheels	Findings A sample of 1 service user from the 12 areas was selected and the last invoice raised for Meals on Wheels was taken from Integra. From the service dates stated on the invoices, the service records were received from the admin teams responsible for raising the invoices. The results are as follows:- 1 service user was overcharged by 2 meals. 4 occasions when invoices were raised late.	There are delays in invoices being raised after the service is provided. This could result in errors in charging and is not in accordance with the Finance Sections guidance.	Ensure all invoices are raised promptly after the date the service is provided and charges are appropriately calculated and raised according to the Finance Section's guidelines.	Denise Morgan	Working group to be set up to look at invoicing and charging. This action is linked to the operation difficulties of Webroster / staff capacity and it is intended that one working group will address the appropriate audit issues.	29-Feb-2015

