Community Services

POVA

Internal Audit Report CS1020T1
August 2013

Overall Opinion
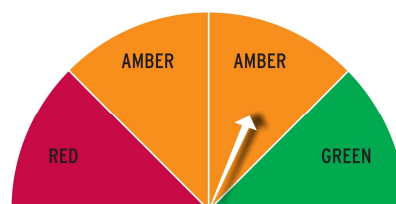
CONTENTS

Debrief meeting	03 July 2013.	Auditors	Flintshire County Council Internal Audit Service
Draft report issued	26 July 2013.		
Responses received	21 August 2013.		
Final report issued	22 August 2013.	Client sponsor	Head of Adult Social Services
		Distribution	Director of Community Services
			Head of Adult Social Services
			Adult Safeguarding Managers
			Senior Manager Older People Services

1   EXECUTIVE SUMMARY

1.1   INTRODUCTION

An audit of POVA was undertaken as part of the approved internal audit periodic plan for 2013/14.

In December 2009 the CSSIW published their report on the Inspection of Adult Protection in Flintshire County Council. This contained a number of areas of weakness to which the Authority responded with an Action Plan to deliver the required improvements. The Annual Review and Evaluation of Performance 2011-2012 by the CSSIW of the Community Services Directorate contained a further recommendation for improvement. This Audit is a Follow Up review to assess whether the necessary improvements have been acted upon and if there are still areas outstanding.

In November 2010 the four regional Adult Protection Fora in Wales commissioned the production of a guidance document for the safeguarding work of all those concerned with the welfare of vulnerable adults employed in the statutory, voluntary and private sectors, in health and social care, the police and other services. The Authority has fully embraced the new all Wales adult protection procedures, although there are still some inconsistencies in their application.

Adult Safeguarding in Flintshire is undergoing changes whereby it is hoped to bring all the processes and procedures under the one umbrella to achieve consistency of approach and clarity of roles and responsibilities. An additional Adult Safeguarding Manager has recently been appointed to share the chairing of the Strategy Meetings and also the Case Conferences alongside the operational duties of managing case referrals.

1.2   CONCLUSION
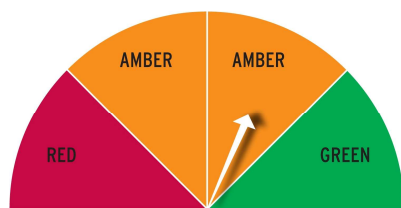
Taking account of the issues identified, Management can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed and consistently applied.

However we have identified issues that, if not addressed, increase the likelihood of risk materialising in this area

The above conclusions feeding into the overall assurance level are based on the evidence obtained during the review. The key findings from this review are as follows:

Areas of good practice:

Following the inspection of Adult Protection in 2009 the Authority drew up an Action Plan to address the areas of weakness. The Action Plan identified the actions needed, the required timescales for achievement and the persons responsible.

The Authority has made reasonable progress in implementing the recommendations made by the CSSIW in the following areas:

▪ Strategy meeting recordings consistently now reflect responsibilities and timescales.

▪ Third-party information is now captured electronically using the secure electronic information transmission system GCSX.

▪ Safeguarding is now included in Annual Council Reporting.

▪ Mechanisms have been put in place to incorporate lessons learned from adult protection practice.

Key areas for improvement

New Controls

▪ The Authority needs to reach a decision on the format and practice for embedding full risk management into the recording system and ensure compliance of all operational staff.

Application of Existing Controls

▪ Staff need to be aware of the requirement to ensure PARIS represents a full history of all cases by attaching all Word documents to the electronic database.

▪ Clarity of all roles and responsibilities under the new centralised POVA process needs to be established.

▪ The Terms of Reference for the Flintshire Adult Protection Committee need to be dated.

▪ Electronic connectivity for all partner agencies needs to be prioritised and actively pursued.

1.3   SCOPE OF THE REVIEW

To evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied, with a view to providing an opinion. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively. When planning the audit, the following controls for review and limitations were agreed:

The following areas were reviewed during the audit:

▪ The recommendations made in the CSSIW report of December 2009 and whether the actions have addressed the issues.

▪ The recommendations made in the CSSIW report Annual Review and Evaluation of Performance 2011-2012, and whether this has been adequately addressed.

▪ The processes and procedures used to assess and record risk.

▪ The methodology and findings of the specific audit programme established to monitor work processes within Adult Safeguarding.

Limitations to the scope of the audit:

The Audit will not consider:

▪ -work processes other than those highlighted by the CSSIW.

▪ -Individual cases and their outcomes.

▪ -testing will be on a sample basis only and the results therefore cannot be taken to be representative of the population as a whole.

The approach taken for this audit was a Risk-Based Audit.

1.4   RECOMMENDATIONS SUMMARY

The following table highlights the number and categories of recommendations made. The Action Plan at Section 2 details the specific recommendations made as well as agreed management actions to implement them.

Recommendations made during this audit:

Risk	Priority		
	High	**Medium**	**Low**
Failure to implement the recommendations may impact any future CSSIW inspection.	0	2	2
Total	**0**	**2**	**2**

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2   ACTION PLAN

The priority of the recommendations made is as follows:

Priority	Description
High	
Medium	Recommendations are prioritised to reflect our assessment of risk associated with the control weaknesses.
Low	
Suggestion	These are not formal recommendations that impact our overall opinion, but used to highlight a suggestion or idea that management may want to consider.

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
1.1	All practitioners involved in the recording of information relating to Adult Protection should be made aware of the need to attach all word documents to PARIS and delete these from the shared drives. There needs to be clarity of roles and responsibilities under Adult Safeguarding. .	Medium	Y Y	a) Safeguarding Team to be responsible for all safeguarding referrals hence quality of recording will be consistently high. All documents are now completed directly onto Paris. b) Roles & Responsibilities are being reviewed following recent changes to the Team.The team has been recently enlarged to respond to all activities required of team members. Adult Safeguarding Managers will become DLMs for all cases	October 2013 October 2013	Service Manager Localities

Ref	Recommendation	Categorisation	Accepted (Y/N)	Management Comment	Implementation Date	Manager Responsible
1.2	Comprehensive risk assessments need to be fully embedded for all case referrals and embraced by all managers in line with best practice as set out in the all-Wales guidance.	Medium	Y	Complete risk assessment matrix embedded into Paris documents	August 2013.	Service Manager Localities
1.3	The Authority needs to raise the profile on the connectivity issues between Health and Social Care to ensure communication potential is maximised	Low	Y	To be raised at Strategic Planning Groups	October 2013.	Head of Service / Director
1.4	The FAPC Terms Of Reference document should be dated.	Low	Y	This has now been completed.	August 2013.	Senior Manager

3   FINDINGS AND RECOMMENDATIONS

This report has been prepared by exception. Therefore, we have included in this section, only those areas of weakness in control or examples of lapses in control identified from our testing and not the outcome of all audit testing undertaken.

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
	Risk 1: Failure to implement the recommendations may impact any future CSSIW inspection.				
1.1	The CSSIW Report of December 2009 highlighted a lack of compliance and consistency with procedures and recording practice. It also highlights inconsistencies in the application of procedures.	No	With regards to the lack of compliance and consistency each practitioner has now been given access to Adult Protection documentation and instructions on the correct procedures have been issued. The Welsh Government issued their Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse document in November 2010 which was commissioned by the four Adult Protection Fora. The Infonet under Community Services/Adult Social Services/Adult Safeguarding contains a directory of prescribed forms to be used and the WG guidance document. A lack of consistency persists however and is largely due to the length of time it takes to complete the various paperwork for each referral coupled with the incompatibility of the PARIS system to allow direct input of all the required information. For each referral a Risk Assessment form has to be created in Word and cut and pasted to PARIS. Alongside the risk assessment a Care Management form (stored on the shared drive) has to be completed and cut and	All practitioners involved in the recording of information relating to Adult Protection should be made aware of the need to attach all word documents to PARIS and delete these from the shared drives. There needs to be clarity of roles and responsibilities under Adult Safeguarding	Medium

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			pasted to PARIS. This latter document is a 10 page rolling document which can only be fully completed when all stages of the case in hand have been concluded. Strategy discussions also form part of the Care Management document at which point a strategy meeting is convened. A third document, which completes the whole process, is incorporated into the PARIS system and this is the Adult Protection Outcomes form. Shortcuts are occurring by some departments filling in the Outcomes Form on PARIS without always completing the transfer of information from word to PARIS for the Risk Assessment and Care Management forms. These documents are being stored on the shared drives making it a lengthy process to access all documents to review a case. The Business Systems Officer reported that all word documents can be attached to PARIS and then be deleted from shared drives. This would bring consistency and enable ease of retrieval of information on cases. We selected a sample of 4 case referrals to Adult Protection from recent cases in 2013/14 and looked at the information recorded on the PARIS system. We found: -in two cases there was no documentation under 'Forms' on PARIS. These cases were both being managed by Social Worker Team Managers. -in the other two cases all relevant forms were		

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			evidenced apart from the Care Management Forms. In one of these, the form was evidenced on the shared drive duly filled in and in the second case it was not possible to access the form on the shared drive as the case was within the Learning Disabilities Team and on a separate database. The testing highlighted the problems with the recording of documentation easily and efficiently onto the PARIS system which is further compounded by the current lack of facility to scan documents onto PARIS which would further enhance the individual case records Our testing also demonstrated the different application of procedures between departments. Additionally, the process for attaining consistency in work practices has not been aided by the somewhat conflicting and overlap of roles and responsibilities attributed to managers in Adult Protection. The Adult Safeguarding Managers are involved in both operational work and work at a strategic level overseeing the work of other departments and chairing the strategy meetings. Designated Lead Managers are responsible for the overall management of an adult protection case although this is also undertaken by the Adult Safeguarding Managers. In January 2013 a document was produced, Roles and Responsibilities within new Adult Safeguarding Arrangements. This attempted to clarify the situation for managers but there is still some overlap. This should be resolved after the review takes place		

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			which is scheduled for later this year to be undertaken by the Mental Health Services Manager, in liaison with the Senior Manager Older People Services. Scanning issues should be resolved when the rollout of the Multi Function Devices to all departments is complete.		
1.2	There is a lack of embedding risk assessment with consistent recording practice.	No	The all-Wales Policy and Procedures document, November 2010, contains templates for the Initial Adult Protection Risk Assessment Form and Adult Protection Risk Rating Assessment which is colour coded according to the category of risk. These latter forms are to be used to determine the level of risk to the alleged victim once it has been decided that the referral should proceed to adult protection. The Initial Adult Protection Risk Assessment Form has been embraced and used but the Adult Risk Rating Assessment Form is not fully embedded within the service. The Adult Safeguarding Manager reported that this is to be reviewed as part of the general review of the work processes.	Comprehensive risk assessments need to be fully embedded for all case referrals and embraced by all managers in line with best practice as set out in the all-Wales guidance.	Medium
1.3	Health based staff need electronic connectivity with other social care teams.	No	Although the Authority recognises the need for a common electronic recording system between Health and Social Care there has been little progress in this area. Again this is being led by Betsi Cadwaladr University Local Health Board (BCULHB) and there is no local control over the timescales.	The Authority needs to raise the profile on the connectivity issues between Health and Social Care to ensure communication potential is maximised	Low

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
1.4	The AAPC has a low profile and not been accorded the status it requires. More progress is required in delivering effective leadership. The AAPC Terms of Reference are undated and do not specifically identify accountability arrangements.	No	The Flintshire Adult Protection Committee (FAPC) meets quarterly. We obtained a copy of the FAPC Terms of Reference and noted that these were still undated. The Terms of Reference do include a paragraph on the responsibilities of the Committee, with the Chair being named as The Head of Social Services for Adults.	The FAPC Terms Of Reference document should be dated.	Low