

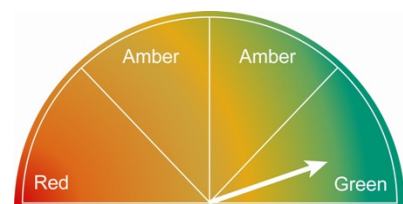
Thurrock Council

Safeguarding vulnerable adults

Internal Audit Report

05 July 2011

**Overall Opinion**



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Debrief meeting		Auditors	Chris Harris – Associate Director
Draft report issued			Gary Clifford – Client Manager
Responses received			Katherine Khazova – Internal Auditor
Final report issued		Client sponsor	Les Billingham – Head of Transformation and Independence
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This review has been performed using RSM Tenon's bespoke internal audit methodology, **i-RIS**.

The matters raised in this report are only those which came to our attention during our internal audit work and are not necessarily a comprehensive statement of all the weaknesses that exist, or of all the improvements that may be required. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed, no complete guarantee or warranty can be given with regard to the advice and information contained herein. Our work does not provide absolute assurance that material errors, loss or fraud do not exist.

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# 1 EXECUTIVE SUMMARY

## 1.1 INTRODUCTION

An audit of Safeguarding vulnerable adults was undertaken as part of the approved internal audit periodic plan for 2010/11.

A "vulnerable" adult may be defined as: "A person who is or may be in need of community services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself against significant harm or exploitation ". This may include:

- The elderly
- People with learning disabilities
- People that have physical disabilities or sensory impairments
- People with mental health needs
- People with chronic disabling illnesses
- People that misuse substances or alcohol
- People with dementia.

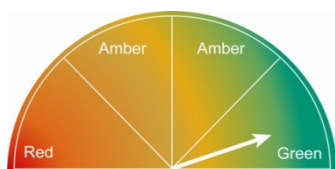
In order to comply with the Human Rights Act, local authorities are required to ensure the well-being of these individuals. A multi-agency approach was deemed by the Council to be the best way forward. This includes: the Council; the Police; NHS trusts; Care Providers; and voluntary organisations, who are all represented on the Thurrock Safeguarding Adults Board.

The Safeguarding Adults Boards of the local authorities of Thurrock, Southend and Essex have, in collaboration, developed and adopted a common set of guidelines for safeguarding of vulnerable adults.

The audit was designed to assess the controls in place to manage the following objectives and risks:

Objective	Adequate processes are in place to safeguard vulnerable adults and ensure that breaches in welfare are identified.
Risk	<ol style="list-style-type: none"> <li>1. Staff in contact with vulnerable adults may not be appropriately introduced to relevant policies and procedures</li> <li>2. Inappropriate staff may come into contact with vulnerable adults.</li> <li>3. There may not be adequate processes in place for reporting suspected abuse and taking appropriate action.</li> <li>4. There may be a lack of communication with other agencies and with the public, resulting in an increased risk of abuse of vulnerable adults remaining undetected or unreported.</li> </ol>

## 1.2 CONCLUSION



**Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.**

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:

- There are adequate and up-to-date policy and procedure documents in place, which incorporate arrangements for multi-agency working.
- The Council's Workforce Planning & Development team provides or co-ordinates training in safeguarding not only to its own staff, but to other agencies such as care homes and voluntary organisations. This takes the form of either classroom training or new online

modules. The latter can only be completed once the user takes a comprehension test and achieves no less than 95%.

- The Council works to raise the awareness of safeguarding issues among the general public by presentations at community events and having guidance and a reporting facility displayed clearly on its website.
- The Council's multi-agency approach to safeguarding adults is indicated by the fact that reports of safeguarding concerns recorded in the past year have come from many sources, e.g. care homes, social workers, the police, the coroner and the Council's Finance team.
- Once a safeguarding issue is reported to the Council and recorded on their Integrated Adult System (IAS), the Safeguarding team must review it and decide on the next course of action within four working hours. Internal Audit's sample testing indicates that this is consistently the case. However, there is currently no straightforward way to monitor compliance with this, as it has not been clearly defined what constitutes an action on the system.
- The Safeguarding team keep a separate spreadsheet to monitor the progress of all safeguarding cases. The contents of this spreadsheet are reconciled to the IAS records during weekly case monitoring meetings held by the team.

### 1.3 SCOPE OF THE REVIEW

The objective of our audit was 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 limitations were agreed:

#### Limitations to the scope of the audit:

- We did not assess whether the decisions made by the Council staff are appropriate; instead we focused on the existence of and compliance with reporting procedures.
- Internal Audit recently carried out a separate review of CRB checks on staff who work for the Council. No problems were found in Adult Social Services, and further testing was therefore not included in this audit.
- Testing was completed on a sample basis from transactions within the current financial year.
- Our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.

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

### 1.4 RECOMMENDATIONS SUMMARY

The following tables highlight 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:

Our recommendations address the design and application of the control framework as follows:

	Priority		
	High	Medium	Low
Design of control framework	0	0	0
Application of control framework	0	0	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>

The recommendations address the risks within the scope of the audit as set out below:

Risk	Priority		
	High	Medium	Low
Staff in contact with vulnerable adults may not be appropriately introduced to relevant policies and procedures.	0	0	0
Inappropriate staff may come into contact with vulnerable adults.	0	0	0
There may not be adequate processes in place for reporting suspected abuse and taking appropriate action.	0	0	2
There may be a lack of communication with other agencies and with the public, resulting in an increased risk of abuse of vulnerable adults remaining undetected or unreported.	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>

## 1.5 ADDITIONAL FEEDBACK

### Suggestions Made During the Audit

Viewing safeguarding case notes could be made easier if their headings were in a standardised format (e.g. safeguarding – case start date – subject), so that they can be sorted according to case or subject.

## 2 ACTION PLAN

The priority of the recommendations made is as follows:

Priority	Description
High	Recommendations are prioritised to reflect our assessment of risk associated with the control weaknesses.
Medium	
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
3.2	<p>The response to the reporting of safeguarding concerns should be clearly recorded in the electronic file as soon as possible, to ensure that compliance with the four-hour deadline can be monitored.</p> <p>A clear definition of the form which this response can take should be agreed with the Strategic Information Team, in order to determine how this data can later be identified and analysed for monitoring purposes.</p>	Low	Y	This is part of on-going work with the Strategic Information Team. The aim is to improve the ability of the Integrated Adult System (IAS) to provide meaningful management information for monitoring Safeguarding cases.	September 11	Safeguarding Manager, Performance and Information Officer
3.3	All records of safeguarding meetings should be retained in the electronic files of the cases to which they relate. Where a number of cases are discussed at one meeting, evidence should be attached to each file. This will ensure there is a full audit trail of decisions made and their justification, on every file.	Low	Y	This issue will be addressed with further staff training and reminders to the team.	September 11	Safeguarding 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
<b>Risk 3: There may not be adequate processes in place for reporting suspected abuse and taking appropriate action.</b>					
3.2	<p>The Safeguarding Adults Guidelines state that, after a concern is raised:</p> <ul style="list-style-type: none"> <li>▪ A Safeguarding Adults Form (SAF1) should be completed within two working days.</li> <li>▪ SAF risk assessment should be completed within four hours of receipt of SAF1 by Social Care.</li> </ul> <p>Timescales for all stages of the safeguarding process are set out in the Southend/Essex and Thurrock Safeguarding Adults Guidelines.</p> <p>Concerns can be passed to the Council's Safeguarding team by one of a number of agencies including Social Services, the NHS, care homes, etc.</p>	Yes	<p>Internal Audit obtained a report from Integrated Adults System (IAS) of all instances of safeguarding concerns that had been recorded since the start of the financial year.</p> <p>When a concern is reported, it is recorded in the IAS and immediately appears in the system's in-tray, which can be accessed by anyone in the Safeguarding team. The team has to pick up the cases and record their decision as to the first action to take (e.g. when/whether to schedule a meeting) within four hours.</p> <p>The system logs the date time the report is recorded on the system, the date and time the next step in the process is made, and the name of the system user.</p> <p>Out of a sample of ten cases where a safeguarding concern was raised:</p> <ul style="list-style-type: none"> <li>▪ In nine of the cases, the system shows that the case was picked up within four hours, and the risk assessment completed.</li> <li>▪ In the remaining case, this stage was recorded after more than four working hours. However, the case notes indicate that the report was picked up by Safeguarding within the deadline, and the later delay was due to more information being requested.</li> </ul>	<p>The response to the reporting of safeguarding concerns should be clearly recorded in the electronic file as soon as possible, to ensure that compliance with the four-hour deadline can be monitored.</p> <p>A clear definition of the form which this response can take should be agreed with the Strategic Information Team, in order to determine how this data can later be identified and analysed for monitoring purposes.</p>	Low

	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			<p>Internal Audit discussed with the Performance &amp; Information Officer how IAS records the Safeguarding team's responses to new safeguarding cases. It is not currently possible to generate a full system report of all such responses as they do not always take the same form. The Strategic Information Team needs the Safeguarding team to give a clear definition of how this response can be recorded.</p>		
3.3	<p>According to the current Safeguarding Adult Guidelines, when a case is concluded, the Safeguarding Adults Form (SAF) 4, which closes the case, should be completed and forwarded to a Safeguarding Manager within four working days.</p>	Yes	<p>For the sample of ten cases tested earlier, Internal Audit examined the electronic records to ensure that progress was monitored and recorded appropriately, and that the closure of the cases was recorded.</p> <p>Of the cases selected, five had been closed and five were still open.</p> <p>1. <u>Open cases:</u></p> <ul style="list-style-type: none"> <li>▪ In four of the cases, there were regular notes recorded in the electronic system, documenting the progress of the cases and providing evidence that they were regularly reviewed.</li> <li>▪ The remaining case had been active for over two months, and there were no records since the safeguarding meeting was scheduled. The Safeguarding team demonstrated that the meeting minutes and the action taken were recorded in the file of a different case, which was discussed at the same meeting.</li> </ul> <p>2. <u>Closed cases:</u></p> <ul style="list-style-type: none"> <li>▪ In all cases, there were notes on record indicating that the cases were regularly monitored.</li> </ul>	<p>All records of safeguarding meetings should be retained in the electronic files of the cases to which they relate. Where a number of cases are discussed at one meeting, evidence should be attached to each file. This will ensure there is a full audit trail of decisions made and their justification, on every file.</p>	Low



	Controls (actual and/or missing)	Adequate Design (yes/no)	Test Result / Implications	Recommendation	Categorisation
			<ul style="list-style-type: none"> <li>▪ In four cases, the file notes indicated that the cases were concluded within four working days of the SAF4 being completed and sent to the Safeguarding Manager for approval.</li> <li>▪ In the remaining case, this stage of the process took longer than four working days. However, this case was concluded before the four-day requirement came into force.</li> </ul>		