



Integration Joint Board
Audit, Risk and Governance Committee

17 September 2024

This Report relates to
Item 10 on the Agenda

Internal Audit Report – Care and Support at Home

Paper presented by Richard Fox

For Discussion

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Approved for Submission by:	Stephen Morgan, Service Director Social Work Services / Nicole Hamlet, Interim Chief Operating Officer/Chief Officer
List of Background Papers:	None
Appendices:	Appendix 1 – Internal Audit Report

1. Introduction

This report allows the Committee to discuss the implications of an Internal Audit report on the contract monitoring arrangements for care and support at home of older adults.

2. Recommendations

The IJB Audit, Risk and Governance Committee is asked to note and comment on the finalised internal audit report.

3. Background and Main Report

3.1 Audit work is intended to reduce risks faced by the IJB and the Council. The review of audit reports by the Committee helps ensure that any weaknesses identified by the audit are adequately addressed by management.

3.2 In considering audit reports, Committee Members are advised to consider:

- The effectiveness of the audit report;
- The control issues identified by the audit work;
- The actions proposed and any timescales involved;
- The adequacy of the managerial response; and
- The implications for the control environment as a whole.

3.3 During the audit it was noted that there was confusion over the use and purpose of Directions by the IJB. This is now being reviewed at a senior level.

3.4 A follow up of this report will be provided to this Committee in April 2025.

4. Conclusions

4.1 The audit found that whilst there are regular meetings between providers, allowing for a degree of collaboration, each provider has its own training arrangements and ways of working. There would be benefit in the IJB agreeing minimum standards for care and specifying these in a Direction. These should in turn be reflected in contracts with care providers.

4.2 Contract monitoring is done on an annual basis and only provides limited assurance for the quality of care provided. A review of these arrangements would be beneficial to consider the frequency and timeliness of monitoring and the amount of reliance that can be placed on the work of the Care Inspectorate.

5. Resource Implications

Internal audit work is conducted from within existing resources and ultimately will contribute to improved efficiency in financial administration.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 The Internal Audit report relates to the following National Health and Wellbeing Outcomes:

- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- People who use health and social care services are safe from harm.
- Resources are used effectively and efficiently in the provision of health and social care services.

- 6.2 The report makes reference to the following IJB Strategic Commissioning Intentions:
- People are supported to live independently at home and avoid crisis
 - People and communities are enabled to self-manage and supported to be more resilient
 - People have access to the care and support they need.

7. Legal and Risk Implications

There are no legal issues to be considered. Internal Audit work seeks to reduce the risks faced by the IJB.

8. Consultation

Relevant NHS staff and Council Officers were consulted as part of the preparation of the Internal Audit report. Further consultation is not required.

9. Equality Impact Assessment

The report does not propose a change in policy, the formal adoption of a plan, policy or strategy or propose a service change and it is therefore not necessary to complete an impact assessment.

10. Glossary

H&SCP	Health and Social Care Partnership
IJB	Integration Joint Board
CASS	Care and Support
CASH	Care at Home Services
PVG	Protection of Vulnerable Groups
SSSC	Scottish Social Services Council

Governance & Human Resources – Internal Audit

Care and Support at Home (Older Adults) Contract Monitoring Arrangements

Final Report – July 2024



1 Introduction

1.1 The Social Care (Self-directed Support) Scotland Act 2013 gives people a range of options for how their social care is delivered, empowering them to decide how much ongoing control and responsibility they want over their own support arrangements. The Act requires Councils to offer people four choices on how they can get their social care one of which is where the Council arranges to provide the support.

1.2 Care at home may be provided by Council staff or by companies contracted by the Council. Approximately 23% of care for older adults is provided by the Council directly, the remainder by private companies.

1.3 The objective of the audit was to ensure that care at home for older adults is being delivered effectively and that there are adequate monitoring arrangements in place for the provision of this service delivery.

1.4 The purpose of the audit was to provide assurance to management that:

- There are adequate governance arrangements in place.
- There is effective collaboration between the Council, Health and Social Care Partnership (H&SCP), and care at home providers.
- We have got adequate contracts with private care providers.
- Effective contract monitoring is being carried out.
- The quality and effectiveness of care visits is monitored.
- Home carers are disclosure checked.
- The Council has determined the necessary training for home care staff. Both Council staff and those employed by contractors have up to date training records showing this training has been completed.
- The Council has a record of the actual care provided to individuals.
- GDPR is being complied with - information is only shared with family members / guardians / Welfare Power of Attorney.

1.5 The audit included a survey of the private providers of care at home services as well as discussions with relevant officers for the Integration Joint Board (IJB), Council and H&SCP. Questionnaires were also issued to the Council's in-house Care and Support Service (CASS) and to the Planning and Commissioning Team. The audit was carried out in March and April 2024.

2 Audit Opinion

2.1 Care at home services are provided by the Council under a Direction from the IJB. There is however significant confusion as to the use and purpose of Directions by the IJB. This is now being reviewed at a senior level. It was also noted that the published IJB Scheme of Delegation to Committees and Officers does not reflect the current arrangements and that the published structure for the Health & Social Care Partnership was not up to date. The IJB would benefit from clearer public information on how it operates to assist with public accountability and transparency.

2.2 About a quarter of care at home for older adults is provided directly by Council staff working in CASS, the remainder by 12 separate private providers through contracts procured by the Council through the National Flexible Framework (Scotland Excel). Whilst there are regular meetings between providers, allowing for a degree of collaboration, each provider has its own training arrangements and ways of working. There would be benefit in the IJB agreeing minimum standards for care and specifying these in a Direction. These should in turn be reflected in contracts with care providers.

2.3 The audit found that good arrangements were in place for in-house provision. The Council may however wish to consider how it can develop its arrangements to improve services to clients, particularly around communication with service users and their representatives.

2.4 In October 2022 the IJB instructed that private care providers should be paid on planned, rather than for the actual care provided. There was no provision for this method of payment in the contract at the time. It is unclear to what extent care is being paid for that is not being provided. An evaluation of this should be done.

2.5 Contract monitoring is done on an annual basis and only provides limited assurance for the quality of care provided. A review of these arrangements would be beneficial to consider the frequency and timeliness of monitoring and the amount of reliance that can be placed on the work of the Care Inspectorate.

3 Main Findings

3.1 The level of assurance is based on the following definitions:

Good	Appropriate controls are in place and these are operating effectively. Suggestions for good practice may still be made.
Satisfactory	There is an established system of control in place. Weaknesses in the design or operation of controls may result in loss to the organisation. The loss is likely to be not significant or would be minimised by compensating controls.
Low	One or more key controls is either absent or operating ineffectively. As a result, there is a significant risk of loss or undetected error.

	Control objective	Level of assurance	Comments
1.	There are adequate governance arrangements in place.	Low	<p>The IJB are responsible for determining the strategic direction of activities and issue Directions to the Council. Whilst sub-committees are in place they have no authority to issue Directions, this power is reserved to the IJB.</p> <p>Contracts for care at home services are between the Council and private care providers. In October 2022 the H&SCP Senior Leadership Group approved a change to payment on planned for Care at Home Services but this did not result in a Direction. The decision was reviewed by the IJB Strategic Plan Delivery and Commissioning Committee in October 2023 with a recommendation to the IJB that they issue a Direction to the Council that this arrangement continue for 2024/25. The minutes of the IJB on 7th December 2023 are ambiguous as to whether a Direction was issued.</p>

	Control objective	Level of assurance	Comments
			<p>The proposed Direction did not specify the level of activity for the Service, the resources required, the expected quality standards or the level of flexibility the Council had in providing the Service. The October 2023 paper does not effectively consider the risks of the arrangements. There appears to be significant confusion as to the use and purpose of Directions by the IJB. This is now being reviewed at a senior level.</p> <p>Operational delivery for the H&SCP is under the direction of the Chief Operating Officer. There is a division responsible for Care at Home Services (CASH) which includes both NHS and Council staff. During the audit we noted that the published Scheme of Delegation to Committees and Officers does not reflect the current structure of the IJB.</p> <p>A wider review of governance arrangements in the IJB will be done in due course.</p>
2.	There is effective collaboration between the Council, H&SCP and care at home providers.	Satisfactory	A CASH collaborative involving provider partners was established to provide space for discussion, development and testing of new ways of working. From March 2023 a new division for CASH and carers was established. The CASH collaborative operational huddle meets weekly. There has been a cultural shift towards finding creative solutions including swapping of packages of care between partners including CASS to make the best use of the resources available. The meetings are minuted. There is good representation and discussions on how they are working collaboratively for example system pressures (capacity, recruitment training, digital solutions etc) as well as good news stories.
3.	We have got adequate contracts with private care at home providers.	Satisfactory	The Council procured care at home services (which includes older adults) on behalf of the IJB through Scotland Excel. The contract period was for three years from April 2021 with an optional one

	Control objective	Level of assurance	Comments
			<p>year extension. The framework allowed for local contractual terms to be added by the Council.</p> <p>As noted above the change in the delivery of services saw the removal of real time monitoring enabling 'payment on planned' initially for 12 months. This has since been extended. We note that whilst the contract allows for block contracts to be set up there is no provision for payment on planned (Action Point 1).</p>
4.	Contract monitoring is based on a risk assessment.	Satisfactory	<p>The Council's Planning and Commissioning team carry out an annual monitoring process, the outcome of which is a risk score for each provider. The process is based on contractor responses to questions as well as objective evidence provided including a contact monitoring meeting. Among the areas considered are management, staffing, training, recruitment, incidents / accidents, service user reviews. The exercise for 2022/23 for all care at home services (including older adults) identified two providers considered high risk and thirteen medium risk. This was reported to the IJB in January 2024.</p> <p>The risk score allows for additional support to be given to providers who need it. There is however no evidence that individual weaknesses were followed up, for example to ensure that a mandatory training course has been completed by specified staff (Action Point 2).</p> <p>Contract monitoring was limited during Covid, full contract monitoring only recommencing for the 2022/23 financial year. The Council's Planning and Commissioning team have since reviewed the process and made changes for the monitoring of the 2023/24 financial year.</p>

	Control objective	Level of assurance	Comments
			<p>This is an annual process and issues can change rapidly in this sector. Contract monitoring should be done more frequently, particularly where issues may have arisen (Action Point 3).</p> <p>We note that the Council's Planning and Commissioning team are not responsible for monitoring the in-house service, this is done through normal management arrangements (Action Point 4).</p>
5.	The quality and effectiveness of care visits is monitored.	Satisfactory	<p>There are twelve private care at home providers of services to older adults and in six cases the most recent Care Inspectorate inspection was over three years ago. There are five categories of assessment but not all of these are considered as part of each inspection.</p> <p>Social Work Services carry out an annual review of each service user's care package. These reviews would identify if there are particular difficulties in individual circumstances but may not identify if there were difficulties with the service from an individual provider.</p> <p>Monitoring by the Care Inspectorate was affected by Covid. Whilst we understand that there is an intention for the Care Inspectorate to focus more on care at home providers in the future it would be good practice for the Council to consider where limited assurance is available and conduct its own assessments (Action Point 5).</p> <p>The Council's in-house care and support service team was inspected by the Care Inspectorate in August 2023 and received a very good rating in the two areas assessed.</p>
6.	Home carers are part of the PVG scheme.	Satisfactory	<p>Private care at home providers are expected as part of the contract to confirm PVG registration at least every 3 years. The Councils Planning and Commissioning team checks that two new staff for each provider are disclosure checked as part of annual monitoring. This provides limited assurance, particularly for larger</p>

	Control objective	Level of assurance	Comments
			<p>providers. In practice the Council is placing reliance on the businesses themselves (Action Point 6).</p> <p>For in house staff PVG checks are carried out by the Council's Recruitment and Support Team, with offers of employment being contingent on criteria including a satisfactory PVG check. Staff members who require a PVG cannot commence employment until this has been received. PVG details are also required when they apply to join the Scottish Social Services Council (SSSC) Register. We checked a sample of 30 CASS staff and found that they were a member of the PVG scheme.</p>
7.	The training required for care at home staff has been determined and this is up to date.	Satisfactory	<p>Contract monitoring noted that training was not up to date for care staff employed by private care at home providers. Our survey of care providers suggests that the mandatory training (and the frequency of updates) varies between providers. The existing contract doesn't specify the training that care at home providers should give their staff, and how frequently (Action Point 7).</p> <p>The Council has determined the necessary training for its care at home staff. There are four elements of mandatory training covering Adult Support and Protection, Infection Control (one off training), Medication and Lifting and Handling. The training is repeated every 3 years. A record of training is kept and was up to date.</p>
8.	The Council has a record of the actual care provided to individuals.	Low	<p>Following the introduction of payment on planned in October 2022 the Council no longer has a record of the actual care being provided by private care at home providers. Payments are made for individuals based on the care plan in place, there being a retrospective adjustment for a permanent change to the agreed care plan. It is unclear to what extent care is being paid for that is not being provided. An evaluation of this should be done (Action Point 8).</p>

	Control objective	Level of assurance	Comments
			<p>The in-house team are still using CM2000 real time monitoring. Our survey of private providers suggests that they are each monitoring the care provided but using a variety of systems. Survey responses suggest that providers would be happy for the Council to have access to these systems.</p> <p>The systems record details of the actual care provided as well as any concerns with a Service user. When providers were asked how the H&SCP could improve arrangements one suggested an "Integrated systems for all health professionals involved in a person's care to be able to pass information to each other and view information". It would be good practice for this functionality to be explored (Action Point 9).</p> <p>Two of the private care providers have systems which allow nominated individuals (such as unpaid carers, families and friends) to view records of care visits remotely, with the consent of the Service User. Such systems may make a big difference to individuals and could be considered as a service improvement (Action Point 10).</p>
9.	GDPR is being complied with - information is only shared with family members / guardians / Welfare Power of Attorney	Satisfactory	<p>Individuals with capacity may specify whether friends or family should be advised of care being provided, they may change this at any time, and it may vary between organisations. Where individuals lack capacity, this is determined through a formal legal process (such as a Welfare Power of Attorney) and advised to care providers as part of the referral.</p> <p>We note that two of the care providers maintain paper records in the service user's home. This has the risk that sensitive information may be seen by those who should not have access (Action Point 11).</p>

4 Action Plan

4.1 Actions are categorised as follows, High and Medium priority recommendations will be followed up by a report to Audit, Risk & Scrutiny Committee.

Priority	Definition
High	Urgent - Key controls absent, not being operated as designed or could be improved. Urgent attention required.
Medium	Needed to raise the level of assurance provided by the control system to acceptable levels
Low	Good practice which will contribute to the general effectiveness of control.
Service Improvement	Opportunities for business improvement and/or efficiencies have been identified.

	Audit Action Points	Risk	Priority	Management Response	Timescale
1	When making a key decision affecting the way care providers are paid, cognisance should be made of the existing contracts in place.	Council being unable to rely on contractual terms in the event of a dispute.	Medium	This will be added to the local terms and conditions for the new forthcoming National Flexible Framework.	September 2024
2	Where issues are identified as part of contract monitoring an action plan should be put in place and followed up after 3 months.	Identified weaknesses not being addressed	Medium	As part of recent changes to the contract monitoring process, we are adding specific documentation to record all follow-up action and the outcomes.	September 2024

	Audit Action Points	Risk	Priority	Management Response	Timescale
3	The frequency of contract monitoring should be increased where necessary to reflect the risks in place. There should be regular reporting to the appropriate Committee of the IJB.	Weaknesses or risks with care not being identified.	Medium	Contract monitoring will remain as an annual process but where issues are identified there will be formal follow-up monitoring during the year.	n/a
4	The CASS should be monitored by the Planning and Commissioning Team.	Inconsistency in monitoring.	Service improvement	Agreed.	September 2024
5	The IJB / Council should instigate its own inspections of private care providers if there has been no recent review by the Care Inspectorate or where concerns are raised by the Council's monitoring.	Significant weaknesses or failures in care not being identified and addressed	Medium	A Care Inspectorate visit can be requested if the Service have concerns.	n/a
6	Arrangements for contract monitoring which ensure that home carers are a member of the PVG scheme should be proportionate to the size of the organisation.	Inappropriate person providing care.	Low	Agreed.	September 2024
7	When renewing contracts, the H&SCP should consider the mandatory training requirements for care at home staff, including the frequency of updates.	Inadequate training being provided to staff.	Medium	Disagree. This is up to the operational practices of private care at home providers and will be considered as part of annual monitoring.	n/a
8	A comparison of actual versus planned care should be done on a sample basis.	The impact of 'Payment on Planned' on the amount of care provided is not known.	Medium	Disagree. Payment on planned provides for operational benefits in terms of flexible delivery.	n/a

	Audit Action Points	Risk	Priority	Management Response	Timescale
9	The IJB should consider how access to the systems of private care providers and the Council's in-house team may facilitate communication between care providers and health professionals.	Available information not being used to benefit service users.	Service Improvement	Available resources do not allow for this at present.	n/a
10	The IJB should consider the benefit of minimum standards for communicating with individuals nominated by service users.	Family members / unpaid carers not having complete information to support service users.	Service Improvement	Available resources do not allow for this at present.	n/a
11	Records of care visits should be stored electronically on secure databases and not in paper in a service users' home.	Visitors accessing confidential information.	Service Improvement	Available resources do not allow for this at present.	n/a