

**Manchester City Council  
Report for Information**

**Report to:** Audit Committee - 10 December 2019

**Subject:** Adults Services Outstanding Audit Recommendations

**Report of:** Head of Internal Audit and Risk Management and Executive Director  
Adult Social Services

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**Summary**

This report provides Audit Committee with an update on progress in the implementation of outstanding audit recommendations across Adults Services.

**Recommendation**

Audit Committee is asked to consider and comment on the report.

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**Wards Affected:** All

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**Background documents (available for public inspection):**

- Adult Social Care Improvement Programme: Audit Committee October 2019
- Internal Audit Outstanding Recommendations Report: November 2019
- Previous Internal Audit Assurance and Outstanding Recommendations Monitoring Reports to Audit Committee 2018/19 and 2019/20

## **1. Introduction**

- 1.1. Over the last two years, Internal Audit have issued a number of limited assurance opinion reports in respect of Adults Services containing high priority audit recommendations. Whilst progress has been made in addressing a number of risks noted in these reports, a number are still being implemented and have been reported regularly to Audit Committee as part of the quarterly Outstanding Audit Recommendations report.
- 1.2. In October 2019 the Executive Director, Adult Social Services presented a report on the Adult Social Care Improvement Programme. This was intended to provide and update assurance to the Audit Committee over actions being taken and to highlight areas of risk. This report confirmed that many of the planned actions agreed in response to audit work are being delivered through the Adults Social Care Improvement Programme.
- 1.3. In November, Audit Committee noted that actions continue to remain outstanding and that there was a lack of clarity over timescales for completion. Committee agreed that a further report was required to provide this level of assurance.
- 1.4. This report sets out the key issues arising from the limited assurance reports where recommendations are outstanding, the current audit assessment of implementation and a separate management update on actions to be taken to ensure these recommendations are fully addressed.

## **2. Adults Audits Completed in the Last Two Years**

- 2.1 Internal Audit have completed 16 audits relating to Adults Services in the last two years. Nine of these audits have resulted in limited assurance opinions with one moderate, four substantial and two being follow up reports and therefore not providing an overall opinion.
- 2.2 In agreement with the Executive Director, Adult Social Services these audits have focused on areas of concern and potential risk. The aim of this is to provide an independent assessment of assurance; and highlight gaps in systems of governance, management of risk and internal controls to be integrated into the wider programme of service improvement.
- 2.3 Audit reports have resulted in 38 significant or major priority recommendations. Of these, 18 have been implemented, 5 are not yet due for implementation and 15 are therefore outstanding.
- 2.4 The table below summarises the current position on recommendations from each audit and highlights the number that remain outstanding. Sections 3-8 of the report then confirm the latest audit assessment and planned management actions in respect of all audits where further actions are required, to confirm implementation of agreed recommendations.

Audit title	Opinion	Recommendations		
		Made	Not Due	Outstanding
Audits Where Recommendations Outstanding				
Transitions ( <i>February 2018</i> )	Limited	5	0	3
Disability Supported Accommodation Services, Quality Assurance Framework ( <i>February 2018</i> )	Limited	Follow up audit September 2019 See below.		
Management Oversight and Supervisions ( <i>April 2019</i> )	Limited	6	4	1
Mental Health Casework Compliance ( <i>April 2019</i> )	Limited	8	0	6
Deprivation of Liberty Safeguards ( <i>May 2019</i> )	Limited	2	0	1
Floating Support Team – Support to Homeless Citizens in Temporary Accommodation ( <i>May 2019</i> )	Limited	3	0	2
Disability Supported Accommodation Services, Quality Assurance Framework - Follow up ( <i>September 2019</i> )	n/a follow up audit	2	0	2
Audits Where No Recommendations Made or Fully Implemented				
Contractor Selection and Award: Manchester Support for Independent Living ( <i>May 2017</i> )	Substantial	0	n/a	n/a
Afghan Resettlement Project ( <i>October 2017</i> )	Substantial	0	n/a	n/a
Client Financial Services Appointeeship Support – Cash Delivery ( <i>December 2017</i> )	Limited	6	0	0
Contract Management, Homecare Services ( <i>March 2018</i> )	Limited	Follow up audit September 2019 See below.		
Manchester Health and Care Commissioning - Operational Plan ( <i>August 2018</i> )	Substantial	0	n/a	n/a
Contract Management, Homecare Services - Follow up ( <i>December 2018</i> )	n/a follow up audit	3	0	0
Manchester Health and Care Commissioning - Governance ( <i>January 2019</i> )	Moderate	2	0	0
Manchester Local Care Organisation, Governance ( <i>September 2019</i> )	Limited	1	1	0

Audit title	Opinion	Recommendations		
		Made	Not Due	Outstanding
Manchester Health and Care Commissioning, Financial Framework Compliance (October 2019)	Substantial	0	n/a	n/a
<b>Total</b>		<b>38</b>	<b>5</b>	<b>15</b>

### 3. Transitions

- 3.1. From the Transitions audit report issued in February 2018, there are three major risk recommendations outstanding. These are now 12, 16 and 18 months overdue.
- 3.2. These recommendations relate to the need to develop the strategy and vision for transitions, to develop an operational plan to deliver the revised transitions offer and develop a suite of performance measures to support performance management of the service. These actions are all interdependent and until action is taken to agree the strategy and vision the remaining two recommendations cannot be fully implemented.
- 3.3. Work has been ongoing to improve the overall service and there is a new Service Manager for Transitions Planning in post. On this basis Internal Audit are now more assured that work towards fully addressing these recommendations is progressing. Three workshops have been undertaken with partners with a view to developing the strategy and vision and the Service Manager for Transitions Planning is consolidating the outputs from these events together into a draft strategy for consideration by the Transitions Board in January. An implementation plan would then follow agreement of the strategy. A transitions policy has been developed and is in the final stages of consultation and work is ongoing to develop performance measures.
- 3.4. Further detail on the progress made around transitions will be provided to Audit Committee in the separate paper presented by the Executive Director, Adult Social Services and Strategic Director, Children and Education Services.

### 4. Management Oversight and Supervisions:

- 4.1. The scope of the audit was to provide assurance over the arrangements in place to ensure sufficient and appropriate supervision and management oversight arrangements in Adults Services; and in particular that:
- There are appropriate policies and procedures in place.
  - Records demonstrate consistent compliance with agreed arrangements.
  - Management information is produced to support performance management.
  - There are links into and out of the Adults Services Quality Assurance process.
- 4.2. The audit provided **limited** assurance mainly due to insufficient frequency of supervisions, with the majority of staff reviewed having infrequent supervisions

not in line with Council requirements. We were told that informal supervisions happen more regularly, but records of these ad hoc discussions were not consistently retained. We were also concerned over the lack of supervision training for managers, and lack of a monitoring and quality assurance framework over supervisions. There was also a need for improved clarity over what should be recorded in Case Notes in the social care system and on the supervision record, as we found a discrepancy between the guidance and actual practice. We were largely satisfied with the timeliness with which managers signed off key episodes / actions, but considered greater clarity was needed over demonstration of management oversight in case files.

- 4.3. In immediate response to the audit, we were made aware of a number of actions that were already being taken to address the issues identified, including making supervision training mandatory for managers and reinforcing requirements within the existing guidance with all staff.
- 4.4. There were six significant or higher risk recommendations made in this audit, two of which are now due for implementation. One of these was to review and revise the supervisions policy and has been fully implemented.
- 4.5. The remaining outstanding recommendation, which was due for implementation by 31 May 2019, was around development of a process to monitor the frequency of supervisions.

#### **Management Update**

The response to the audit was overseen and agreed within the Supervision Task and Finish Group. This group agreed that the process would be embedded into the final Supervision Policy and this has been completed.

The process for monitoring remains in progress. A google form has been developed for supervisors to record the dates of completed supervisions. The requirements for completing this form and how to do it will be communicated to staff at a series of supervisions workshops over the next few weeks. The responsibility for collating these forms and then distributing the results to the Service Managers will be with the Business Improvement Team. Service Managers will then be required to report this into the Adults Performance Board.

The plan is to have the supervisions monitoring processes in place by the end of January 2020. It is expected that this will take up to three months to embed across the Service. Internal Audit will be undertaking a follow up of agreed actions in the New Year where we will provide evidence of completion.

**Responsible Officer:** Tracy Cullen (Assistant Director)

**Completion Date:**

Process in place 31 January 2020

Consistently applied by 30 April 2020.

## **5. Mental Health Casework Compliance:**

- 5.1. This audit was finalised in April 2019 and reported a limited assurance over delivery of delegated statutory social care functions by the Greater Manchester Mental Health Foundation Trust in line with relevant policies and procedures. This was based on concerns with timeliness, record-keeping, management oversight and reporting in respect of annual reviews, safeguarding referrals and care packages.
- 5.2. The audit resulted in eight significant and major priority recommendations, all of which were due for implementation by the end of June or end of September 2019.
- 5.3. Given this was a limited assurance audit, we undertook follow up audit work in October 2019. From this we confirmed:
  - Actions agreed to improve the timeliness of annual reviews of care packages and the transparency of the system audit trail had been fully implemented.
  - Two recommendations in relation to the timeliness of manager approvals and the timeliness of the conclusion of safeguarding referrals were partially implemented. Whilst there was evidence of new mechanisms in place for monitoring timeliness and oversight, there was still a lack of compliance with expected timescales and as a result we could not conclude that the exposure to risk had been fully addressed.
  - The remaining four recommendations were assessed as outstanding.

### **Management Update**

The Greater Manchester Mental Health Trust recognised in taking over the previous Mental Health Trust that there were significant practice issues that needed addressing and therefore in conjunction with Adults Services have developed a safeguarding action plan, which contain actions that will address the remaining audit issues.

There are interim timescales for individual actions on the plan to be completed between now and March 2020 which will contribute to the reduction of risks identified in the audit. These include:

- a) Safeguarding training to be updated to reflect expected standards by 31 December 2019.
- b) All appropriate staff to attend and complete training by 31 March 2020.
- c) Audit tool to be reviewed to monitor compliance by 31 December 2019.

However, it is likely to be 31 December 2020 before practice changes are fully embedded and fully demonstrated in activity. Whilst system changes are easier to put in place the behaviour change needed to embed changes is not as easy to achieve. Therefore, we have provided additional support through facilitated workshops with Greater Manchester Mental Health Trust leads to support their understanding of Adult Social Care statutory functions with particular reference to safeguarding and annual reviews. Responsibility for reporting on these areas has also been devolved from the Adult Social Care

Lead to Service Leads, which is an important step in giving accountability to managers responsible for operational activity.

To monitor performance during implementation of the action plan a set of performance metrics and thresholds will be agreed with Greater Manchester Mental Health Trust Management. Progress in addressing audit recommendations is also regularly discussed at the Mental Health Partnership meeting.

**Responsible Officer:** Bernadette Enright, Executive Director of Adult Services

**Completion Date:** 31 December 2020.

## 6. Deprivation of Liberty Safeguards (DoLS)

6.1. The aim of this audit was to provide assurance that there are arrangements for the statutory discharge of the legal requirements of the Mental Capacity Act 2005 and compliance with Council's processes with regards to DoLS Urgent and Standard Authorisations. Specifically, that:

- Controls and procedures are in place and are in accordance with the Mental Capacity Act (2005).
- Supporting evidence is correctly collected, recorded and retained when an Authorisation is requested.
- Review and renewal processes are in place, with supporting evidence recorded and retained.
- The appropriate reporting and communication of Urgent and Standard Authorisations.
- A process of Management Information and Performance Monitoring is in place.

6.2. The audit report, issued in May 2019, resulted in **limited** assurance. This was based on delays and omissions in the completion of DoLS assessments and two major priority recommendations were made to focus on improvements in these areas. One of these recommendations has been confirmed by Internal Audit as fully implemented.

6.3. Internal Audit can provide assurance that there has been significant progress in implementing the remaining recommendation. It is currently assessed as partially implemented and relates to clearing the backlog of cases awaiting review once referred. This original backlog had arisen from a lack of adequate staffing capacity and changes in legislation. The backlog has reduced significantly since the audit from 1,000 to 200 but given this is still a significant number the recommendation could only be reported as partially implemented as it has yet to fully address the reported risk.

### Management Update

Additional, unanticipated work was required of the Deprivation of Liberty Safeguards team around the introduction of Liquid Logic, as data migration in this area was less successful than planned. This meant the service was unable to commit planned resources to clearing the backlog.

Three new social workers are being appointed in the Service. This will help address the backlog; and critically will improve and sustain performance to required standards once in post. Two of the members of staff are now in post with one due to start in early 2020. There are also currently significant shortages of business support staff which reduces the number of assessments that can be allocated in a day. This is likely to be the case until the end of January 2020.

The Assistant Director is scheduled to meet with Internal Audit on 29 November to provide a progress update. This is the expected date for addressing the backlog to acceptable levels (less than 20 at any time) and completion of the final outstanding action.

**Responsible Officer:** Paul Covell (Assistant Director)

**Completion Date:** 31 March 2020

## **7. Floating Support Team (Homelessness)**

- 7.1. The internal audit of Floating Support was designed to provide assurance that effective arrangements are in place through the floating support teams to support qualifying citizens during their time in temporary 'dispersed' accommodation in line with statutory obligations. Specifically, that:
- There is an appropriate strategy and supporting management arrangements in place to ensure the Council meets its relevant statutory responsibilities under the Housing Act.
  - There are clearly defined and comprehensive roles and responsibilities that are understood and discharged on a consistent and timely basis.
  - Management information / reporting is sufficient to support monitoring, challenge and decision making, and to support effective performance management.
- 7.2. The audit resulted in **limited** assurance, largely due to the lack of shared and consistent processes and inconsistency in the understanding and discharge of roles and responsibilities. Practices adopted across the floating support teams were varied and inconsistent leading to significant differences in the support provided to citizens. We noted in the audit report that these findings were consistent with a Service that had grown and evolved rapidly to respond to increasing demand; and that a recognised need for agreed actions to address these areas for known improvement was a key factor why management had requested an audit review.
- 7.3. The report issued in May 2019 contained two major recommendations and one significant recommendation. One of the major recommendations was to introduce arrangements to provide assurance that supervisions, 121s and 'About You' sessions and 1:1 meetings with staff were being conducted in line with organisational requirements and good practice. This action was completed and Internal Audit have confirmed this as implemented.

- 7.4. Whilst the other two recommendations are in the process of being implemented they are now overdue. They relate to development of clear and consistent processes for the floating support team, and to ensure processes on Liquid Logic support their work. Work has progressed in both these areas and the exposure to risk has reduced from the position noted in the original audit report, but the agreed actions have not yet been fully implemented.

#### **Management Update**

As recommended by Internal Audit, progress has been made towards developing clear and consistent processes. This was originally forecast for completion by the end of May 2019. In hindsight this was an ambitious target and did not allow sufficient time for staff engagement or the potential impacts of Liquid Logic implementation. Workshops to map these key processes are complete with the final workshop completed in September. From this, an implementation plan has been developed to embed changes. A residents' handbook has also been developed to help explain what services can be provided through the floating support team.

Evidence of the implementation plan being fully delivered is in the process of being collated for Internal Audit and it is anticipated that this will enable the recommendation to be confirmed as implemented by 31 January 2020.

**Responsible Officer:** Mike Wright (Director of Homelessness)

**Completion Date:** 31 January 2020

The audit also recommended that documentation requirements for case activity were confirmed for all key tasks and that representatives from the service engage with the Liquid Logic project team to establish what has been designed and whether it would meet the needs of the Service.

It was acknowledged in the audit report that whilst this was proposed for completion by the end of October 2019 as part of the phase 2 of Liquid Logic implementation, this was dependent on the completion of phase 1 of the project to timescales. This has not been possible in part due to slippage in the timescales for project implementation.

Work has been completed to ensure Liquid Logic is used as far as possible in its current form to support work. However, the changes needed to make it fully effective cannot be made until phase 2. The timescale for phase 2 and the completion of work to ensure the recommendation can be fully addressed are still to be confirmed but it is currently expected likely to be October 2020.

**Responsible Officer:** Mike Wright (Director of Homelessness)

**Completion Date:** 31 October 2020

#### **8. Disability Supported Accommodation Services, Quality Assurance Framework (DSAS QA)**

- 8.1. An audit was completed in February 2018 and provided limited assurance that the Quality Assurance Framework for the Disability Supported Accommodation Service (DSAS) was operating effectively and in accordance with expectations to support delivery in line with legislation.
- 8.2. The main issues preventing a higher assurance opinion were:
- The overall completion rate of service audits for the year was around 40%.
  - The audit tool coverage was too broad and did not provide management with the best available evidence to confirm compliance with the Care Act.
  - Follow up processes were insufficient to confirm improvement actions had been implemented or how they informed lessons learned.
  - The wider improvement arrangements described in the Framework were not in place, including moderation, which has impacted its effectiveness.
- 8.3. Two major priority recommendations were agreed. These were due for implementation by August 2018. One was to strengthen the tool and current audit process; the other to develop the wider quality assurance framework for the service.
- 8.4. Given the concerns raised in the audit and lack of assurance over progress we undertook a follow-up audit and issued a report in September 2019. This concluded that both recommendations remained outstanding.
- 8.5. Following receipt of some evidence in July 2019 and discussions with management in August 2019 we concluded that whilst management have taken some initial action the recommendations remain incomplete.

#### **Management Update**

A series of specific actions have been agreed for completion. The key actions taken in response to the audit have been:

- a) Significant changes have been made to the audit tool to strengthen it following workshops and discussions with Internal Audit, Managers and Support Coordinators. The changed tool is now ready to go onto the intranet to be launched. We plan to start using the new tool from January and therefore propose for Internal Audit to review the new arrangements at the end of January once fully operational.

**Responsible Officer:** Karen Crier (Programme Lead)

**Completion Date:** The tool will be operational from 1 January 2020 and ready for review by Internal Audit by 31 January 2020.

- b) A wider quality assurance process has now been developed which includes guidance for service audits and the moderation process along with a new schedule of activity. This new approach needs to be reviewed and signed off at an Adults Management Team meeting.

**Responsible Officer:** Karen Crier (Programme Lead)

<b>Completion Date:</b> 31 January 2020.
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## **9. Conclusions**

9.1. Actions agreed in response to a number of audit reports over the last two years have taken longer to implement than originally planned and agreed. A key factor in this has been the programme of work that was required to stabilise and develop process, practice, workforce and resources across Adults Services; and deliver health and care integration. This work has been substantial and this has impacted on the timely implementation of recommendations in some areas. Areas of focus were reported in the October 2019 Improvement Plan Update to Audit Committee and have included:

- Recruitment and Increasing Capacity across the workforce
- Introduction of strengths based assessments and support planning approach and associated strengths based workforce development programme.
- Reducing Waiting Lists
- Social Care Case management System Implementation
- Strengthening Staff Communications and Engagement
- Launch of Social Work apprenticeship Programme
- Widening Access to Technology Enabled Care (TEC)
- Mobilising new Our Manchester Homecare Contract.
- Developing Commissioning and Contracting Capabilities
- Health and Care Integration – Provider (MLCO) including developing Integrated Neighbourhood Teams.

9.2. For the majority of audits completed (10 of 16), agreed recommendations have now been implemented. In those areas where recommendations remain outstanding there is clarity over actions required and plans in place to achieve this. There is a strengthened leadership team across the Directorate, including a newly appointed Deputy Director of Adults Services; and this team is committed to address areas of risk as raised through audit reports as well as broader areas for improvement as reflected in the Adult Social Care Improvement Plan.

9.3. Internal Audit will continue to provide updates over recommendation implementation in assurance and recommendation monitoring reports and will continue to escalate areas for action to the Executive Director, Chief Executive, Executive Member and Audit Committee.

## **10. Recommendation**

10.1. Audit Committee is asked to consider and comment on the report.