

# Internal Audit Report

## Accredited List Follow up Audit

### Adult Social Services

29<sup>th</sup> October 2008

<b>Report issued to</b>		
FAO	John Webb	Director of Adult Social Services
cc:	Gerry Flanagan	Joint Commissioning Manager

<b>Report produced by</b>	<b>Report authorised by</b>
Marie Wright	Lester Roughley
Assistant Auditor	Group Auditor
666 3241	666 3272
mariewright@wirral.gov.uk	lesterroughley@wirral.gov.uk

Internal Audit  
Finance Department  
Treasury Building  
Cleveland Street  
Birkenhead  
Wirral  
CH41 6BU

System	Accredited list		
Department	Social Services	Date	29 <sup>th</sup> October 2008
File reference	25.18	Auditor	Marie Wright

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## 1. Introduction

- 1.1 A follow up audit has been undertaken of the system of Accredited List for Learning, Mental & Physical Disabilities within Adult Social Services. The purpose of the review was to ascertain whether the recommendations made in the report of 13th March 2008 have been implemented.
- 1.2 This report details the findings and recommendations emanating from this work. The content of the report reflects and summarises the points discussed at the end of audit meeting held with Gerry Flanagan, Joint Commissioning Manager, on 29th October 2008.
- 1.3 Please consider the report and complete the shaded sections, in consultation with other managers as appropriate, and return a copy to Marie Wright, by **28<sup>th</sup> November 2008**, being aware of the following:
- If a recommendation is not to be implemented, it will be assumed that the associated potential implications have been accepted. However, any medium and high priority recommendations not accepted will be reported at the next meeting of the Audit and Risk Management Committee, which you may be asked to attend to explain your reasons for non-acceptance.
  - Please ensure that your Departmental Management Team is notified of the 3 findings identified as “high priority” within the Report, so that consideration can be given to their inclusion in the Corporate or relevant Departmental Risk Register.
- 1.4 Internal Audit is keen to provide a quality service to all its clients. This report includes a Customer Satisfaction Survey which provides an opportunity to give feedback on the service you have received. Please ensure that Gerry Flanagan, Joint Commissioning Manager completes and returns the Survey, providing any additional comments, so as to assist our continuous improvement. A manager from within Internal Audit may contact him to discuss the responses.
- 1.5 Please thank Gerry Flanagan and Roger Chester for their help and co-operation during the audit. Do not hesitate to contact Marie Wright if you should wish to discuss any aspect of this report further.

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## 2. Objectives of the Audit

- 2.1 To ensure that the 7 recommendations made in the report dated 13<sup>th</sup> March 2008 have been implemented.
- 2.2 To ensure that identified controls are working effectively and are adequate to mitigate the risks identified in the system.

## 3. Scope of the Audit

- 3.1 The recommendations discussed related to:
  - The procedures and monitoring involved in the Accreditation process
  - The authorization of service user's placements

## 4. Audit Opinion

The audit opinion is that the overall control environment in the system reviewed is now less than satisfactory, (assuming the system still operates as it did during the audit of 13<sup>th</sup> March 2008) as 3 out of the 7 recommendations have not been implemented.

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## 5. Findings

5.1 The following recommendations have been implemented:

### **Recommendation 2**

To ensure a fair and consistent approach to the Desktop Evaluation and Interview process, the same panel should be involved in both.

### **Recommendation 3**

All Desktop Evaluations should be validated by a second member of the panel. This should be evidenced with a signature and date.

### **Recommendation 7**

A record of the Panel's decision on which Service Provider to procure services should be retained to ensure an effective audit trail exists

5.1.2. No interviews have taken place since the audit in March 2008 therefore the following recommendation has not yet been fully implemented:

### **Recommendation 4**

Each interview sheet should be scored, signed and dated by the individual undertaking the interview. This should be completed at the conclusion of the interview.

5.2 However, recommendations **1, 5 and 6** have not been fully implemented. These are detailed on the following 3 pages.

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### 5.3.1. Risk and Its Potential Implications

Unless staff are aware of the procedures they are unable to comply with them.

### 5.3.2 Finding

There is no written guidance covering the Accreditation process

### 5.3.3 Recommendation

Written procedures should be compiled for the Accreditation process. They should be comprehensive and ensure fair competition and a consistent approach is maintained. They should be authorised by the Departmental Management Team and be readily available to all relevant staff.

### 5.3.4 Priority level

High

To be completed by client:	
Recommendation agreed?	Yes/No
Target date for implementation 28 <sup>th</sup> November 2008	
Client Comments	
Manager name	Signature
Date	

### Verification of Implementation

To be completed by auditor at follow up audit:	
Follow Up Audit Date	Auditor
Progress	Implemented/ Partially/ Not Implemented
Comments	
Follow Up Report Date	

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### 5.4.1. Risk and Its Potential Implications

There was no formal evidence of the terms and price agreed for the services provided.

### 5.4.2. Finding

Not all of the Accredited Providers have returned a signed copy of the General Service Agreement

### 5.4.3. Recommendation

The Service Provider should return a signed General Service Agreement prior to the inclusion on the Accredited List.

### 5.4.4 Priority level

High

To be completed by client:	
Recommendation agreed?	Yes/No
Target date for implementation 28 <sup>th</sup> November 2008	
Client Comments	
Manager name	Signature
Date	

### Verification of Implementation

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### 5.5.1 Risk and Its Potential Implications.

Service Users may receive inadequate care.

### 5.5.2 Finding

DASS have not introduced pro active monitoring of Service Providers to ensure service provision is in accordance with the service requested. Action is reactive when a problem arises.

### 5.5.3 Recommendation

A formal system for contract monitoring and the standard of care being provided, by the Service Provider, should be introduced.

### 5.5.4 Priority level

High

To be completed by client:			
Recommendation agreed?			Yes/No
Target date for implementation 28 <sup>th</sup> November 2008			
Client Comments			
Manager name		Signature	
Date			

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## 6. Recommendation Summary

Ref	Risk	Recommendation	Priority Level	Agreed? (To be completed by client)
5.3	Unless staff are aware of the procedures they are unable to comply with them.	Written procedures should be compiled for the Accreditation process. They should be comprehensive and ensure fair competition and a consistent approach is maintained. They should be authorised by the Departmental Management Team and be readily available to all relevant staff.	High	
5.4	There was no formal evidence of the terms and price agreed for the services provided.	The Service Provider should return a signed General Service Agreement prior to the inclusion on the Accredited List	High	
5.5	Service Users may receive inadequate care.	A formal system for contract monitoring and the standard of care being provided, by the Service Provider, should be introduced.	High	

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Auditor	Marie Wright
Date of Report	29/10/08
Date Received	

## 7. Customer Satisfaction Survey

**Audit of:**                    **Accredited List**  
**Date of Audit:**         **29<sup>th</sup> October 2008**

I am responsible for providing you with a quality Internal Audit Service and I want to ensure that your audit continues to be effective. A number of performance indicators have been adopted and one of the most important of these is your view of the service you receive.

Please spare the time to complete and return this form. This is an opportunity for you to provide your views on the level of service you received during your recent audit. Your answers will help me to develop and maintain the highest level of service possible.

THANK YOU FOR YOUR HELP.

*David A Garry C.P.F.A*  
 Chief Internal Auditor

QUESTIONNAIRE			
WERE YOU SATISFIED WITH:	<u>Yes</u>	<u>No</u>	<u>Comments</u> (please continue overleaf if you wish)
<b>1. TIMING:</b>			
• Advance notice of the audit?			
• Duration of the audit?			
<b>2. COMMUNICATION:</b>			
• Courtesy of the auditor(s)?			
• Level of auditor(s) knowledge?			
• Consultation on the findings?			
• Method of report delivery?			
<b>3. AUDIT REPORTS:</b>			
• Format of the report?			
• Speed of production of the report?			
• Relevance of the recommendations?			
• Value of the recommendations?			
• Audit opinion?			
<b>4. QUALITY OF SERVICE:</b>			
• Usefulness of the audit?			
• Professionalism of the audit?			
• Professionalism of the auditor?			

If you would like to comment further on the conduct, outcome or how you feel I could improve the Internal Audit Service please do so overleaf, or telephone me on 666 3387.

Completed by:

Signed:

Date: