Internal Audit Report

Final

Community Services

Review of Adult Services

April 2010

1   INTRODUCTION

This report has been prepared as a result of the Internal Audit review of Adult Services as part of the 2009/10 Internal Audit programme.

The audit of Adult Care has been allocated 15 audit days within the Annual Audit Plan for 2009 – 2010. The main focus of the audit was to carry out a review of 30 files randomly selected by the Planning & Information Manager, Community Services. The audit objective was to perform a case file review of the 30 sample files covering of assessment and care planning ensuring that evidence review has been undertaken in open cases and recorded on file or on the Carefirst system.

2   AUDIT SCOPE AND OBJECTIVES

The audit of assessment and care planning will include the review of performance within the following criteria to ensure that:

- Current assessments are completed and available from open cases, none of the sample files were to be older than 12 months and selected from 2 locations in within Argyll and Bute. The sample of 30 files was to be compiled as follows:
    - Operations (5),
    - Mental Health (5),
    - Learning Disability (5) (15 files x 2 locations = 30 files in total)
- Current chronology is available in each case file.
- There is evidence on file/Carefirst of reviews undertaken in open cases and recorded.

3   RISK ASSESSMENT

As part of the audit process and in conjunction with our Systems Based Auditing, ICQ approach, the Strategic and Operational Risk Registers was reviewed to identify any areas that needed to be included within the audit or addressed.

As part of the review of risk it was noted with regard to the Operational Risk Register there was no clear reference to the security of client files.

4   CORPORATE GOVERNANCE

There are no Corporate Governance issues to be reported as a result of this audit.

5   MAIN FINDINGS

- There was instances found where the case files were unavailable for the auditor to review

- There was an inconsistency in approach with regard to the set up of case files. Three different types of file setup were highlighted by the review.

- The application of case file chronology varied across the 30 sample case files from non existent to excellent.

- In some files it was found that informal notes being used within case files. Documentation was found in some files to be misfiled and not kept in a timely manner.

6   RECOMMENDATIONS

Five recommendations were identified as a result of the audit, three as high priority and three of medium priority. The recommendations are shown in the action plan set out below.

7   AUDIT OPINION

Based on the findings we can conclude that in the majority of cases files reviewed they were found to be in good order.

Recommendations arising from the audit work should be implemented by the nominated responsible officer within the agreed timescale.
Recommendations not implemented will require explanation to the Audit Committee. This could lead to findings being reported in the Internal Control Statement produced by the Council in support of the Annual Accounts.

8   ACKNOWLEDGEMENTS

Thanks are due to the following officers

- Head off Adult Care
- Service Manager Mental Health
- Planning & Information Manager
- Area Manager – MAKI
- Area Manager Resources

for their co-operation and assistance during the Audit and the preparation of the report and action plan.

Argyll & Bute Council's Internal Audit section has prepared this report. Our work was limited to the objectives in section 2. We cannot be held responsible or liable if information material to our task was withheld or concealed from us, or misrepresented to us. This report is private and confidential for the Council's information only and is solely for use in the provision of an internal audit service to the Council. The report is not to be copied, quoted or referred to, in whole or in part, without prior written consent.

APPENDIX 2   ACTION PLAN

No.	FINDINGS	PRIORITY	RECOMMENDATION	RESPONSIBLE OFFICER	IMPLEMENTATION DATE
1	There were several instances where files were unavailable for the auditor to inspect.	High	Management should ensure that they know where all case files are in their areas and have them available for inspection	Adult Services Area Manager	May 2010
2	There are inconsistencies in the ways case files are produced throughout the authority. The auditor found three different examples of file make up,	High	A strategic decision should be taken to ensure consistency where appropriate throughout the authority in the way that files are setup.	Adult Services Head of Service	July 2010
3	There were instances where the use of the significant event chronology sheets contained in the case files could be improved.	Medium	All files should have an up to date chronology sheet contained within the file or a printed sheet from Carefirst	Area Managers Adult Services	July 2010
4	In a few files it was found that informal notes were being kept within case files. Documentation was found in some files to be misfiled and not kept in a timely manner.	Medium	Management should ensure that the documentation held within case files are kept in the correct sections and in a timely manner. They should also ensure that hand written notes are formalised. The use of the old	Area Managers Adult Services	July 2010

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			stamps labelled Housing and Social Work should no longer be used and a new stamp provided. For use in case files.		
5	The Operational Risk Register does not reflect the importance of client's manual record security.	High	A review of the Adult Care Operational Risk Register should be undertaken to reflect the level of risk identified.	Adult Services Head of service	End may 2010