



**Internal Audit Report**

MARCH 2014

Community Services

**Review of CareFirst**

2013-2014

## **1 INTRODUCTION**

This report has been prepared as a result of the Internal Audit review of CareFirst, which is a system operated by the Community Services Department. The audit is part of the 2013/2014 Internal Audit programme.

CareFirst is a web based case management system that went live in Argyll & Bute Council, Social Work Department in 2000. It comprises a comprehensive suite of integrated modules covering the full spectrum of children's and adults service client groups.

In prior years CareFirst System was reviewed by Internal Audit, in 2011/12 we focused on Mental Health and in 2012/13 the audit work focused on Adult Services. The key issues arising were:

- Duplicate entries;
- Training staff coverage and retention of training records;
- Security of client information not entered into CareFirst, but kept on hard drives;
- Supervision function on each Client Case record was not routinely used by all Team Leaders.
- Numbers of licences for report writing and reading for Business Objects, the reporting tool for CareFirst.

## **2 AUDIT SCOPE AND OBJECTIVES**

The specific objectives of the audit are to assess and report on whether:

- Internal Audit Recommendations from the 2011/2012 and 2012/2013 reviews have been progressed;
- Data held on CareFirst are complete, accurate, input on time and is authorised;
- Data within CarePlace (a module within CareFirst used to record information about child placements) are complete, accurate, input on time and is authorised; and
- Transition plans for Throughcare and Aftercare are routinely updated within CarePlace;

We interviewed three team leaders, the CareFirst Administrator and a trainer within the department to establish whether previous recommendations had been progressed and are being continuously monitored.

Sample reports were run from CareFirst and checked back to source documentation. Fifteen records (representing 5% of the population) were randomly selected and tested.

Reports were provided by the CareFirst Administrator and compared between CareFirst and CarePlace on Looked After and Accommodated Children (LAAC).

Reports for LAAC children between 16 and 21 from CarePlace were tested to ensure that transition plans for Throughcare and Aftercare are in place for all children requiring this service.

### **3 RISK ASSESSMENT**

The internal audit risks identified were that:

- Information on clients does not comply with Data Protection and Information Security guidelines.
- Services are not offered to all clients eligible for those services.
- Council staff are not able to fully utilise the system due to lack of knowledge and training.
- The Council may provide misleading information to other agencies, clients and staff if the system is not fully complete and accurate.

### **4 CORPORATE GOVERNANCE**

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

### **5 MAIN FINDINGS**

- 5.1 Key controls are in place to ensure the security and integrity of the CareFirst case management system.
- 5.2 Access controls are in place and access rights to CareFirst are restricted to specific post descriptions.
- 5.3 Support for the CareFirst system is provided by a System Administrator and three CareFirst Trainers.
- 5.4 Significant progress has been made since the 2011-2012 Internal Audit review to ensure that the data held on CareFirst is complete, accurate, input on time and appropriately authorised. Any Data which it is necessary to hold out with the CareFirst system, for example reports to be shared between agencies, is held on secure network servers which can only be accessed by authorised staff.

- 5.5 During testing it was found that a number of records are restricted, i.e. where a client's record is locked to all users except named individuals within the Social Work department. This can be due to a number of reasons, but there are no formal criteria in terms of the reasons for restricting client files.
- 5.6 Internal Audit Recommendations from the 2011/2012 and 2012/2013 reviews have been progressed, of the eight previous recommendations, one was found that had not been progressed and one was found to highlight another area of concern.

## 6 RECOMMENDATIONS

Five recommendations were identified as a result of the audit. One recommendation is high priority, two are medium priority and two are low priority. The recommendations are shown in the action plan attached at Appendix 1 and has been compiled with the co-operation and agreement of the Supervisor/Manager.

Internal Audit considers that, in an effort to improve the quality of information, monitoring and control, the recommendations should be implemented in accordance with the agreed action plan. Management have set achievable implementation dates and will be required to provide reasons to the Audit Committee for failure to implement within the agreed timescale. Where management decides not to implement recommendations it must evaluate and accept the risks associated with that decision.

A system of grading audit findings, which have resulted in an action, has been adopted in order that the significance of the findings can be ascertained. Each finding is classified as High, Medium or Low. The definitions of each classification are set out below:-

**High** - major observations on high level controls and other important internal controls. Significant matters relating to factors critical to the success of the objectives of the system. The weakness may therefore give rise to loss or error;

**Medium** - observations on less important internal controls, improvements to the efficiency and effectiveness of controls which will assist in meeting the objectives of the system and items which could be significant in the future. The weakness is not necessarily great, but the risk of error would be significantly reduced if it were rectified;

**Low** - minor recommendations to improve the efficiency and effectiveness of controls, one-off items subsequently corrected. The weakness does not appear to affect the ability of the system to meet its objectives in any significant way.

## **7 AUDIT OPINION**

This audit has provided a Substantial level of assurance. Based on the findings we can conclude that the CareFirst System controls which are currently operating are effective.

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 Service & Development staff, the CareFirst Trainers and Social Work staff in each of the locations visited 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. In any circumstances where anyone other than the Council accesses this report it is on the strict understanding that the Council will accept no liability for any act or omission by any party in consequence of their consideration of this report or any part thereof. The report is not to be copied, quoted or referred to, in whole or in part, without prior written consent.

## APPENDIX 1 ACTION PLAN

No.	FINDINGS	PRIORITY	RECOMMENDATION	RESPONSIBLE OFFICER	IMPLEMENTATION DATE
3	In discussions with Trainers and when checking a random sample of Adult Care cases it was found that not all Social Work Teams are using the supervision function.	High	Management should ensure that supervision is being undertaken for all cases and staff. Once it is established that the supervision is in place a procedure should be established to make use of the function on each Client Case record. It should be agreed within this procedure how much information should be included on these records. This should be applied consistently within each of the Social Work Teams.	Service Manager (Operations), Adult Care	1 <sup>st</sup> July 2014
4	It was found that a number of records are restricted. Records can be restricted due to various reasons, however there are no formal criteria in place.	Medium	Consideration should be given to refreshing the criteria for restricting records. Staff should be given an understanding of the criteria and the reasons behind the restrictions and assurance should be sought that all staff are aware of the new procedures for access to these records.	Chair of Social Work Management Information Group	1 <sup>st</sup> July 2014

No.	FINDINGS	PRIORITY	RECOMMENDATION	RESPONSIBLE OFFICER	IMPLEMENTATION DATE
5	It was highlighted that there may be some Data protection issues.	Medium	Discussions should be held with Governance regarding retention policies for systems. Clear guidelines should be updated and issued on who is responsible for removing sections of client's records and/or full records.	Chair of Social Work Management Information Group	1 <sup>st</sup> July 2014