

COMMITTEE **AUDIT AND GOVERNANCE COMMITTEE**

DATE **28 SEPTEMBER 2017**

TITLE **REPORT OF THE CONTROLS IMPROVEMENT WORKING GROUP**

PURPOSE OF THE REPORT **TO REPORT ON THE MEETING HELD ON 11 SEPTEMBER 2017**

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ACTION **TO ACCEPT THE REPORT AND CONSIDER THE RECOMMENDATIONS**

1. INTRODUCTION

1.1 A meeting of the Working Group was held on 11 September 2017 with the Chairman of the Audit and Governance Committee, Councillor Richard Medwyn Hughes, Vice-chair Councillor John Brynmor Hughes, Councillors Angela Russell and Cemlyn Rees Williams, Luned Fôn Jones, Audit Manager and Bleddyn Rhys, Audit Leader present.

1.2 The reports that the Working Group addressed were:

TITLE	DEPARTMENT	AUDIT OPINION
Social Services Complaints Procedures	Adults, Health and Wellbeing	B
Deprivation of Liberty Safeguards	Adults, Health and Wellbeing	C
Support Workers (Adults)	Adults, Health and Wellbeing	C

2.3 Officers attended to discuss the individual reports.

2.4 Social Services Complaints Procedures

2.4.1 The main findings of the audit were as follows:

The Department succeeds in investigation complaints effectively, and avoiding the need for the vast majority of investigations to escalate to 'step 2' investigation. However, it appears that they do not follow Welsh Government directions, and therefore are not taking advantage of opportunities to improve. By listening to the people of Gwynedd, a fundamental change can be made to the way the Department operates and the service can be improved by learning lessons.

It appears that a substantial number of enquiries reach the service that could have been discussed directly with the Unit manager to give them the opportunity to deal with the matters and learn from them. This does not mean that complaints would be turned away, rather it would change practice and culture between the services and the users.

Although there is some information available on the Council website regarding making a complaint and the procedure, there is room here to promote the new culture of Units using complaints to improve their service. Some of the information was also dated.

Contrary to Welsh Government guidelines, there is no evidence that complaints are discussed with the users at meetings or in formal telephone conversations before closing the complaint. Following investigations, meetings are arranged to discuss the way forward after closing the complaint. It was seen that the content of telephone conversations are confirmed in the formal letter which closes complaints.

Formal letters are being used to explain why the Council is not at fault rather than acknowledging and apologising for misconduct or a mistake. Similarly, no solutions are offered in relation to the users' dissatisfaction with the service. When a complaint is made about any action that is in accordance with policies, no consideration has been given to investigating the suitability of the policies, in order to improve the service for the user.

The management team discusses an overview of the complaints meaning that some complaints are overlooked while only the matters which come up more than once receive attention. Once a discussion is held on the matters arising, there is no follow-up on progress at the next meeting, and therefore there is no full assurance that the agreed actions have been implemented.

2.4.2 Mannon Trappe, Senior Manager Safeguarding, Quality Assurance and Mental Health and Geraint Wyn Jones, Customer Care Officer were welcomed to the meeting to discuss the audit of Social Services Complaints Procedures.

- 2.4.3 The Audit Manager provided a summary of the audit findings. It was explained that there are specific arrangements in place for complaints against Social Services, and the Welsh Government have published comprehensive guidelines to empower Councils in how to respond to complaints. It was explained that the report received an audit opinion of B overall, but the Committee resolved that Managers should be invited to the meeting nevertheless due to its importance within the Social Services.
- 2.4.4 The nature of complaints within the service was discussed, and it was agreed that it is necessary to distinguish between an official complaint and something that may be construed as a request for action, such as a complaint that a room is too cold or a one-off request to raise the room's temperature. In addition, it was agreed that if a complaint was made in a care home, then it would be better if the manager was able to act on it straight away, but with a way for the Department to be also made aware.
- 2.4.5 The Audit Manager stated that there were two stages in the complaints procedures. Where the complaint can not be resolved in stage one, then it can be elevated to stage 2, an independent investigation. The Department has generally been successful in resolving complaints before they reach stage 2. In Gwynedd Council's Director of Social Services Annual Report, it is expressed that only one case was referred to the Ombudsman in 2016/17. On the other hand, the Senior Manager Safeguarding, Quality Assurance and Mental Health stated that the Care and Social Services Inspectorate Wales had suggested that not enough complaints reached stage 2, which suggests that the Council prevented complaints from elevating to stage 2. However, the Working Group agreed that it was encouraging that complaints were dealt with in the first stage.
- 2.4.6 One of the weaknesses identified was the fact that complaints were not being discussed with the users or their representatives, whether at a meeting or telephone conversation, which is contrary to the Welsh Government's guidelines. It was also seen that formal letters are sent out explaining why the Council does not accept blame rather than recognising or apologising for the error or action. The Customer Care Officer stated that he had considered the wording of the letters following the audit, although he did not fully agree with the findings of the audit in this regard. However, the Audit Manager stated that the findings of the audit were based on a sample of letters only, and this may not reflect the nature of the letters in their entirety.
- 2.4.7 The Senior Manager Safeguarding, Quality Assurance and Mental Health and Customer Care Officer were thanked for attending the meeting and for explaining the operational steps taken to mitigate the risks identified during the audit. The Audit Manager stated that there are new arrangements within the Internal Audit Service where each agreed action will be subject to a follow up audit, and therefore any developments will be audited again during 2017/18.**

2.5 Deprivation of Liberty Safeguards

2.5.1 The main findings of the audit were as follows:

It was found that procedures existed in relation to Deprivation of Liberty Safeguards but that some aspects need to be tightened, mainly on staff training and resources. Fields in need of attention are detailed below:

Guidelines were distributed to the care home staff in 2014, explaining the procedure in addition to sharing forms which are needed for referral etc. A file was distributed to every Residential Home and the Managers at the time signed to declare that they received the package.

Recently, a letter was provided noting that it is the responsibility of the homes to re-refer the residents when the current DoLS authorisation comes to an end, and it is also their responsibility to contact Gwynedd Council if there is any change which could impact the residents' DoLS authorisation in the meantime. This letter will now be sent out with every DoLS authorisation in order to ensure that the private homes are aware of their duties.

It was found that training has been provided in the past for Managers and Assistant Managers of the Council's Care Homes and the Housing and Support staff, with the majority of them having received training in 2015. However, some of them had not received training since 2013 and two Care Home Assistant Managers had not received training at all.

During the audit, there were times where it was not possible to gain access to the current database with DoLS details due to the Assistant Administrator's long term absence.

The Council has an appropriate number of Best Interest Assessors (BIAs), but they do not work full-time on DoLS cases as they are in other posts from day-to-day which has priority. The DoLS Team has submitted a bid to the Council for additional finance towards employing a full-time Best Interest Assessor in order to improve the service of dealing with applications.

A large number of individuals in Gwynedd are waiting to be assessed, some for over a year which does not comply with the Act as standard applications are supposed to be assessed within 21 days, and urgent applications within 7 days. As noted above, the main problem is the lack of resources. The Service's bid has been approved and finance is available to employ one full-time officer for two years, or two full-time officers for a year only. No appointments have been made to date.

Following the change in the law in relation to the Cheshire West Case ruling, the Coroner should deal with the deaths of individuals with DoLS "As the Law now stands the death of every person subject to DoLS Order must be reported to the Coroner. I emphasize that there must be an Order in existence on the day of death." There is no way of knowing whether the private Homes notify the Coroner when an individual with DoLS dies but, maybe there would be a way of including it in the training or sending a letter reminding the homes of the requirements, including Supported Housing.

The Council has identified over 150 individuals who are tenants in Gwynedd and who may need a DoLS authorisation. To date, only one case has been provided for the court. It is understood that the lack of resources to assess the individuals is holding back the process. A lawyer has been appointed specifically to deal with these cases.

- 2.5.2 Kevin Wyn Griffiths, DoLS Co-ordinator joined Mannon Trappe, Senior Manager Safeguards, Quality Assurance and Mental Health to discuss the Deprivation of Liberty Safeguards and was welcomed to the meeting.
- 2.5.3 The Audit Manager explained that this was a contentious, complex and sensitive area and that changes in legislation as a result of the ruling in the case of "*P v Cheshire West and Chester Council*" had led to a tremendous increase in the number of assessments required in relation to DoLS. However, the Law Commission has prepared a Draft Mental Capacity Bill that proposes to replace DoLS with a new scheme of Freedom of Protection Arrangements (Liberty Protection Safeguards). The new arrangements will not be likely to reduce the workload on the Service in the short term.
- 2.5.4 At the time of the audit, a large number of individuals were awaiting an assessment, and the situation had not improved since then. The penalty for delaying a DoLS assessment may be as much as £1,000 per person per week. The main obstacle in completing the necessary DoLS assessments are the lack of staffing resources. The Senior Manager Safeguards, Quality Assurance and Mental Health stated that the Service had recently appointed an additional temporary officer to undertake the assessment work, but it was not possible to fill a similar second post. Following an inquiry from a Member, the Senior Manager Safeguards, Quality Assurance and Mental Health stated that the Department will re-advertise the post in the near future, but the fact that it has been a temporary post has likely reduced the number of applicants.

- 2.5.5 Different options were discussed such as diverting the budget for the second post towards training existing officers to be *Best Interest Assessors*, or setting formal performance targets for the approximately 25 Social Workers who already have the *BIA* accreditation in order to try and reduce the large number of Individuals who are awaiting an assessment. However, the Social Workers with the *BIA* accreditation do not come under the management of the Senior Manager Safeguards, Quality Assurance and Mental Health, but it was explained that a meeting with the Senior Enablement Manager to discuss these targets was already planned. At the moment, one assessment per month is expected to be completed by a Social Worker, but this isn't achieved by all.
- 2.5.6 A member inquired whether the situation had improved by now. The officers explained that the situation has exacerbated, with a backlog of around 280 for residential homes, and 150 which are referred through the court.
- 2.5.7 It was agreed that a lack of resources is at the heart of this problem, and the Service was praised for their efforts and performance compared to other Authorities, but Members of the Working Group reinforced the importance of reducing the waiting time for an assessment.
- 2.5.8 The Senior Manager Safeguards, Quality Assurance and Mental Health and the DoLS Co-ordinator were thanked for explaining the developments since the audit report was released and for outlining the arrangements in place. The Senior Manager Safeguards, Quality Assurance and Mental Health and the DoLS Co-ordinator proposed to update the Working Group on further developments within 6 months.**

2.6 Support Workers (Adults)

2.6.1 The main findings of the audit were:

It was found that the service has no current job description for the Support Worker post, and it was therefore agreed that a review needed to be carried out on it.

Cases were seen where the DBS disclosure date for new workers was later than the date recorded on the new staff appointment form (TR139 forms). The relevant managers and supervisors expressed that they were aware of the expected procedure and rules with DBS disclosures, and it was informed that the Support Worker would not be included on the timetable should they not have an acceptable and current disclosure. Arrangements are in the pipeline to deal with disclosures corporately through the self-service portal.

The relevant managers suspect that some Support Workers provide personal care for the service users despite the fact that this does not fall within the scope of the duties.

It is understood that carrying out formal supervision with the Workers is of high importance to the service, but that it proved to be difficult at times with so many staff to supervise periodically. Most of the Support Workers also have other jobs and responsibilities, and it is considered that this adds obstacles when attempting to arrange a time to carry out the supervision. It is considered to be beneficial for the supervisors should they receive practical assistance with this task.

It was discovered that the care plans of a vast number of service users were not current and did not contain necessary information so that the Support Worker could support the individual in the most appropriate method. The service have a commitment to revise the structure of the care plans to ensure that they include the necessary information and to ensure that constructive assistance is provided to service users. That is, that the Support Worker supports in a way that would assist with the development of the service user, and it is considered that the care plans need to focus on outcomes in order to achieve this effectively.

There were two cases within the sample of staff audited where their Safeguarding / POVA training was not current. Often, the Support Workers do not have a Council e-mail address and, as a result, have no access to the e-learning portal. It is expected that the Integrated Learning and Development System, when it is introduced in summer 2017, will meet these needs.

Cases were seen where Support Workers have claimed a vast number of travelling expenses in a week, e.g. it was found that a worker claimed 200-300 miles weekly, which is a burden on the budget. It was explained that the Supervisor is attempting to connect Workers and service users in an efficient manner, but matters can arise

which are beyond their control, such as the need for a specific worker to work with the service user. Carrying out a review of the structure of the care plans, and making them more prescriptive in terms of the activities to be conducted, along with the locations would have the potential of leading to a reduction in the travelling expenses paid.

- 2.6.2 Olwen Ellis Jones, Service Manager - Mental Health and Learning Disabilities and Selwyn Lloyd Jones, Disability Service County Manager were welcomed to the meeting.
- 2.6.3 The Audit Manager explained that the main focus of this audit was to ensure that the needs of users were met in accordance with their Care Plans. The Social Services and Welfare (Wales) Act 2014 came into force on 6 April 2016. In accordance with the Act, if an individual meets the eligibility criteria, then the local Council must write a plan. Individuals with care and support needs will receive a care and support plan. Furthermore, the Care and Support (Care Planning) (Wales) Regulations 2015 detail what should be included in a care and support plan together with the arrangements for reviewing the plans. Following the audit, it was found that a large number of care plans were not up to date.
- 2.6.4 The other key areas of risk that emerged were the failure to maintain formal supervision and failure to properly manage the use of time and locations which meant that an employee was claiming a high amount of travel costs on a weekly basis.
- 2.6.5 The Officers stated that the focus of care plans have now moved to enable measurable outcomes, such as social skills, to be achieved. As part of this, group activities are organized locally with less emphasis on employees traveling with service users to a variety of different locations. The plans are now tailored to improve the wellbeing of individuals with SMART targets in place.
- 2.6.6 A discussion was had about the Service's recruitment arrangements, where the frustration of finding individuals enthusiastic in the field who are willing to accept the responsibilities involved in the job for relatively low wages was clear.
- 2.6.7 The officers explained that they had already re-visited the job description and that they are currently awaiting feedback from Human Resources before negotiating with the relevant unions.
- 2.6.8 The Service Manager - Mental Health and Learning Disabilities and the Disability Service County Manager were thanked for attending the meeting and updating the Working Group on the arrangements already implemented and the upcoming proposed arrangements.**
- 2.7 The Chair thanked the Working Group and praised all the Services for their actions.**