

COMMITTEE	<b>AUDIT AND GOVERNANCE COMMITTEE</b>
DATE	<b>28 NOVEMBER 2019</b>
TITLE	<b>OUTPUT OF THE INTERNAL AUDIT SECTION</b>
PURPOSE OF REPORT	<b>TO OUTLINE THE WORK OF INTERNAL AUDIT FOR THE PERIOD TO 15 NOVEMBER 2019</b>
AUTHOR	<b>LUNED FÔN JONES – AUDIT MANAGER</b>
ACTION	<b>TO RECEIVE THE REPORT, COMMENT ON THE CONTENTS AND SUPPORT THE ACTIONS THAT HAVE ALREADY BEEN AGREED WITH THE RELEVANT SERVICES</b>

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**1. INTRODUCTION**

- 1.1 The following report summarises the work of Internal Audit for the period from 7 October 2019 to 15 November 2019.

**2. WORK COMPLETED DURING THE PERIOD**

- 2.1 The following work was completed in the period to 15 November 2019:

<b>Description</b>	<b>Number</b>
Reports on Audits from the Operational Plan	8

Further details regarding this work are found in the body of this report and in the enclosed appendices.

## 2.2 Audit Reports

2.2.1 The following table shows the audits completed in the period to 15 November 2019, indicating the relevant assurance level and a reference to the relevant appendix.

TITLE	DEPARTMENT	SERVICE	ASSURANCE LEVEL	APPENDIX
Section 106 Agreements	Environment	Planning	Satisfactory	Appendix 1
AONB Grant	Environment	Countryside and Access Unit	High	Appendix 2
Gwynedd Council's Role in relation to Universal Credit	Finance	Revenues	High	Appendix 3
Lloyd George Museum Accounts	Economy & Community	Record Offices, Museums and the Arts	High	Appendix 4
Bed and Breakfast Costs	Adults, Health and Wellbeing	Homelessness and Supported Housing	Satisfactory	Appendix 5
Plas Pengwaith	Adults, Health and Wellbeing	Residential and Day	Satisfactory	Appendix 6
Bryn Blodau	Adults, Health and Wellbeing	Residential and Day	Satisfactory	Appendix 7
Llys Cadfan	Adults, Health and Wellbeing	Residential and Day	Satisfactory	Appendix 8

2.2.2 The general assurance levels of audits fall into one of four categories as shown in the table below.

<b>LEVEL OF ASSURANCE</b>	<b>HIGH</b>	Certainty of propriety can be stated as internal controls can be relied upon to achieve objectives.
	<b>SATISFACTORY</b>	Controls are in place to achieve their objectives but there are aspects of the arrangements that need tightening to further mitigate the risks.
	<b>LIMITED</b>	Although controls are in place, compliance with the controls needs to be improved and / or introduces new controls to reduce the risks to which the service is exposed.
	<b>NO ASSURANCE</b>	Controls in place are considered to be inadequate, with objectives failing to be achieved.

### **3. WORK IN PROGRESS**

3.1 The following work was in progress as at 18 November 2019:

- Supporting Ffordd Gwynedd Reviews (*Corporate*)
- Overtime (*Corporate*)
- The 5 Ways of Working (*Corporate*)
- Safeguarding Arrangements – *Establishments (Corporate)*
- Culture and Ethics (*Corporate*)
- Proactive Prevention of Fraud and Corruption and the National Fraud Initiative (*Corporate*)
- Information Management – *Establishments (Corporate)*
- GwE – Travelling Costs (*Education*)
- Appointment and Cost of Supply Teachers – *Secondary (Education)*
- Trust Funds (*Education*)
- Schools –*General (Education)*
- Ysgol Pendalar (*Education*)
- Ysgol Hafod Lon (*Education*)
- Road Safety Unit (*Environment*)
- Arrangement for Returning Equipment (*Finance*)
- Benefits – Review of Key Controls (*Finance*)
- Welsh Church Fund (*Economy and Community*)
- ARFOR (*Economy and Community*)
- Harbours – Health and Safety (*Economy and Community*)
- Parc Padarn Safety Measures (*Economy and Community*)
- Use of P6 Forms (*Adults, Health and Wellbeing*)
- Absence Management (*Social Service*)
- Plas Gwilym (*Adults, Health and Wellbeing*)
- Youth Club Accounts (*Children and Supporting Families*)
- Payments to Foster Carers (*Children and Supporting Families*)
- Hafan y Sêr (*Children and Supporting Families*)
- Repair and Maintenance of Playing Areas (*Highways and Municipal*)

### **4. RECOMMENDATION**

4.1 The Committee is requested to accept this report on the work of the Internal Audit Section in the period from 7 October 2019 to 15 November 2019, comment on the contents in accordance with members' wishes, and support the actions agreed with the relevant service managers.

## SECTION 106 AGREEMENTS

### 1. Background

- 1.1 Planning obligations under Section 106 of the Town and Country Planning Act 1990 are a means of mitigating the negative effects of planning developments by forcing developers to include certain works as part of the scheme, or to contribute financially towards the provision of public services that the proposed development affects, in cases where the capacity of the existing infrastructure is insufficient to cope with the development.
- 1.2 The planning obligations must be necessary for making developments that would otherwise be unacceptable, acceptable in planning terms. In addition, the obligations must be fair and evidence based. This means that obligations cannot be imposed on every development with the intention of generating income, but only to mitigate the negative effects of the development.
- 1.3 Although each planning application needs to be treated separately, the Local Development Plan (LDP), supported by a series of Supplementary Planning Guidance, includes planning policies to be used in determining applications for development and land use in the Gwynedd and Anglesey LDP area, including the use of section 106 legal agreements and a consistent basis for the obligations.
- 1.4 The range of development types that may be subject to a planning obligation are varied. It should be noted that many planning obligations may not fit neatly into a simple categorisation and consequently the Planning Authorities will consider each development proposal on its merits. Whilst the following list provides an indication of the principal categories, they are not listed in any particular order of priority, neither the list is designed to be exhaustive. The categories of obligation relate to:

- Affordable Housing
- Training and Employment
- Transportation
- Renewable and Low Carbon Energy
- Community Facilities (including Sports and Leisure Facilities)
- Open Space and Recreation
- Environment
- Healthcare facilities
- Welsh Language
- Public Realm
- Broadband Infrastructure
- Recycling and Waste
- Education
- Flood Risk Management

### 2. Purpose and Scope of Audit

- 2.1 The purpose of the audit was to ensure that suitable arrangements were in place when imposing section 106 planning obligations in order to mitigate the negative effects of developments. To achieve this, the audit encompassed selecting a sample of development obligations, ensuring they were appropriate and implemented.

### 3. Audit Level of Assurance

- 3.1 The controls for risk mitigation were examined. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>SATISFACTORY</b>	There are controls in place to achieve objectives but there are aspects where the arrangements can be tightened to further mitigate the risks.

#### 4. Current Score Risk

4.1 The audit's risks are as follows:

<u>Risk Level</u>	<u>Number</u>
<b>VERY HIGH</b>	0
<b>HIGH</b>	0
<b>MEDIUM</b>	1
<b>LOW</b>	0

#### 5. Main Findings

- 5.1 A sample of planning developments that have been subject to section 106 agreements over the last 5 years was selected, in order to include developments that would have been completed. The sample consisted of agreements with financial obligations in order to provide e.g. education provision, open space and transport, as well as developments where no financial contribution was requested e.g. the provision of affordable housing.
- 5.2 The rationale behind the specific planning obligations were reviewed in order to ensure that they were justified and supported by a sufficient audit trail, such as how the financial contributions or the number of affordable houses were calculated, and they were found to be appropriate and in accordance with the relevant Supplementary Planning Guidance. Legal and monitoring costs were seen to have been paid by the applicant.
- 5.3 Due to the sample encompassing a long period, it was possible to verify that the Council used any financial contribution appropriately and in accordance with the agreements, that is, to fund work that mitigated the negative impacts of the developments. Any work to mitigate the negative effects must be approved in advance by the Enforcement Team Manager to ensure compliance with the agreement, and must be completed before the funding is received. It was seen from the financial ledger that money received some years ago for many developments remains unspent, despite the Planning Service's efforts to encourage organisations such as Community Councils to spend them. This can create the risk of having to pay the money back to the developers, with interest.

#### 6. Actions

The Planning Service has committed to implementing the following to mitigate the risks highlighted.

- Remind the relevant parties of the need to plan how to spend the money arising from section 106 agreements.

## AONB GRANT

### 1. Background

1.1 The Sustainable Development Fund was established by the Welsh Government in 2001 as part of the ongoing support for protected landscapes such as the 5 Areas of Outstanding Natural Beauty (AONB) in Wales. An annual fund of £55,000 provides grant aid for innovative environmental, economic and community projects that encourage and develop more sustainable lifestyles within the Llŷn Peninsula AONB. The scheme is present across all 5 AONB in Wales.

### 2. Purpose and Scope of Audit

2.1 The purpose of the audit was to ensure that suitable arrangements were in place for the management and administration of the Sustainable Development Fund and that payments were made in accordance with fund guidelines and Council rules. In order to achieve this, the audit involved selecting a sample of projects and ensuring that appropriate and correct steps had been followed throughout the funding process.

### 3. Audit Level of Assurance

3.1 The controls for risk mitigation were checked. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>HIGH</b>	<b>Certainty of propriety can be stated as internal controls can be relied upon to achieve objectives.</b>

### 4. Current Risks

4.1 The audit's risk are as follows:

<u>Risk Level</u>	<u>Number</u>
<b>VERY HIGH</b>	0
<b>HIGH</b>	0
<b>MEDIUM</b>	0
<b>LOW</b>	1

### 5. Main Findings

5.1 The grant has run successfully in recent years with much interest annually ensuring that all available funding is allocated to applicants. Approximately 20 successful projects have received support annually over the last 3 years.

- 5.2 A number of grant applications are received during the first two quarters of the year and the funding available is earmarked for the successful projects. No more applications are accepted unless one of the successful applications withdraws soon after approval, usually before the end of quarter 3 in order to allow sufficient time for an applicant to prepare and submit an application and complete their project before the end of the year.
- 5.3 Officers from the AONB Service may award grants up to a maximum of £3,000. Applications for greater amounts are discussed and either approved or rejected by a panel. The panel includes representation from Community Councils and other local groups and Natural Resources Wales. A scoring system and a means test have been set by the Government, and are being followed.
- 5.4 According to the ledger and data from the fund, a total of £55,000 has been fully allocated for the last 3 years. However, this was found to include a year-on-year 'Service Claim' figure for the administration of the grant. The Government allows up to 10% of the Fund to be used for administration but Gwynedd has claimed less in order to fund more projects. The amount appears to be calculated depending on the difference between the total fund and the final amount claimed by the successful applicants.
- 5.5 Payments to successful applicants are made from the Department's budget before a claim is submitted to the Welsh Government to reclaim the total at the year end. In order to receive payment applicants must submit evidence such as invoices / receipts and photographs and if necessary the AONB Officers also visit to check that work has been carried out to the required standards.
- 5.6 There is a wide variety of applications received and due to the success of the fund and the amount available there has been no need for promotional campaigns to encourage more applicants.
- 5.7 The administrative arrangements for the Gwynedd AONB Service was found to be appropriate but no confirmation has been received that the Welsh Government will continue with the scheme in 2020 and beyond. No long-term security has been provided by the Government for a number of years and as a result there has been little commitment to adapt administration procedures and the awarding of applications.
- 5.8 No definitive guidance is being given by the Government regarding the document retention period. As a result individuals' personal details are kept for long periods of time and many documents and files require storage.

## 6. **Actions**

**The AONB Service Officer has committed to implement the following steps to mitigate the risks highlighted:**

- **Enquire with the Welsh Government for guidance on the necessary retention periods before destruction of documents.**

## GWYNEDD COUNCIL'S ROLE IN RELATION TO UNIVERSAL CREDIT

### 1. Background

1.1 Since 12 December 2018, Gwynedd is a full Universal Credit service area. Universal Credit is a new benefit that supports people who are on low income or out of work which has replaced the 6 working age benefits such as Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Income Support, Working Tax Credit, Child Tax Credit and Housing Benefit.

### 2. Purpose and Scope of Audit

2.1 The aim of the audit was to ensure that the Council had suitable arrangements in place to deal with the introduction, changes and transfers from historic benefit payments to Universal Credit payments. In order to achieve this, the audit encompassed a review of the steps the Council has taken to deal with changes to facilitate the system for customers who are competent and/or transferring over to the new system.

### 3. Audit Level of Assurance

3.1 The risk mitigation controls were checked. The auditor's assessment concludes that the assurance of the audit Gwynedd Council's role in relation to Universal Credit is as follows

Assurance Level	Description
<b>HIGH</b>	<b>Certainty of propriety can be stated as internal Controls can be relied upon to achieve objectives.</b>

### 4. Main findings

4.1 The Department for Work and Pensions (DWP) holds quarterly engagement workshops across England, Scotland and Wales with local authorities in Department for Work and Pensions centres. The workshops aim to provide up to date information on Universal Credit and to gain insight feedback from local authorities. The Benefits manager noted that members of the Council had attended these workshops and were continuing to do so. It was discovered that the Council had received the 'Full Service Support Pack' version 20, which is designed to help local authorities support staff in roles affected by Universal Credit's introduction.

4.2 The Council's website was reviewed and it was seen that there are accurate and appropriate information available to members of the public that notes Universal Credit changes. Information such as how to apply, processing time for applications and any delays, monthly payments, information for landlords etc. were published on the council's website, as well as a 'Universal Credit and you' pack and a link from the Council's website to the government's website for further details.



- 4.3 It appears that the Council provides appropriate and adequate facilities for the implementation of the Universal Credit changes as the service provides free access to computers and the internet at various sites across Gwynedd. Trained staff are available to help fill the applications at some sites or residents can use the computers free of charge without support at other sites. All of this information was made available to the public on the Council's website, including a list of all available sites.
- 4.4 It was discovered that training had been held specifically on Universal Credit in the current year and in November 2018 on how to make Universal Credit applications online, Universal Credit theory training, complex updates and applications. Appropriate staff such as benefits, council tax and homelessness officers were seen to have received some form of training on Universal Credit. This ensures that all frontline staff have received relevant information and training to deal with enquiries and signpost the public to the appropriate place for further assistance or information. In addition, the benefits manager noted that staff from Siop Gwynedd and the libraries had received training on the effects of Universal Credit as they are front line services who deal with open inquiries.
- 4.5 The Benefits Manager explained that the Council had a funding agreement for the delivery of financial and digital support to customers ("Universal Support"), but that ended in April 2019 when Citizen's Advice Bureau were awarded the contract by the Department for Work and Pensions. The Council was seen to accept 'New Burdens Allocation Funding', and the benefits manager explained that it is paid to councils for various aspects of the additional work that Universal Credit is creating and there is no request for them to provide data for this money as the Department for Work and Pensions uses a formula themselves to allocate the money.

## LLOYD GEORGE MUSEUM ACCOUNTS

### 1. Background

1.1 The Lloyd George Museum and his childhood home, Highgate, Llanystumdwy, traces the life of the former Prime Minister of Britain. The museum is administrated by Gwynedd Council with help from Friends of the Museum who support and assist with the development of the museum and its educational use. As the museum is a registered charity, that in 2018-19 exceeded the income threshold of £25,000 thanks to a grant from the Government, the trustees' account and annual report must be submitted to the Charities Commission, including an independent auditor's report of the accounts.

### 2. Purpose and Scope of Audit

2.1 The purpose of the audit was to complete the independent examiner's report on the museum's 2018-19 accounts, giving assurance that what is presented to the Charities Commission is correct. This was done by reconciling them with the Council's main accounting system, ensuring that all transactions were relevant to the museum.

### 3. Audit Level of Assurance

3.1 The controls for risk mitigation were examined. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>HIGH</b>	<b>Certainty of propriety can be stated as internal controls can be relied upon to achieve objectives.</b>

### 4. Main Findings

4.1 It was found that the accounts were appropriate and therefore the independent examiner's report to the Charities Commission was completed in order to declare that.

## BED AND BREAKFAST COSTS

### 1. Background

An increasing number of people are homeless or threatened with homelessness in Gwynedd. There has been a 36% increase in demand for the service since 2014/15, and current evidence suggests that this increase will continue. The main causes of homelessness in Gwynedd are the loss of accommodation, leaving prison, parents and relatives unwilling to accommodate any longer, relationships breakdown and domestic violence. A high number of people presenting as homeless are single individuals, and over-use of a bed and breakfast resource is being used to support them, rather than fixed units.

### 2. Purpose and Scope of Audit

2.1 The aim of the audit was to ensure that suitable arrangements were in place for the administration of homelessness applications where applicants are placed in bed and breakfast accommodation. In order to achieve this, the audit covered reviewing a proportion of relevant cases for Arfon, Dwyfor and Meirionnydd during 2018-19, where the validity of the individuals to receive the service was examined, checking that officers had received appropriate training, the budgetary arrangements and performance measurement of the service together with the measures in place to reduce the cost to the Authority.

### 3. Audit Level of Assurance

3.1 The controls for risk mitigation were examined. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>SATISFACTORY</b>	<b>There are controls in place to achieve objectives but there are aspects where the arrangements can be tightened to further mitigate the risks.</b>

### 4. Current Score Risk

4.1 The audit's risks are as follows:

<u>Risk Level</u>	<u>Number</u>
<b>VERY HIGH</b>	0
<b>HIGH</b>	0
<b>MEDIUM</b>	2
<b>LOW</b>	0

## **5. Main Findings**

- 5.1 Gwynedd Council is working with other local authorities across North Wales to create a Regional Homelessness Strategy. This is supported by the local delivery action plan to respond to the problems in Gwynedd and was identified in the Regional Homelessness Review 2018. The regional homelessness strategy was adopted by the Council in December 2018 and under theme 2 of the local action plan, the priority is to reduce the use of temporary accommodation and 'bed and breakfast'.
- 5.2 A list of homeless applicants for 2019/20 was received from the service and out of the 181 applicants in the Arfon area, it appeared that there were no record that an assessment had been taken for 20. These 20 applicants were checked against the 'Academy Housing' homelessness system and were seen to have been referred promptly or support had been given before applications were closed.
- 5.3 A sample of 23 bed and breakfast cost payments (from the Ledger, account VD02 4038) were selected for auditing and an invoice was found for each payment. The candidates' files linked to the invoices/allocated to the accommodation were checked to ensure that the applicants were placed in Bed and Breakfast accommodation as an emergency or as a last resort, but were for a maximum period of up to 6 weeks and that the invoice was valid to be paid. It was discovered that the 'Academy Housing' system is not suitable for the purpose of the service as no record was seen for one candidate on the system and it was not possible to follow 9 out of 21 of the sample back into the system, where the individuals were on the system but there were no Bed and Breakfast accommodation record on the system to match the sample of invoices for them. However, it was discovered that the service uses the Housing Invoicing system for identifying and maintaining a record of invoices. All invoices in the sample apart from one were found to be correctly recorded on this system.
- 5.4 The arrangements for conducting financial assessments for candidates for the sample selected were checked and suitable arrangements were seen to have been followed. A financial assessment was carried out for the whole sample and an application for entitlement had been made for applicants who were valid to receive housing benefit. One of the sample was found not to be in receipt of housing benefit but evidence was seen that contribution had been received. It was seen that a 'memo' is sent to the benefits unit with the start date, accommodation address, and cost details and then after the candidates have left the bed and breakfast another 'memo' is sent indicating the date of departure. The Homelessness and Housing Support Manager explained that the homelessness unit receives the housing benefit, not the Bed and Breakfast individual/organisation, so any outstanding benefit payments will be claimed/backdated to cover existing bed and breakfast accommodation has been paid by the service.

- 5.5 It was reported that the service had recently received a staff cut as part of the savings programme. However, the manager noted that the loss in staff has resulted in the service failing to deal with the requirement to find permanent accommodation for applicants in Bed and Breakfast accommodation on time resulting in some remaining in Bed and Breakfast accommodation longer than 6 weeks. Of the sample of candidates selected, it was verified if these had been re-located in long-term accommodation within 6 weeks. It appears from the Bed and Breakfast cost invoices that 13 out of 21 homeless applicants have been occupying the accommodation for a period longer than 6 weeks. Out of the checked invoices, it was seen that no invoices had been raised for over 31 days, but it was discovered that the invoices were being charged on a weekly or monthly basis.
- 5.6 It was seen that the budget had been reduced in the last three years due to cuts within the Authority to save money. In addition to staff loss, specifically in the Arfon area where the percentage of homeless applicants is greatest, there is a perceived lack of resources to remove applicants from bed and breakfast accommodation. The statistics show that there is an increase in the number of homeless applicants wanting single bed accommodation but that there is a lack of single bed accommodation available impacting on spending within the budget. As a result, there are Financial pressures on local government budgets and homelessness services, including uncertainty about current homelessness funding and moving to flexible funding. It is therefore important to recognise that any reduction in funding would have a significant impact on the levels of homelessness in the future.

## **6. Actions**

**The Homelessness Unit has committed to implementing the following steps to mitigate the risks highlighted.**

- **The service to consider modernising the 'Academy Housing' system to enable officers to work efficiently and to maintain the organisation of bed and breakfast accommodation applications.**
- **Continue to work on the schemes that are in place to increase alternative accommodation for temporary accommodation use in place of Bed and Breakfast, such as leasing of two properties by Grŵp Cynefin in Caernarfon as temporary accommodation, the use of innovative housing programme grant funding for the provision of four properties on four single individuals and search for suitable properties for addition to the leasing property portfolio.**

## PLAS PENGWAITH

### 1. Background

1.1 Plas Pengwaith is a residential home for the elderly in the village of Llanberis, and is registered with the Care Inspectorate for Wales in order to provide a residential care service. The home has 4 units, Dorothea and Ceirios with 7 single bedrooms each and Glasfryn and Heulwen with 8 each. The home is registered to provide care for 31 people.

### 2. Purpose and Scope of Audit

- 2.1 The purpose of the audit was to ensure that the management and maintenance of Plas Pengwaith Residential Home is appropriate and in accordance with relevant regulations and standards.
- 2.2 In order to achieve this, the audit included verifying that the Home's arrangements were sufficient in terms of administration and staffing, budgetary control, procurement of goods and receiving income, health and safety, and performance monitoring along with ensuring that service users and their property were protected.

### 3. Audit Level of Assurance

3.1 The controls for risk mitigation were examined. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>SATISFACTORY</b>	<b>There are controls in place to achieve objectives but there are aspects of the arrangements that need tightening to further mitigate the risks.</b>

### 4. Current Score Risk

4.1 The audit's risks are as follows:

<u>Risk Level</u>	<u>Number</u>
<b>VERY HIGH</b>	0
<b>HIGH</b>	0
<b>MEDIUM</b>	4
<b>LOW</b>	0

### 5. Main Findings

5.1 A sample of 3 residents' care plans were checked and it was observed that none of the three care plans were complete or current. It was discovered that there were incomplete parts such as a quick profile, a signature form, end of life form, monthly and annual reviews, and that there were no dates/signatures on some of the leaflets that had been completed.

It was observed that notes on the file cover indicated which parts needed updating. Daily dates for the three residents in the sample were seen to be kept separate. There is a requirement for further work to be undertaken on the care plans in order to include sufficient detail on how best to support the individual and to be consistent with the expectations of the regulation and inspection of Social Care (Wales) Act 2016.

- 5.2 The care plans were checked for 'Personal Items forms'. No form, record or pictures of the personal items of the residents in the sample were seen. The manager explained that the pictures of all residents' personal items are currently on an electronic device, ready to be printed and placed in the files. The manager was notified of the need to note on the form if the residents has no items.
- 5.3 Plas Pengwaith's inventory was checked and found to be per room/setting. The inventory had not been updated since April 2018. The manager was informed of this and noted that there had been a lot of recent work on the home, such as refurbishment on the upstairs rooms, and that she was waiting until the building work had finished before updating the inventory, but has arranged time for completing this in the next few weeks.
- 5.4 It appears that the training of every member of staff at the home is not up to date. Some cases were seen where training needed to be updated and some staff needed to attend courses for the first time. There has been a lack of training, or training requiring updating in a number of different areas such as safeguarding (POVA), first aid and e-learning modules. The manager stated that she has provided names to attend the safeguarding and first aid courses, i.e. up to 2020, but that there is only a space for three members of staff on the courses, so it can be a slow process to ensure that every member of staff's training is up to date. It was observed that a very low number of staff had completed the e-learning modules related to domestic abuse and safeguarding. The Manager explained that there had been a recent difficulty with the web/wi-fi at the home and that she hopes this will be resolved in the near future so that staff members can complete these modules.
- 5.5 The supervision records of four staff members were checked. The Manager stated that she and the Assistant Manager try to conduct supervision every three months but it appears that no time had been allocated for the supervision of one staff member in the sample since October 2018. For the remainder of the sample, evidence was seen that one member had received the practice supervision in June and July 2019 and another member had received supervision in April 2019. Internal Audit recognises that the home has struggled to recruit new staff, it can put pressure on the home not to redirect staff time away from front-end care.
- 5.6 The fire log book was viewed and it was seen that all relevant tests had been carried out regularly in September 2019. However, it was observed that the fire control plan was not up to date as it contained details of the former Manager and was dated 11/01/2017. This has already been implemented following the visit.

- 5.7 A visit to the home indicated that the temperature of the medication room was 25°C and the refrigerator temperature was 8.3°C. It appeared that the staff members of the home did not keep a record of the temperatures of the medication stores. The manager stated that the night care assistants check them but no records have been completed. This has been raised in an annual inspection by Boots pharmacy recently. It is expected that arrangements are in place for recording the temperature including date, time and by whom.
- 5.8 A sample of invoices were selected for inspection and it was observed that a received stamp had not been used for all invoices from the sample. The manager explained that they had struggled with the stamp and had therefore stopped using it, but had re-started now. The manager was informed that if this happened again, a signature and date would be sufficient on the invoices. Duplicate batches were checked and 3 different invoices were sent to the Payments Unit twice. The manager was informed of this and was unaware that they had tried to process invoices already paid.
- 5.9 The Care Inspectorate Wales (CIW) February 2019 report was received and was seen to indicate that the home was complying with legislation. However, it was observed that there are a number of requirements and recommendations that the home is expected to deliver in order to improve the service. The manager explained that she had already completed or in the process of implementing on these.

## **6. Actions**

**The Care Home has committed to implementing the following steps to mitigate the risks highlighted.**

- **To update the care plans of all residents of the home and ensure that they are up to date, dated, containing pictures of personal items and that all parts have been completed correctly.**
- **To ensure that staff supervision takes place regularly every three months and that formal records are kept.**
- **To update the home's inventory and ensure that the record is reviewed annually.**
- **Ensure that appropriate arrangements are in place for the temperature recording of the medication room and the fridge including date, time and by whom.**



## BRYN BLODAU

### 1. Background

1.1 Bryn Blodau Residential Home is located in the village of Llan Ffestiniog. The Home is registered to provide care for 41 people including individuals with dementia. The Home also offers day care to individuals who wish to access the service but are not residents.

### 2. Purpose and Scope of Audit

2.1 The purpose of the audit was to ensure that the management and maintenance of Bryn Blodau Residential Home is appropriate and in accordance with relevant regulations and standards.

2.2 In order to achieve this, the audit included verifying that the Home's arrangements were sufficient in terms of administration and staffing, budgetary control, procurement of goods and receiving income, health and safety, and performance monitoring along with ensuring that service users and their property were protected.

### 3. Audit Level of Assurance

3.1 The controls for risk mitigation were examined. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>SATISFACTORY</b>	<b>There are controls in place to achieve objectives but there are aspects of the arrangements that need tightening to further mitigate the risks.</b>

### 4. Current Score Risk

4.1 The audit's risks are as follows:

<u>Risk Level</u>	<u>Number</u>
VERY HIGH	0
HIGH	0
MEDIUM	1
LOW	0

### 5. Main Findings

5.1 It was found that strong internal controls exist at Bryn Blodau Home, but that some aspects need to be tightened. The areas requiring attention are detailed below:

- 5.1.1 A sample of 3 Care Plans were checked and appeared tidy and well organized. However, the Service has identified that further work needs to be done on the Care Plans so that they are consistent with the expectations of the Regulation and Inspection of Social Care (Wales) Act 2016. There is an expectation that the Care Plans are focused on Service users outcomes and how these are addressed. Work has already begun on the 'What matters' documentation that identifies the service user's outputs that need to be met by the service. It is intended to lead on this document and obtain further input from service managers, once a draft Care Plan has been drawn up it will be necessary to ensure that it meets the statutory requirements of the Care Inspectorate Wales (CIW) and the Quality Assurance Team. It then needs to be developed across services including County homes.
- 5.1.2 The Home maintains a spreadsheet with details of each staff member's training records, the spreadsheet identifies when the training needs to be refreshed, whilst checking the spreadsheet it was found that it did not always recognize this so the Manager and Clerk were notified so they don't miss anything.
- 5.1.3 Staff training was not up to date e.g. some members need to attend the training for the first time and others need refreshers. It was explained that the Home is only allocated 3 spaces for members of staff to attend some of the courses so it can take time to ensure that all staff have received the current training. It was seen that the Home had arranged for staff to attend First Aid, Medication, Fire courses etc. over the coming weeks and months.
- 5.1.4 A sample of invoices were selected to audit, not all of which were date stamped. It was explained that only the invoices that come to the office are marked, the kitchen invoices are not stamped. The Manager and Clerk were informed of the need to mark all invoices and it was noted that a signature and date would be sufficient if no stamp was available.
- 5.1.5 The Home's inventory was undated, it was explained that it had been compiled in Summer 2019. The Manager was informed of the need to sign and date the list when conducting a review. This was implemented following the visit.
- 5.1.6 The records of residents' personal items were checked in their Care Plans, there were pictures as well as lists of the items. However, the listings were dated 2016 and no dates were seen on the photos. The Manager was informed that consideration should be given to dating and signing this information and to periodically revisit it from now on to ensure that it is current. There is a possibility that family members or friends would take residents' personal items home to keep them safe or bring more items into the Home.
- 5.1.7 The Home's generic risk assessments had not been reviewed since June 2018, the Manager was aware that this needed to be acted upon. Following the visit, evidence was received that the Home's generic risk assessments had been reviewed.

5.1.8 The Care Inspectorate Wales report dated 1 May 2018 notes that the Home has escalated concerns to the local authority and that the Joint Interagency Monitoring Panel's (JIMP) Corrective Action Plan is in place to monitor and improve the service. Copies of action plans and records of actions already completed had been received, it was seen that some areas such as the Care Plans needed further action to ensure that they identify the residents desired outcomes etc. Unannounced monitoring will continue in the Home over the coming months and the Quality Assurance Officer will return in January 2020 to carry out a full monitoring review.

## 6. Actions

**The Provider Services Team has committed to implementing the following steps to mitigate the risks highlighted.**

- **Produce a Care Plan that focuses on supporting service users' desired outcomes that meet the requirements of CIW and the Quality Assurance Team.**
- **Once an appropriate Care Plan has been drawn up move forward and begin the process of training staff and adopting the plan in Council homes.**

**LLYS CADFAN**  
**ADULTS, HEALTH AND WELLBEING**

**1. Background**

1.1 Llys Cadfan is a residential home in Tywyn, which offers day care and permanent care for up to 33 residents.

**2. Purpose and Scope of Audit**

2.1 The purpose of the audit was to ensure that the management and operation of Llys Cadfan is appropriate and in accordance with relevant regulations and standards. To achieve this, the audit included verifying that the home's arrangements were sufficient in terms of administration and staffing, budgetary control, procurement of goods and receiving income, health and safety, and performance monitoring along with ensuring that service users and their property were protected.

**3. Audit Level of Assurance**

3.1 The controls for risk mitigation were examined. The auditor's assessment concludes that the level of assurance of the audit is as follows:

Assurance Level	Description
<b>SATISFACTORY</b>	<b>There are controls in place to achieve objectives but there are aspects of the arrangements that need tightening to further mitigate the risks.</b>

**4. Current Score Risk**

4.1 The audit's risks are as follows:

<u>Risk Level</u>	<u>Number</u>
<b>VERY HIGH</b>	0
<b>HIGH</b>	0
<b>MEDIUM</b>	1
<b>LOW</b>	1

**5. Main Findings**

5.1 The home was found to be homely and friendly and the management and operation of the home was effective. The latest Care Inspectorate Wales (CIW) report following an inspection of the home reinforces what was seen as part of the audit.

- 5.1.1 From the sample of invoices selected, it was found that a date stamp was not used to record the received date on each invoice, and as a result it is not possible to keep a detailed record of the time period between receipt of the invoice and its payment. The date of receipt rather than the invoice tax point is used to improve, and ensure the accuracy of, the punctuality of invoice payment. The Manager explained that a number of invoices for orders for the kitchen were received with the goods and as a result were not brought to the attention of the clerk in the office whilst other invoices were received by email. It is necessary to ensure that a receipt stamp or date of receipt is recorded on all invoices received.
- 5.1.2 There were several examples of risk assessments on the health and safety database where the review date had passed before the assessments were updated.
- 5.1.3 Requests for reimbursements to the imprest account were seen for amounts in excess of 2/3 of the total. In addition a request was made to temporarily increase the imprest level from £170 to £470. The Clerk explained that the purpose was to cover the increase in costs over the Christmas period where this account was used in order to purchase Christmas gifts on behalf of the residents.
- 5.1.4 The home was piloting a new system to administer medication and stock levels. The Omnicell eMAR system is currently used in one of the home's units. The system provides a very detailed audit trail for all staff, residents and all drugs which reduces the likelihood of any errors. The system has contributed to a reduction in the number of errors in the administration of medication. This system has a live link to the Chemist, which is convenient but as a result a very expensive system that would be too expensive to expand into more units and other homes. As a result the Manager is part of a project team working with the Council's Information Technology service to develop a similar system internally to the Council.
- 5.1.5 It was seen that the home continues to use the 2010 Gwynedd Medication Policy and staff continue to record and sign that they have read and accepted this version rather than the latest one. The Manager explained that the latest policy has not been officially adopted.
- 5.1.6 A report was received in May 2019 following a visit by CIW, and although CIW had no concerns they recommended a number of actions that the home was expected to undertake in order to comply. The Manager has already implemented or is in the process of taking these steps.

## **6. Actions**

**The home has committed to implementing the following steps to mitigate the risks highlighted.**

- **Ensure risk assessments are reviewed and updated in a timely manner.**
- **Ensure receipt stamp is used or date recorded on all invoices.**