



## 2.4 Support Workers (Derwen)

### 2.4.1 The main findings of the audit were as follows:

*The Person Specification for the post of a Support Worker states that it is 'essential' that workers have a 'NVQ Level 3 Health and Social Care - Childcare Pathway' qualification or are willing to work towards it. The Service's training database and purposeful spreadsheet were verified for a sample of workers and a variety of different qualifications were seen, some with a lot and some with not many. An example was seen of a Support Worker providing a service to a client where there was no evidence that 'Respect' training had been received, in accordance with the risk assessment. It was found that not many workers had the NVQ Level 3 qualification. Workers are required to work a minimum number of hours as part of the qualification which makes it difficult for casual workers to qualify. There is also not as much financial support for workers aged 25+ to train to NVQ level. In addition, it was stated that qualified workers tend to move on to other posts after they qualify which makes it difficult to appoint and keep hold of workers who have qualified in NVQ Level 3.*

*It was found that a variety of training courses were available for workers should they wish to attend them. Workers without an office-base such as Support Workers currently do not have access to i-Gwynedd and the Policy Centre, but this is expected to change once Learning and Development's Integrated System is in place (Summer 2017), which will allow all workers to have access to Learning and Development systems at any time via personal devices.*

*Support Workers are expected to have a full driving licence and use of a car. When appointing, Derwen will ask for a copy of the driving licence, MOT and insurance certificates to be kept on file and will note the details on a spreadsheet. However, the spreadsheet was not complete and up-to-date. In addition, there is no continuous arrangement to ensure that workers' licences have not accumulated penalty points that can increase risks for clients.*

*The Service has relied on the Support Service (Corporate Support) to inform Support Workers when their Disclosure and Barring Service certificates should be renewed. As the job system was verified, it was found that there were delays between expiry and renewal dates. The CSSIW report reinforces this by recommending that Derwen is more proactive and devises a robust system of issuing workers with early warnings.*

*The travelling costs of a sample of workers were verified, which were traced back to their time-sheets, session reports and client care plans. It appears that travelling costs are appropriate, and that no unreasonable journeys had been claimed, whether it was location or distance. However, an inconsistency was found in relation to claiming costs, such as refreshments.*

*Support Workers can claim up to specific amounts towards the costs of refreshments depending on time of day, but claims exceeding this threshold were found.*

*Of the sample of time-sheets verified, the signature of the client/Case Manager was usually not seen on them, despite it being a requirement for them to sign it after every session.*

*For the sample of Support Workers, travelling costs forms and timetables were verified in order to select a client, which then traced the session report back to the Care Plan to see whether or not they matched. Generally, it was found that session reports were in accordance with the Care Plans, such as going swimming, going for a walk etc. However, an example was seen of a client visiting cafés, although the Care Plan specifically noted that the client was not allowed to eat anything while in the company of Support Workers. From the sample of Support Workers that was verified, it was found that they had not signed their client's Care Plan, therefore, there is no evidence that their contents were known to the Workers.*

*From what can be found from session reports, it appears that Support Workers meet the requirements and needs of clients. However, consideration must be given to the fact that session reports do not provide the full picture, and that it is not possible for the audit to encompass the soft skills of Support Workers that are key to meet the client's needs.*

*When verifying Care Plans and risk assessments, it was found that a number of them were now out-of-date. The Social Services and Well-being Act (Wales) 2014 states the need to review plans on a regular basis. Also, one Plan was found referring to a client several times using the wrong name, this can suggest that Plans are not often read or that "cut & paste" is used from another plan. As part of the action plan of CSSIW's audit, Derwen agreed to review and update Care Plans, client profiles and risk assessments.*

*Support Workers are expected to receive four supervision sessions every year. However, CSSIW's audit highlighted that sessions are not spread throughout the year, as expected. A spreadsheet is now in place to monitor dates. However, it is premature to see how robust the new arrangements are at the time of this audit.*

- 2.4.2 Mark Russell Jones, Support Service Manager (Derwen) was welcomed to the meeting to discuss the audit of Children Support Workers (Derwen). The Audit Manager stated that the Support Service Manager was newly appointed to the post, and that he hadn't been appointed when the final audit report was released. However, the Support Service Manager stated that he had attended the audit closure meeting with the former Support Service Manager and the Audit Leader.

- 2.4.3 The Audit Manager provided a summary of the audit findings. It was explained that the main concern was that documentation such as risk assessments and care plans were outdated, and that an obvious error was not detected by the Service in respect of a specific care plan that suggested that no one reads them. The Support Service Manager confirmed that monitoring panels have been established to conduct periodic reviews to update all the documentation with the Social Workers. This was welcomed by members of the Working Group but one member reiterated that continuous monitoring was also required.
- 2.4.4 The Support Service Manager explained that the Service has begun to carry out checks on Support Workers' vehicles and driving licences online rather than relying solely on the officers to submit any changes such as excessive points on their licences. He added that the Service had taken action to be more proactive in checking DBS statements, rather than relying on the Corporate Support Department.
- 2.4.5 The Support Service Manager stated that he had also written to all the support workers to remind them of the regulations for claiming subsistence allowance due to the discrepancy highlighted in the audit report.
- 2.4.6 **The Support Service Manager was thanked for attending the meeting and explaining the operational steps taken to mitigate the risks identified during the audit.**

## 2.5 Sale of Diesel

- 2.5.1 The main findings of the audit were as follows:

*Cases were seen at each of the Harbours where the income collected had not been banked weekly as expected. A delay of over a month was found at Barmouth Harbour and a delay of over three weeks at Porthmadog Harbour.*

*It was seen that income from red diesel sales at the Harbours, which at times included the additional duty of £0.4681, was directed to short code D 'Diesel Sales', which means that additional income tax is treated as income including VAT. The additional duty does not include VAT. This means that 5% of income collected in additional duty is unnecessarily paid to HM Revenue and Customs.*

*Cases were seen at Barmouth and Porthmadog Harbours where correct fees had not been charged for diesel sales. A procedure is in place where the Senior Maritime and Country Parks Officer sends an e-mail to Harbour Masters to inform them when there are changes in fuel prices following the purchase of new stock and Harbour Masters are expected to act on this.*

*It was found that a good system was in place at the three Harbours ensuring that customers completed a statement detailing what % of diesel purchased is used for commercial and domestic purposes. Of the audited sample, it was found that statements existed for all sales; however, cases were seen at Barmouth and Porthmadog Harbours where customers had not always signed the statements.*

*When auditing Aberdyfi Harbour's list of customers who receive credit from the Council to purchase diesel, it was found that customer number 016785 had electricity cost debts and a water payments dating back to 2010. Following further discussions regarding the matter with the Senior Maritime and Country Parks Officer, he stated that an arrangement was needed to write-off the debts due to the business circumstances of the customer at the time.*

*The Maritime Service had a good system to record the details of diesel sold, the diesel stock purchased as well as details of the diesel stock in hand for every Harbour. However, errors were found in the figures of stock in hand on Porthmadog Harbour's spreadsheet for the months of June 2016 and July 2016; errors have now been rectified.*

*It was seen that Barmouth Harbour Master had a system of allowing customers to receive credit but instead of raising an invoice for them every month, they were allowed credit for a longer period than a month and they were then allowed to pay the debt when it was convenient. It was found that one customer had been given up to three months' credit before the customer had paid his/her debts. This system is only administrated by the Harbour Master. This system affects the Council's cash flow. It is understood that the Senior Maritime and Country Parks Officer intends to terminate the system of raising invoices on customers when the new system of paying with cards will be established at the three Harbours.*

*When auditing Barmouth's spreadsheet details of diesel sales and purchases and the receipt and banking books, several errors were found such as incorrect income collected from the customer and receipt numbers had been inserted in the wrong places on spreadsheets.*

*It is understood that the Maritime Service had considered the possibility of installing card machines at the Harbours, but it had not undertaken any research work on the matter thus far. The Income Service could provide guidance for the Maritime Service once the Maritime Service has identified what type of machines are required at every Harbour.*

- 2.5.2 Barry Davies, Principal Maritime and Country Parks Officer and Llyr Beaumont Jones, Senior Manager from the Economy and Community Department were welcomed to the meeting.

- 2.5.3 The Audit Manager outlined the main areas of risk identified during the audit. The Principal Maritime and Country Parks Officer thanked for the opportunity to attend the Working Group to discuss the actions the Service has taken to mitigate the risks identified and he expressed his disappointment regarding the audit findings. The Principal Maritime and Country Parks Officer explained that the agreed action plan has been implemented.
- 2.5.4 The officers explained that one of the major changes that will be in place by the summers is that customers will have the option to pay by card. This will reduce the paperwork associated with the administration of monies, and reduce the risk of financial risk caused by fraud, theft or maladministration. This was welcomed by members of the Working Group whilst noting that the ability to pay by card should already be in place.
- 2.5.6 There was a discussion on the use of red and white diesel with one member stating that the Council should sell only white diesel only to save all the time-consuming paperwork and administration involved in respect of red diesel. The Principal Maritime and Country Parks Officer expressed that this had already been discussed by the Service but decided against it because it could lead to higher costs to customers. The Senior Manager – Economy and Community was of the opinion that the administration of red diesel should be subject of a “Ffordd Gwynedd” review to establish if there is a more effective method of operating.
- 2.5.7 The Principal Maritime and Country Parks Officer and the Senior Manager – Economy and Community were thanked for explaining the arrangements currently in place and those in the pipeline to improve procedures.**

## **2.6 YGC Overtime**

- 2.6.1 The main findings of the audit were:

*As part of their efforts to ensure consistency within the department, YGC staff are currently monitoring the situation regarding staff overtime. Furthermore they have been in consultation with the Human Resources Advisory Service as part of the process of documenting some guidelines on the management of additional hours. These guidelines are based on the Council’s collective agreement. It is YGC’s intention to circulate this information among members of the department once the work is completed, and this will involve a consultation period with the staff as part of the adoption process.*

*A sample of overtime claim forms were examined, and as a result a series of inconsistencies were identified. These have been discussed with the accountable officers as part of the audit. Among the inconsistencies discovered are the following:*

*Various claim forms of different formats being used within the department, leading to a lack of consistency in the information provided through their means. It is understood that a collaboration is already underway with the Payroll Unit in order to establish one standard form;*

*A variation in the means of recording the number of hours claimed by different members of staff. Not all methods offer a clear audit trail, and it is considered that the ambiguity in the information provided in some cases could become onerous in terms of the administrative duties of those checking and certifying the claims;*

*Payments being made at a rate of time-and-a-half, to staff whom are beyond point 28 in terms of their salary. This occurred due to claimants noting the word "planned" claim forms. An explanation was received from the Human Resources Advisory Service during the course of the audit regarding this matter, who confirmed that greater clarity is required in this area. This is being offered by the means of the guidelines for the management of additional hours currently being drafted. These guidelines will be vital in ensuring that no further inconsistencies are developed.*

*The expectation is that YGC staff present an application for additional hours via 'SharePoint', but it was generally seen that they do not comply. Those officers who administer in this area are of the opinion that presenting a retrospective claim in those instances where work needs to be carried out on short notice adds no value; this therefore needs to be made clear to staff through their line managers.*

*The control over the keeping of TOIL and flexi records was deemed inadequate, and it is the individual officers' line managers who are considered to be responsible for implementing such arrangements. This issue has been raised in the wake of the following findings:*

*Inconsistencies were seen in the way different members of staff record their TOIL balances, with mistakes being present in some cases and others holding incomplete records.*

*There were some cases whereby part time staff were seen to be benefitting from the flexi scheme. That scheme is a benefit given to full time staff only. There was a case in particular where a part time member of staff has been accumulating flexi hours as a result of being on a full week of leave.*

*Another case was seen where a member of part time staff has claimed overtime payments at a rate of time-and-a-half even though they had not worked the full 37 hour week at the basic rate.*

*The number of hours noted on some overtime claim forms have been incorrectly calculated, however the issue isn't considered to be material enough to date and therefore no specific action is required to be taken. Nevertheless, the matter should be drawn to the attention of those officers who certify such claims.*

- 2.6.2 Rhys Wynn Williams, Business Manager and Rhys Jones, Technical Unit Manager from YGC were welcomed to the meeting.
- 2.6.3 The Audit Manager explained that the audit was included in the Audit Plan at the request of the Head of YGC as he had concerns regarding inconsistencies relating to overtime with the Departments such as “super-flexi”, TOIL and overtime payments.
- 2.6.4 The Business Unit Manager stated that changes have taken place in the arrangements for overtime within YGC over the last twelve months with many staff now on the “super-flexi” scheme rather than claiming overtime payments. It was explained to the Working Group that the “super-flexi” scheme is wider than the current flexible hours scheme.
- 2.6.5 The YGC managers elaborated the need for a firm and consistent overtime policy across the Council which will enable YGC to proceed fully with their arrangements but that the responsibility for developing and approving policies such as overtime, TOIL, flexible hours etc. is the responsibility of the Corporate Support Department.
- 2.6.6 A member emphasised how essential it is to have robust arrangements in place because time recording is essential to calculate the correct fees to be charged on clients, and that it was difficult to operate without corporate policy guidance.
- 2.6.7 The Audit Manager explained that YGC have prepared an overtime policy but are awaiting a response on its contents from the Human Resources Advisory Services that requires discussions with other departments. The Business Unit Manager stated that administrative staff are aware of the proposed arrangements.
- 2.6.8 The YGC Managers explained to the Working Group electronic arrangements are now in place for recording the overtime of full-time staff but that part-time staff continue to submit their claims on paper with the hope that a complete electronic system will be established by the summer.
- 2.6.9 The Business Unit Manager and the Technical Unit Manager were thanked for attending the meeting and updating the Working Group on the arrangements already implemented and the upcoming proposed arrangements.**



## 2.7 Plas Gwilym

### 2.7.1 The main finding of the audit were:

*There is a homely and friendly feel to the home. However, we were informed that staff absence levels proved difficult at times. This affects the Home's Manager in the completion of administrative duties, as ensuring the required number of staff for each shift is necessary in order to ensure the best provision in terms of caring for the residents. It is considered that some of the points raised within this report arise as a result of a lack of capacity to complete administrative tasks due to staffing problems.*

*The home's Statement of Purpose was not entirely up to date; however, we were informed that it was already the subject of a review when the audit was being undertaken.*

*It was not possible to provide assurance that the staff had received current training in various fields, as the home's records were not up to date and they did not correspond to the staff's files.*

*The staff do not receive formal supervision every two months, which is an expectation set in the Care Homes (Wales) Regulations and the National Minimum Standards.*

*Each room in the home has an asset list; however, they are not signed or dated.*

*The cabinet where the home's keys are kept does not lock.*

*There is an arrangement in place of keeping a running balance for the residents' pocket money. However, minor recording and calculating errors were found.*

*The frequency of the drills noted in the fire log book are not in line with the expectation. In addition, the latest version of the Fire Management Plan was not available. Nevertheless, the Plan has been reviewed relatively recently.*

*It was seen that the service users' risk assessments are not reviewed on a monthly basis, and this is an expectation that has been set by the Home's Manager.*

*From the sample checked, it was seen that 1 member of staff had worked at the home before the DBS disclosure had been issued; however, the Manager provided assurance that the working practices of that individual were supervised.*

*Not all members of staff who provided medication had signed to express that they had read and understood the Medication Policy. It was also seen that there was an inconsistency between the information submitted on the record of the medication room and the fridge's temperature and what is noted in the Medication Policy.*

- 2.7.2 The Audit Manager stated an officer from the Adults, Health and Wellbeing Department was not available to represent the home in this meeting of the Working Group. It was explained that the Area Manager – North had contacted her to apologize that the Plas Gwilym Manager and herself would not be able to attend the Working Group because they would be conducting interviews and that it was not possible to reschedule.
- 2.7.3 Due to the absence of key officers, the Audit Manager explained that she had agreed for the officers to send a written summary of the steps undertaken to mitigate the risks identified in the audit report together with any supporting evidence.
- 2.7.4 The Audit Manager read the summary of all the agreed actions, sharing the evidence received by the Plas Gwilym Manager with the Working Group members. It was found that positive progress had been made to mitigate the risks identified. The Audit Leader reiterated that Internal Audit would verify this evidence in detail as part of the follow-up audit.
- 2.7.5 The Working Group discussed the high turnover of staff at Plas Gwilym and the problems they encounter during recruitment. The Audit Leader explained that there were staffing problems at the Home during the audit which means that it is inevitable that the Manager provides direct care to residents which results in postponing administrative tasks during lack of staff emergencies.
- 2.7.6 One member suggested that the Audit Committee should respond positively to the obvious efforts of the Home to improve performance during a difficult time of lack of staff resources and accept that the Home had to prioritise care for the residents. Other members of the Working Group agreed with the statement.
- 2.7.7 **Members of the Working Group asked the Audit Manager to thank the Area Manager – North and the Plas Gwilym Manager for providing an update and evidence to support actions implemented.**
- 2.8 **The Chair thanked the Working Group and praised all the Services for their actions.**