



**Internal Audit Report**  
**Review of LGA Peer Review Actions**  
**Adult Care & Housing**  
**23/24-ACHPH06**

**2 July 2024**

Senior Auditor  
Cath Gaines

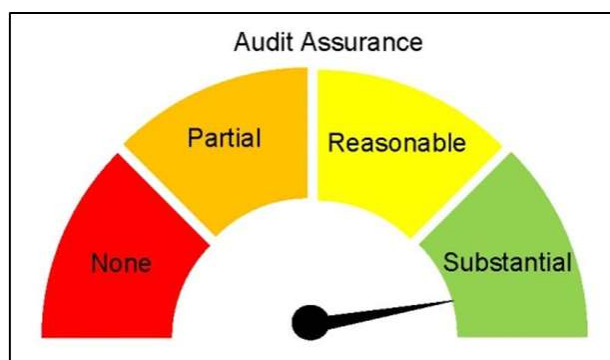
Principal Auditor  
Andy Furniss

Head of Internal Audit  
Louise Ivens

Distribution of report to:-

Ian Spicer  
Kirsty-Louise Littlewood  
Rebecca Wilson  
Laura Thornley  
Dania Pritchard

Strategic Director Adult Care; Housing & Public Health  
Assistant Director Adult Care and Integration  
Principal Social Worker and Head of Professional Practice  
Head of Service Improvement and Governance  
Change Lead, Service Improvement and Governance



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## ACH – LGA Peer Review Actions

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### 1. Introduction

- 1.1 The review was a change to an audit of Local Government Ombudsman reports, from the original 2023-2024 Internal Plan, at the request of the Strategic Director.
- 1.2 The Care Quality Commission (CQC) has a new duty to assess how Local Authorities meet their duties under Part 1 of the Care Act (2014). The CQC has commenced initial formal assessments and plans to assess all 153 Local Authorities over a 2-year period. At the time of this audit, it is not yet known when the assessment of the Rotherham Adult Social Care Service will take place. The CQC will assess Local Authority performance against the following four themes:
  - Working with People.
  - Providing Support.
  - How the Local Authority ensures safety within the system.
  - Leadership.
- 1.3 The Service requested that the Local Government Association (LGA) carry out a Peer Review of Adult Social Care (ASC) so that they can assess their preparedness for the anticipated CQC 'assessment'. The LGA Peer Review reported their findings in December 2023 with findings and points for consideration specific to the four themes.
- 1.4 The consideration points from the LGA Peer Challenge have been integrated into a wider action plan 'Master CQC Work Programme Plan' which also includes actions identified from other sources such as staff sessions and management.

### 2. Objective

- 2.1 Review the robustness of the response to the findings of the LGA Peer Review and action plan.

### 3. Scope

- 3.1 This audit was conducted on a risk basis. The risks that may affect the achievement of the objectives of the LGA Peer Review actions have been identified and listed below:
  - The actions agreed in response to the recommendations made in the LGA Peer Review Feedback Report are not implemented fully or in accordance with target completion dates.

The audit only reviewed the agreed actions by the ACHPH directorate to address the consideration points from the LGA Peer Challenge.

- 3.2 This audit was conducted in conformance with Public Sector Internal Audit Standards.

### 4. Assurance Opinion

- 4.1 Based upon the results of our audit we can provide **Substantial Assurance** that

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the controls are operating effectively. Please refer to **Appendix A** for all assurance definitions.

4.2 This opinion contributes to Internal Audit’s annual assessment of the Council’s overall control environment, which in turn contributes to the production of the Council’s Annual Governance Statement.

4.3 No recommendations have been made which contributed to the overall assurance opinion.

### 5. **Audit Findings**

#### 5.1 **Risk 1**

The actions agreed in response to the recommendations made in the LGA Peer Review Feedback Report are not implemented fully or in accordance with target completion dates.

#### **Findings**

The following areas of risk mitigation and good practice were identified:

- All suggestions for improvement arising from the LGA Peer Review have been incorporated into a spreadsheet ‘Master CQC Work Programme Plan’ with individual actions RAG rated and allocated to named responsible officers.
- The ‘Master CQC Work Programme Plan’ spreadsheet is being actively monitored and updated by the Change Lead as co-ordinator working with the relevant named responsible officers. (The audit review focussed on the version provided on 26 April 2024 but also took into account updates provided on later versions of the spreadsheet provided on 25 May, 4 June and 10 June).
- Clear arrangements are in place for monitoring the implementation of the action plan: The ASC Regulatory Board (previously known as the CQC Preparedness Board) meets monthly to review progress on the implementation of actions.
- Monthly meetings of the ASC Regulatory Board are supported by: a documented agenda, a one page ‘flash report’ prepared by the Change Lead to highlight key points / areas for focussed attention and a detailed tracker showing the latest position on all actions.
- Actions are RAG rated to demonstrate which actions are most likely / least likely to be implemented by the planned timescales.
- Any changes in action deadlines are required to be signed off by the ASC Regulatory Board.
- Work on implementing the action plan is time limited and planned to conclude by early October 2024.

The following aspects of progress were noted :

Working with People	• ASC Re-design: Detailed proposals have been put forward for modifications to pathways and structures to further improve the service.
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	<ul style="list-style-type: none"><li>• Carers Offer: An action plan is being created to develop a more bespoke person centred approach by March 2025.</li><li>• Transition assessments are being maintained at high level.</li><li>• Planned Equality Diversity and Inclusion training programme for staff between May and October 2024.</li></ul>
Providing Support	<ul style="list-style-type: none"><li>• DLT approval for procurement of the Care Cubed tool.</li><li>• Direct Payments Task and Finish Group started end of May 24.</li><li>• Clear plans to engage with a range of stakeholder groups including the voluntary care sector.</li></ul>
Ensuring Safety	<ul style="list-style-type: none"><li>• New Process expected to be in place by early July to risk-triage and prioritise community DoLS.</li></ul>
Leadership	<ul style="list-style-type: none"><li>• Induction plan being prepared for the new lead member for ASC.</li><li>• First meeting of co-production board in April.</li><li>• Audit learning review cycle - linked to (new) QA framework supported by Practice Guidance Adult Case File Audit Tool, (further learning planned to be shared after end of the 8 week audit cycle).</li><li>• New Supervision Framework developed.</li><li>• ACHPH Communication and Engagement Framework signed off.</li><li>• New ASC Regulatory Assurance Lead role in post from June 2024.</li></ul>

The review identified the following opportunity for strengthening existing controls:

- It was noted that some 'actions' on the original action plan provided for audit, were not clearly specified, for example one action was recorded as '*PDR audit already possible via My HR but RW currently working on supervision*'. Also, it was noted that in the 'Providing Support' section of the plan, one action did not yet have a named lead officer and in a couple of instances deadlines had not been set. Where actions and timescales are not clearly defined this makes reaching a conclusion on their implementation more difficult. The Change Lead explained that the action lead officers would understand the work required but acknowledged that the planned actions were in some cases not clearly worded/ defined in the action plan. When these points were raised during the audit it was noted that the Change Lead responded promptly and arranged meetings with action leads to clarify the wording of some actions. It was also evident that the action plan was being regularly reviewed and updated and that meetings were being held with lead officers to firm up agreed actions and timescales. Management should consider whether planned actions could be more clearly defined in the action plan or future action plans.

## 6. Acknowledgements

Internal Audit would like to thank all involved for their assistance during this review.

### Table of Assurance Opinion Definitions

Rating	Definition
Substantial Assurance	Substantial assurance that the system of internal control is designed to minimise risks to the achievement of the service's objectives. The controls tested are being consistently and effectively applied.
Reasonable Assurance	Reasonable assurance that the system of internal control is designed to minimise risks to the achievement of the service's objectives. However, some weaknesses in the design or inconsistent application of controls put the achievement of some objectives at a <b>Low</b> risk.
Partial Assurance	Partial assurance where weaknesses in the design or application of controls put the achievement of the service's objectives at a <b>Medium</b> risk in a significant proportion of the areas reviewed.
No Assurance	Fundamental weaknesses have been identified in the system of internal control resulting in the control environment being unacceptably weak and this exposes service objectives to an unacceptable <b>High</b> level of risk.