

Summaries of Finalised Internal Audits for 2021/22

Assurance level	Significance	Directorate	Audit title
Limited Assurance	Extensive	Health, Adults and Community	Compliance with Failed Visits Procedures

Limited Assurance

Title	Date of Report	Comments / Findings	Scale of Service	Assurance Level
Compliance with Failed Visits Procedures – Health, Adults and Community (HAC)	April 2023	<p>This audit sought to provide assurance on compliance with the HAC Failed Visit Procedure. The Failed Visits Procedure sets out the process to be followed by commissioned providers and internal staff delivering home care and support services to vulnerable adults. Failed visit procedure has been identified as one of the highest priority situations dealt within the Adult Social Care Service and staff must work promptly to resolve the failed visit. The purpose of the procedure is to ensure that the appropriate process is undertaken to ensure the safety of individual service users, where a planned and agreed visit is not conducted, and the service user cannot be located.</p> <p>The following areas of good practice were reported:</p> <ul style="list-style-type: none"> • The Council's Failed Visits Policy is clearly defines the purpose, process and objective of the policy. The policy was last reviewed in 2021 and identifies the roles and responsibilities for all parties involved in the failed visit process and sets out the key timeframes and milestones. We also found that the policy is supported by a suite of supplementary forms to assist all parties to deliver the process effectively, and in a consistent manner. The policy is well publicised and accessible to all staff on the Council's intranet page. • The Commissioning Team conducts quarterly monitoring visits to all commissioned Home Care service providers. The purpose of the visit is to assess whether Home Care service providers are complying with the Council's requirements as set out in the Service Agreement. We found that different areas of compliance are examined on a rotational basis throughout the year by the monitoring officers. Monitoring visit letters were sent to the home 	Extensive	Limited

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		<p>care service providers after the monitoring visit, which reported the results found during the visit. We found that the monitoring visit letters, and testing schedules were satisfactory, and clearly described how failed visits had been managed and resolved by the Provider. Any areas of non-compliance and actions raised in the monitoring visit letters is monitored by the Commissioning Team until evidence of completion is provided and the area is revisited in the next quarter's visit.</p> <ul style="list-style-type: none"> We undertook a short survey, to assess whether the Service Providers received sufficient support from the Council. Five Commissioned Home Care Providers were selected for audit testing. The results of the survey showed that overall, all Home Care Providers found the Council helpful, particularly during the pandemic. All five Providers were happy with the new duty desk structure, and commented on how they now received prompt responses, and issues were acted upon promptly. All 5 Providers found the monitoring letters (reports from monitoring visits) helpful, as it helped them prioritise areas that required improvement. <p>The following issues and risks were reported:</p> <ul style="list-style-type: none"> All failed visit cases should be recorded in Mosaic through the failed visits workflow, however our review found that failed visits are recorded inconsistently in Mosaic as some cases are being recorded as case notes. Due to the inconsistent recording methods, the team are unable to verify that the data extracted includes all failed visit cases. There were instances where the information related to the 		

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		<p>Service User had not been recorded in line with the policy. For example, teams are not recording failed visits in line with the expected process stipulated in the policy. Also found that recommended service user information was missing from the service users' case files, for example their GP, and a list of the service user's frequently visited places and people had not been recorded.</p> <ul style="list-style-type: none"> • For a sample of 10 service users that had failed visits incidents reported on their case files, six cases were not dealt with in line with the failed visits procedure, as the referral forms had not been completed thoroughly by the Emergency Duty Team (EDT). • There is no performance reporting or trend analysis performed on failed visits and hence there is no management oversight in this area. • From the completion of a survey with Home Care service providers, we found that out of the five Home Care Providers, only two were familiar with the failed visits policy, and knew when to complete the failed visit record form. The remaining three providers believed that the form only needed to be completed for serious instances. • The Failed Visits Policy does not reflect how the teams are working in practice (for example, incidents where the service user did not attend their care appointment but were located through a phone call are reported using the failed visit case note instead of through the workflow which requires a complete a full risk assessment which is not necessary in this case.) This should be reviewed to ensure that appropriate and sufficient 		

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		<p>controls are in place to prevent any potential gaps and risks that may arise.</p> <p>All findings and recommendations were discussed and agreed with the Director of Adults Social Care and the final report was issued to all officers and Acting Corporate Director of HAC.</p>		