

COMMITTEE	GOVERNANCE AND AUDIT COMMITTEE
DATE	28 NOVEMBER 2024
TITLE	REPORT OF THE CONTROLS IMPROVEMENT WORKING GROUP
PURPOSE OF THE REPORT	TO REPORT ON THE MEETING HELD ON 6 NOVEMBER 2024
AUTHOR	CARYS EDWARDS (CHAIR)
ACTION	TO ACCEPT THE REPORT

1. INTRODUCTION

- 1.1 A meeting of the Working Group was held on 6 November 2024 with the Chair of the Governance and Audit Committee, Carys Edwards, Rhys Parry (Deputy Chair), Councillors Angela Russell and Ioan Thomas, Bleddyn Rhys (Audit Leader) and Luned Fôn Jones (Audit Manager) present.
- 1.2 It was decided at the Governance and Audit Committee held on 10 October 2024 to further discuss the following audits at a meeting of the Controls Improvement Working Group:
 - Plas Pengwaith
 - Llys Cadfan
 - Plas Hafan
- 1.3 The above audits received a “Limited” level of assurance, **“Although controls are in place, compliance with the controls needs to be improved and / or introduce new controls to reduce the risks to which the service is exposed.”**

2. MAIN FINDINGS

The main findings of the audits were as follows:

2.1 *Plas Pengwaith*

A sample of 10 invoices were reviewed, but as the home did not keep a record of the dates that orders were placed, it could not be confirmed that they had been placed before receiving the invoice. The Clerk confirmed that she receives several invoices to pay without an order to support them, but that on similar occasions, she asks the Manager or the kitchen staff (who have authority to raise an order) about the invoice before paying. It was agreed from now on to record the dates orders were raised.

During the visit it was seen that several fire alarms, emergency lights, escape routes, and fire extinguishers tests were missed. The Manager confirmed that she had recently delegated the duty of reviewing the Fire Log Book to a specific member of staff, in an effort to identify when tests are missed in the future.

The quantity of medicines did not reconcile with the records of the home on every occasion. A sample of 5 residents' medicines were reviewed during the visit, 7 different medicines in total. For one, there were 10 more Paracetamol tablets present which had not been recorded on the stock checks. The Assistant who was present at the time confirmed that this would be noted in the 'hand-over' notes. The Manager confirmed at our closing meeting that the records would be updated immediately.

Homes receive several Quality Assurance Inspections annually, carried out internally by the Adults, Health and Wellbeing Department, as well as Health and Safety Inspections from the Property Service, and Medicine Inspections from the NHS and the local pharmacy. If any element of the Internal Audit had already been checked recently as part of the Quality Assurance, Health and Safety, or Medicine Audits, it was decided to rely on the reports, accepting their assurance.

However, it appears that recommendations arising from Quality Assurance Audits or Medicine Audits are not implemented on every occasion. Checks on the temperature of the fridge and medicine room continue are not carried out on a daily basis, although the pharmacy highlighted this in their inspection dated January 10th 2024. In addition, staff supervision and appraisals continue not to be completed in a timely manner since a Quality Assurance Audit on 5th February 2024. The Manager explained that arrangements are already in place for holding supervisory meetings. Following the visit to the home, it was confirmed that all members of staff have received an appraisal.

Medicines are not kept at the correct temperature. The temperature of the medicine room is expected to be kept below 25°C, and the fridge between 2°C-8°C. On the day of the visit the room was 25.7°C, and the fridge 12.8°C. The records maintained confirmed that the temperatures were too high on several occasions. In addition, it was seen that the thermometer for measuring the temperature of the room was located in a different room to where the medicine is kept. Arrangements were made during the visit to move the thermometer to the correct room. Following the visit, the Manager discovered that the fridge had been switched off and since it was switched on, the temperature of the fridge has been within the correct range.

The Manager stated that she receives budgetary control reports from the Finance Department on a regular basis, but believes that due to a lack of appropriate training, further support is needed to understand them, and expressed an interest in receiving budgetary monitoring training.

2.2 **Llys Cadfan**

Homes receive several Quality Assurance Audits annually, carried out in-house by the Adults, Health and Wellbeing Department, as well as Health and Safety Audits by the Property Service, and medicines inspections by the NHS and the local pharmacy. If any element of the Internal Audit had already been reviewed recently as part of the Quality Assurance Audit, Health and Safety Audit, or Medicine Audit, it was decided to rely on the reports, accepting their assurance.

A Quality Assurance Audit was carried out on staff files at Llys Cadfan Home in March 2024, where general training, Social Care Wales memberships, supervision and appraisal records, as well as employment agreements were reviewed. Although not everything was present and correct at the time, it was found that the recommendations from the Quality Assurance Audit had been implemented by the time the home was visited, and the staff files were complete.

A Medicine Audit was conducted by the local pharmacy in January 2024. It was noted that the home kept proper records, and that suitable arrangements were in place for the ordering, storing, administration, and disposal of medicines. It was confirmed in the report that staff training was up to date, and all staff had adopted the Medication Policy. However, during the visit, it was observed that the door to the medication room was unlocked. It was immediately closed by the Manager. It was noticed that there was already a note on the door reminding staff to lock it on all occasions.

It was found that the amounts of medications did not agree with home's records on all occasions. Medications for 6 residents were checked, 9 different medications overall. For one resident, records at the home confirmed 125 'Paracetamol' tablets for them, with only 121 in the box. Following the visit, the Manager confirmed that the discrepancy was due to the failure of one member of staff to identify the correct number of tablets on the records, but the records have now been corrected.

There was no 'Safeguarding' poster displayed at the home. However, 'Safeguarding' cards were kept near the visitors' book. The Manager confirmed that she would arrange for a poster to be displayed.

It was observed that visitors did not sign the visitors' book on all occasions when leaving the home. The Manager indicated that she would arrange for a poster to be placed next to the visitors' book reminding everyone to sign out.

Some of the home's generic risk assessments have not been reviewed since 2022 but are in the process of being updated.

It was found that the home's Asset Register was not up to date. However, the Manager confirmed that arrangements were already in place for night staff to update it.

A sample of 4 staff members' leave cards were checked during the visit, to ensure that the annual leave entitlement agreed with the formula. For one member of staff, the formula confirmed a leave entitlement of 270.1 hours, but the leave card stated only 240. The Manager confirmed that this was an error and corrected it immediately. She expressed that there was a risk of errors when calculating leave entitlement because the original formula document was received back in 2021, but since then, any modifications are being received through emails from the Human Resources Adviser, with the Manager having to update the original document. The formula document was seen during the visit, and it was noticed that several formulas had been crossed out and new formulas added by hand. It is thought it would be easier if one official document is circulated along with clear guidelines.

It was observed that the Home has a comprehensive Statement of Purpose, but its quality is not up to the standard expected by the Authority, with font size and style varying throughout the document, capital letters in the middle of sentences, unhighlighted headings, and instructions on how to complete the document not deleted.

The Manager stated that she receives budgetary reports from the Finance Unit on a regular basis, and although she conducts a basic check, she has not received any relevant training. She expressed an interest in budgetary monitoring training.

2.3 Plas Hafan

Homes receive several Quality Assurance Audits annually, carried out in-house by the Adults, Health and Wellbeing Department, as well as Health and Safety Audits by the Property Service, and medicines inspections by the NHS and the local pharmacy. If any element of the Internal Audit had already been reviewed recently as part of the Quality Assurance Audit, Health and Safety Audit, or Medicine Audit, it was decided to rely on the reports, accepting their assurance. A Quality Assurance Audit was carried out on the staff files of Plas Hafan in February 2024 where general training, Social Care Wales membership, supervision and appraisal records, as well as employment contracts were reviewed. It was noted that everything was present and up to date in their inspection.

The home has a comprehensive Statement of Purpose, but it has not been presented to the standard expected by the Authority, with the size and style of the font varying throughout the document, headings not highlighted, and guidelines on how to complete the document not deleted.

Resident care plans are not kept in a secure location. The plans have been kept in cupboards in the hallway. Although the cupboards are locked, the keys are kept on a hook above, where all visitors to the home have access. The Manager agreed to consider different options for better safe storage of the keys.

Residential homes have now disposed of staff time sheets, with the Managers recording their staff's hours in a spreadsheet to be submitted to the Payroll Service. A sample of 4 members of staff was selected, ensuring that their hours for April 2024 on the work 'rota' agreed with the spreadsheet. Of the sample, 3 out of 4 reconciled, with a discrepancy of 6 hours for one member of staff. The 'rota' for the week ending April 27th confirmed that 45 hours had been worked, with 51 hours recorded on the spreadsheet. The Manager suggested that the discrepancy arose from an error in the spreadsheet in March 2024, which has been corrected in April. However, no audit trail or supporting records were found for the adjustment.

The home's asset register is not reviewed annually. Several receipts were seen in the file for new items that had been purchased but had not been added to the register. The Manager explained that a review would be carried out in the near future.

A 'Safeguarding' poster was not displayed in the home. The Manager confirmed that it had only been received. Following the visit, a confirmation was received that the poster was now displayed.

For some medicines, a stock check had not been conducted for two weeks from the date of the visit, where they are expected to be carried out weekly. In addition, it was seen that several medicines did not reconcile with the records of the home on every occasion. 5 residents' medication was reviewed, 9 different medications in total. For one resident, there were 2 more 'Paracetamol' tablets than what had been recorded by the home, with another resident's 'Apixaban' tablets short by 28 compared to their records.

A sample of 10 members of staff was selected to review their training records, specifically, Fire, First Aid, Safeguarding, Movement and Handling, and Medicine training. Several members of staff training had either ended or had no relevant training at all. The Manager confirmed that she is aware of this and maintains a record of those staff for organizing training soon.

The Manager stated that budgetary control reports are received from the Finance Department on a regular basis, but believes that due to a lack of appropriate training, further support is needed to understand them, and expressed an interest in receiving budgetary monitoring training.

- 2.4 Rhion Glyn (Assistant Head, Adults, Health and Well-being), Katey McMullen (Llys Cadfan Manager) and Sandra Lewis (Assistant Manager Plas Pengwaith) were welcomed to the meeting. Councillor Beth Lawton (Chair of the Care Scrutiny Committee) was also invited to the meeting to discuss the reports. Apologies were received from Ceri Cotgrove (Plas Hafan Manager).

- 2.5 The Audit Manager explained that the Controls Improvement Working Group is an opportunity to ask the relevant officers about the findings of the recent audits as time does not allow for such in-depth detail in the Committee.
- 2.6 It was decided to discuss the risks in general as several of the risks identified were applicable to the three homes and the Assistant Head Adults, Health and Well-being acknowledged that the contents of the reports were generally consistent with other care homes under the Council's control.
- 2.7 The Audit Manager explained that it is mainly managerial issues that have been identified, and it is not a reflection of the standard of care provided to the residents who are always prioritised.
- 2.8 The importance of maintaining the Statement of Purpose up to date was discussed. The Assistant Manager Plas Pengwaith stated that the Statement of Purpose should be updated following any change within the home. The Assistant Head Adults, Health and Well-being reiterated that each home's Statement of Purpose will be reviewed to ensure completeness and accuracy.
- 2.9 There was a discussion on the practical actions that can be taken to ensure that the signing in and out book is completed by visitors and the importance that it is done on all occasions to ensure safety. The Llys Cadfan Manager and the Assistant Manager Plas Pengwaith explained that care home staff cannot monitor when visitors leave the premises because they are providing care to residents. It was agreed that the book at Plas Pengwaith will be relocated.
- 2.10 The deficiencies identified in respect of managing and recording medication identified during the audit visits were discussed. Clarification was provided by the Llys Cadfan Manager and the Assistant Manager Plas Pengwaith on the variations found during the Internal Audit visit. The Audit Manager emphasised the importance of ensuring that medication is properly recorded and managed especially in respect of medication such as "Apixaban".
- 2.11 Officers of the Adults, Health and Well-being Department expressed that a number of the deficiencies identified by Internal Audit were due to a lack of staffing resources and the consequence pressure placed on Home Managers. There was a discussion held over the reasons for the difficulties in recruiting and retaining staff and future challenges if there are no changes made. The Assistant Manager Plas Pengwaith explained that she is dependent on employing agency staff especially for working weekends.

- 2.12 It was further explained that there is more reliance on agency staff following changes to the pay structure following abolishing the right to enhanced pay on weekends with a number of staff deciding to leave their posts for better pay in health and beyond. Recruitment of staff, sick absences, failure to turn up for a shift and the need to attend training and supervision has forced the homes to employ agency staff at much higher rates. The Audit Manager enquired if the change in payment of enhanced pay for weekends to create savings has proven to be much more costly to the Council. The Department's officers agreed that their costs since the introduction of the new arrangements were much higher.
- 2.13 The Assistant Head Adults, Health and Well-being agreed that it would be beneficial to conduct a joint review with Internal Audit into the expenditure on agency staff and the financial implications of offering Gwynedd staff better pay rather than pay an agency. Theoretically, this will keep staff under the control of Cyngor Gwynedd, reduce turnover and employ local people and maintain provision of a Welsh language service. Members of the Working Group agreed that the staffing situation in the care area is now critical and needs to be treated as a separate area from other Council services, and it is hoped to encourage the Council's Leadership Team to consider better terms for the carers, funded by the savings that will result from reducing the use of agency staff.
- 2.14 Releasing staff to attend training is proving problematic due to the need to pay additional staff to work their shifts placing additional pressure on budgets. In addition, it was explained that registering staff to attend training, e.g. manual handling, is problematic due to the limited number of training sessions available.
- 2.15 Officers explained that conducting one-to-one supervision was problematic at times, again due to staff shortages.
- 2.16 The Audit Manager asked if succession plans were in place in the homes. It was explained by the officers that some posts have recently been re-appraised but some staff choose not to apply for higher positions with the additional responsibilities and that this could create continuity of service problems in the future should senior officers leave their posts.
- 2.17 The Officers were thanked for attending the meeting and for explaining the actions already in place and the proposed arrangements to mitigate the risks identified.**