

SUMMARY AUDIT REPORT - RESIDENTIAL TO INDEPENDENT LIVING (SWAKELEYS ROAD)

1.INTRODUCTION

1.1. The report received a Limited Assurance opinion as a result of the audit. However, all recommendations were agreed with the service and the Director of ASCHH provided assurances that she was aware of the contents of the report and had discussed the action plan with senior managers.

1.2. LBH's Swakeleys Road Supported Housing unit provides a transition service (from six months to two years) for adults with a learning disability to learn the skills needed for independent living. The Floating Support Outreach Team support Swakeleys Road by offering person centred services to each resident who lives in their own or unstaffed shared tenancies.

1.3. The Care Management and Review (CMR) Team in Social Care, Health and Housing (SCHH) identify residents suitable for Swakeleys Road. Once referred and allocated to a Care Manager in the Specialist Team, an initial assessment is conducted and a care plan detailing support the service user needs is devised

1.4. During the course of the audit, Management of the home brought to our attention some financial irregularities they had identified and as a result of this we reviewed the financial processes in place at Swakeleys Road as part of the audit. This included benchmarking adequate processes already in place at Goshawk Gardens, a similar service.

1.5. The objective of the audit is to ensure that the transition from Swakeleys Road Supported Housing Unit to independent living is efficient, effective and economical.

1.6. We were pleased to report risks are appropriately addressed in these areas:

- All Supported Housing Workers and the Supported Housing Unit Managers hold the relevant NVQ qualification in Care of at least level 3.
- Daily log records detailing support provided to service users at Swakeleys Road are maintained.
- Suitability assessments are carried out prior to admission to the unit

Areas where we noted the need for improvement are detailed below.

2.SERVICE PROVISION

2.1. We found that there was a clear statement of purpose for Swakeleys Road, which clearly defined the roles and responsibilities of staff working at the unit. However, there was a lack of detailed operational procedures outlining who should produce, review and authorise support plans. This made it difficult to verify that support was co-ordinated or consistent.

2.2. We found that the floating support was only being provided from 9 till 5, which may not meet the needs of every client. We were not able to determine at what point extended support had been withdrawn or who had taken the decision to remove it. This concern was addressed by management before the conclusion on the audit and out of hours support was restored.

2.3. We found that support plans had not been reviewed in line with the scheduled dates. We felt that without this review there were two possible risks; users may have received excessive help, which could inhibit their ability to move on. On the other hand new needs may not be indentified and there is a risk that users could be moved to the community too soon.

2.4. Staff supervision meetings and PADAs (Performance and Development Assessments) were not being regularly undertaken. The risk is that managers don't indentify training or other needs of their staff, which reduces their effectiveness and consequently the quality of service to the user.

3. FINANCIAL CONTROLS

3.1. Checks on the financial controls at the establishment were undertaken at the request of management, who had concerns about controls.

3.2. We found that there was no clear guidance on the level of financial support users should receive, either while at Swakeleys or when living in the community. Some residents had been lending money to others and we felt that this should be discouraged as both the giver and receiver were vulnerable and misunderstandings could easily occur.

3.3. Although users had safes they did not have unique pin numbers for these. There was no guidance given to users about the level of cash that they should retain in their safes. Some users kept large amounts to pay their rent and amenity charges and we felt that they should be encouraged to use direct debit and other means of cashless payment. We felt the service would be enhanced if staff conducted a monthly review of spending with residents.

3.4. We noted that there was no recent review of the rent an amenity charges at the facility and recommended that this be reviewed to ensure cost were being recovered.