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Introduction

The policy of Worcestershire County Council (WCC) is to enable people to continue to live safely and independently in their own homes for as long as possible. However, it is recognised that for some people needs can best be met by moving into a residential care or nursing home.

The commission and placement of residential or nursing care must adhere to the following principles:

- WCC’s aim is to enable people to continue to live safely and independently in their own homes for as long as possible.
- The individual and their family will be fully involved in decisions about where they will live.
- Decision making about admission to a care home will be fair, consistent and transparent, and will take into account WCC’s need to allocate its financial resources in the most cost effective way.
- No decision will be taken about admission to a care home until we are sure that independence and potential abilities have been fully maximised.
- Individuals moving into care homes can expect a comprehensive assessment of their needs carried out in full consultation with themselves and involving all relevant agencies, carers and families where appropriate.
- The assessment will look at an individual’s circumstances and balance the desire for independence with the need for a safe environment.
- Potential residents and their carers/families will be given adequate information about care homes to allow them to make informed choices about where they wish to live.

The objective of the audit was to provide an opinion on the effectiveness of arrangements to ensure the application of the Choice of Accommodation Policy.

Scope of Audit

The scope of the audit included, but was not limited to the following areas:

- Reviewing policy, procedures and guidance;
- Determining if guidance and actions taken adhere to the policy standards and guidance;
- Assess the arrangements to commission services from providers, including their value for money and ensure that the monitoring of that service is effective;
- Consider how individuals unable to make their own choices are identified and have their statutory obligations, under the Mental Capacity Act 2005, met;
- The arrangements to assess service users’ needs;
- Testing the completeness and accuracy of data recorded on Frameworki;

Key Findings

Our key concern is as follows:

- The service audit process should be formally documented with full details on sample sizes, checks to be undertaken, frequency of audit and reporting arrangements. The guidance should define who can undertake the checks and that officers must be independent and not involved with any service users for whom the records are being checked.
Areas of Good Practice

Areas of good practice are identified as follows:

- The Choices of Accommodation Policy is up to date and reflects The Care and Support After-Care (Choice of Accommodation) Regulations 2014 and Care and Support Statutory Guidance issued under the Care Act 2014 Department of Health.
- There are a range of guidance documents available to staff covering all aspects of the process within the Choices of Accommodation Policy. Examples include:
  - Assessment of Care and Support Needs and Eligibility
  - Continuity of Care
  - Direct Payment Guidance 2015
  - Independent Advocacy
  - Person Centred Care and Support Planning
  - Review of Care and Support Plans.
- Staff training has been provided across the service within the last 12 months.
- Framework information contained sufficient detail to show the reasons for commissioning and placement of service users and that they were involved in the decision making process.
- All care / residential homes approved by the CQC are available to the Council for placement. And that these homes are monitored using a risk register to identify homes where the Quality Assurance and Compliance section within the council have concerns to be addressed.
- There were effective arrangements to identify service users who are unable to make their own decisions through mental incapacity.

Overall, the opinion is that controls provide **Substantial Assurance** that risks are being managed.
Appendix A – Findings & Action Plan

Explanation of Priority ratings:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fundamental:</strong></td>
<td>Action that is considered imperative to ensure that the organisation is not exposed to high risks. Major adverse impact on achievement of organisation’s objectives if not adequately addressed.</td>
</tr>
<tr>
<td><strong>Significant:</strong></td>
<td>Action that is considered necessary to avoid exposing the organisation to significant risks.</td>
</tr>
<tr>
<td><strong>Merits Attention:</strong></td>
<td>Action that is considered desirable and should result in enhanced control or better value for money. Minimal adverse impact on achievement of the organisation’s objectives if not adequately addressed.</td>
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</tbody>
</table>

These definitions are illustrative only and professional judgement is exercised when determining the priority rating of recommendations.
### Service Audit process

<table>
<thead>
<tr>
<th>Risk</th>
<th>Finding</th>
<th>Recommended Action</th>
<th>Priority</th>
<th>Management Action</th>
</tr>
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</table>
| **01** | **Risk:** The service audit process may not be carried out in accordance with service requirements and standards.  
**Implication:** The service audit process may not be correctly carried out and as such the assurance on data accuracy would be compromised. | **Although there are Audit processes in place to check the validity of service users’ data, the arrangements were still being developed and embedded at the date of this review. It was confirmed that the audit of cases was undertaken by managers from another team, to that team being checked.**  
The service audit process should be formally documented with full details on sample sizes, checks to be undertaken, frequency of audit and reporting arrangements. The guidance should define who can undertake the checks and that officers must be independent and not involved with any service users for whom the records are being checked. | **Agreed.** | **Responsibility:** Quality and Safeguarding Services Manager  
**Target Date:** March 2017 |