Argyll and Bute Council
Internal Audit Report
May 2024
FINAL

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SSSC Registration Executiv

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1. As part of the 2023/24 internal audit plan, approved by the Audit & Scrutiny Committee in March 2023, we have undertaken an audit of Argyll and Bute Council's (the Council) system of internal control and governance in relation to Scottish Social Services Council (SSSC) Registration.

2. The audit was conducted in accordance with the Public Sector Internal Audit Standards (PSIAS) with our conclusions based on discussions with council officers and the information available at the time the fieldwork was performed. The findings outlined in this report are only those which

> Publicise and promote the Code of Practice for Social Service Workers to people who use services and carers and cooperate with SSSC in their proceedings

8. As at 01 November 2023, within the Health and Community Care service area of the Health and Social Care Partnership (HSCP) there are 386 employees, 314 of whom require to be SSSC registered. There are a further 270 employees within other service 8877(P)-4(ar2(rea)9(o)-5(f)12(t)-3(h)3(e)-3(h

Service user documentation should be updated to advise that instances of violence, threats or abuse directed towards employees is not acceptable.

The Supervision Policy should be reviewed and updated to ensure it incorporates up-to-date needs and requirements of service delivery.

The updated Supervision Policy should be circulated to managers with an instruction to comply with the content in a consistent manner.

The content of care home handbooks should be updated to ensure complaints contact details are consistently provided.

15. Full details of the audit findings, recommendations and management responses can be found in Section 3 of this report and in the action plan at Appendix 1.

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16. Exhibit 1 sets out the control objectives identified during the planning phase of the audit and our assessment against each objective.

Exhibit 1 – Summary Assessment of Control Objectives

	Control Objective	Link to Risk	Assessment	Summary Conclusion
1	Appropriate policies and procedures have been prepared and communicated to guide management and employees in meeting the requirements as set out in the SSSC Codes of Practice.	Audit Risks 1 & 2	Substantial	Policies, procedures and guidance have been prepared and made available to all employees, however, some of these are overdue for review or lack application of version control. A comprehensive induction process is in place to guide employees in their new role in terms of duties and conduct, however, there was no information to service users regarding conduct towards employees and only one care home advised visitors of expected conduct in their handbook.
2	Processes are in place and being followed to ensure compliance with SSSC Codes of Practice.	Audit Risks 1		

				achievements and CPL requirements and monitor the assigned budget. Support is provided to managers and employees via corporate processes.
3	Reporting arrangements are in place to inform management of risks/issues identified that may require action to be taken.	Audit Risks 1 & 2	Substantial	Employees SSSC registration status is recorded both locally and on the SSSC database, these are monitored and updated by managers, HR provide a six-monthly SSSC Registration status report for Senior Management oversight. Concerns may be reported both informally and formally to management or via the Council's "Whistleblowing" policy. Reporting arrangements are in place to notify the Care Inspectorate with staffing reports and referrals to SSSC where an employee is considered unfit to practice.

17. Further details of our conclusions against each control objective can be found in Section 3 of this report.

Phased Return to Work and Other Reasonable Adjustments: managers guide
Employee Code of Conduct
Social Work Complaints Procedure

These documents are comprehensive and provide specific information regarding SSSC requirements where appropriate, several of these documents, however, do not exhibit evidence of updates or review within either the stated or a reasonable timescale and some embedded links to source further information are no longer active.

Action Plan 1 & 2

21. The Council also provides Health, Safety and Wellbeing services and resources as well as an Employee Assistance Programme for any employee to access should a need for specific support be identified.

22. Newly employed or transferring social workers/social care workers undertake an induction programme under the guidance of their new line manager. This is largely a corporate programme supplemented with service and location specific information. The specific roles and requirements of each post are articulated by managers and colleagues as well as being documented in the formal job descriptions and person specifications.

23. As part of the induction process, new employees are informed that bullying, harassment and discrimination is not tolerated and formal action under the Co   de   d

Processes are in place and being followed to ensure compliance with SSSC Codes of Practice.

27. Line managers maintain a record of registration status relevant to their teams and have access to view the SSSC registration database for Council employees to help keep this up-to-date. The Council's Human Resources (HR) team also have access to the SSSC registration database and conduct a six-monthly exercise to monitor status and identify any anomalies, this is then passed to Heads of Service for oversight and action as necessary. As at September 2023, there were 76 employees registered, 46 registered with conditions and one application submitted for registration within the Acute and Complex Care Service.

28. Recruitment of social workers/social care workers follows a robust process that is applied corporately using the TalentLink service. This ensures that a standardised approach is followed when filling a post following approval by management. Each post is advertised and short-listed by reviewing the application provided to assess suitability in terms of knowledge, skills, attitude and values, an interview panel of at least two persons is then appointed to select the successful candidate on a competitive basis. Information for managers regarding the recruitment process is available on the Hub to support this process.

29. Criminal conviction checks, membership of the Disclosure Scotland Protection of Vulnerable Groups (PVG) scheme and references are required as part of the recruitment process. A sample of ten employees was selected from the registration lists provided and checked to HR records where all ten were found to comply with the requirements.

30. The Council has a Supervision Policy in place to ensure high standards of professional care are maintained, areas for improvement are identified and employees are supported when undertaking their duties. The Policy provided is dated November 2011 with no evidence of review or update and evidence of compliance with the policy, where provided, was limited and inconsistent with the embedded templates. Discussions with two managers reveal that they are unable to fully comply with the requirements of the Policy and consider these to be unrealistic in terms of current available resources.

<div align="right">Action Plan 4 & 5</div>

31. Feedback is gathered from service users at residents or focus group meetings with representatives attending from the different staff groups to gather opinions and thoughts on the care and facilities provided and consider where service improvements can be made. Review meetings are also carried oQso 0 1 388l oQ7eW*h

Workers/Social Care Workers are required to read and comply with the content in addition to the content of the Registration Policy and guidance.

43. The SSSC Codes of Practice are available online and at care homes for service users and visitors to view. They are also advised that employees are appropriately qualified (or working towards a qualification), skilled and competent to carry out their duties and made aware that there is a complaints procedure in place to report any concerns. Two of the three handbooks provided contained details of how to communicate any concerns.

50. Managers are aware of their responsibility to make referrals regarding employees who are unfit to practice to the appropriate authorities and are fully supported by the Council's HR Service to do so when the need arises.

	No	Finding	

	No	Finding	Risk	Agreed Action	Responsibility / Due Date
		Recommendation: Review and update content of care home handbooks to ensure complaints contact details are consistently provided.			

In order to assist management in using our reports a system of grading audit findings has been adopted to allow the significance of findings to be ascertained. The definitions of each classification are as follows:

Grading	Definition	
	A major observation on high level controls and other important internal controls or a significant matter relating to the critical success of the	