

Subject: SHELTERED AND SUPPORTED HOUSING AUDIT - UPDATE  
Meeting and Date: Governance Committee – 30 June 2016  
Report of: Bob Granville – Head of Operations, East Kent Housing  
Decision type: Non-key  
Classification: Unrestricted

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Purpose of the report: This report provides an update by East Kent Housing on key audit actions identified by the East Kent Audit Partnership's report to this Committee on the 3<sup>rd</sup> December 2015.

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Recommendation: That the Committee note the update report.

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## 1. Summary

At the meeting of this Committee on 3<sup>rd</sup> December 2015 it considered the findings report presented by East Kent Audit Partnership on their audit of Sheltered and Supported Housing, which is managed by East Kent Housing. At that meeting East Kent Housing undertook to update the Committee on the actions taken to address the key issues of concern identified in the report. This report provides that update on as they affect sheltered and supported housing in the Dover District.

## 2. Introduction and Background

As part of its regular programme of audits East Kent Housing requested East Kent Audit Partnership to undertake an audit of Sheltered and Supported Housing in the financial year 2015/16.

There was a clear rationale for undertaking the audit at that time. In 2013/14 a comprehensive internal structural review had been undertaken of the service with a view to increase its efficiency and effectiveness. In particular the restructure sought to bring the management for all the service under a centralised management team so that consistent procedures and practices could be developed across the three local authority areas (excludes Thanet). A comprehensive plan for service development was put in place and work on implementing the plan under the new management structure began in October 2014.

The audit itself commenced in April 2015 with its final report findings being submitted to EKH's Finance and Audit Committee in 7<sup>th</sup> December 2015. In its findings the auditors noted that "**Management and officers should be commended for the service improvements already delivered, and for demonstrating an ongoing commitment for continuing to deliver improvements.**" The auditor also

commented that **“EKH are therefore very self-aware of where they have come from, and where they want to get to.”**

### 3. Summary of Work

At the meeting on the 3<sup>rd</sup> December 2015 the Governance Committee specifically sought an update on the following six items with specific regard to how they affected tenants living in Dover’s sheltered and supported housing. This report sets out the six key issues identified within the audit followed by commentary on the actions taken by EKH to address them.

- ***“Independent Living Plans (ILP’s) were only up to date at 4 of the 12 schemes visited.”***

During the service review in 2013/14 it was identified that EKH had inherited different documentation in each local authority as an ILP. At the time of the audit consultation work was underway to create a single standard document which would then be used across the new service. The degree of differences between the inherited documentation required a significant amount of retraining for the Independent Living Managers in order for these to be completed effectively. The staff training programme was completed for the new ILPs in June 2015 (during the audit period) and these have systematically replaced the pre-existing documentation as each ILP is completed.

In order to demonstrate the ILPs have been completed to the required standard a number of new management processes have been introduced, which are:

- Centralised database of all ILPs
- Centralised monitoring to ensure ILPs are valid
- Peer audit to undertake spot checks and validate quality of ILPs

These processes are now operating effectively and at the end of February 2016, of the 322 sheltered housing properties 99.3% were compliant with 14 of the 15 sites being 100% compliant. For monitoring purposes we assess compliance as follows:

- If they are new to the service they have an ILP in place within 14 days<sup>1</sup>;
- If they are an existing resident the last review of their ILP was within the last 12 months;
- If they do not wish to have an ILP then there is a waiver in place which was signed by the resident in the last 12 months

There are two residents without a valid ILP or waiver at the time of writing this report and each was less than a month overdue at that time.

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<sup>1</sup> This is a Key Performance Indicator from Kent County Councils Older Person Specification

- ***“Reporting arrangements for adult and child protection incidents need to be reviewed to ensure compliance with Data Protection regulations.”***

At the time of the review it was noted by the auditor that the Safeguarding Children Policy was approved in 2012. Whilst this was not strictly relevant to the review being undertaken, as our support services only extend to older persons and we do not provide any children based services, the guidance provided under the Supporting People Quality Assessment Framework indicates that all safeguarding for vulnerable adults and children should be subject to review every three years.

On reviewing our records it was confirmed that the Safeguarding Children Policy had been reviewed and approved by the Board in July 2014 without amendment. Our omission therefore was in not changing the date on the document published on the internet.

The safeguarding children and vulnerable adult policies are viewed by the Board as very important and form part of the health and safety MOT reported to the Board annually, and most recently in July 2015 and are logged as such on our intranet and internet.

It should also be noted that the auditor reported as an area of strength that *“ILM’s are fully aware of the procedures for reporting adult or child protection issues at their sheltered schemes.”*

- ***“Only 13 of the 24 Independent Living Managers (ILM’s) have had a Disclosure and Barring Service check (formerly CRB) check carried out within the last 3 years.”***

There are 5 Independent Living Managers covering the 15 sites in the Dover district. Each of them has a valid DBS check. As can be seen from the table below the oldest one was completed in November 2015 and is due for renewal prior to November 2016.

Name	Date of DBS	Renewal date
ILM 1	15/7/15	14/7/18
ILM 2	13/1/16	13/1/19
ILM 3	26/11/13	26/11/16
ILM 4	22/6/15	22/6/18
ILM 5	23/6/15	23/6/18

When applying for a DBS we request an Enhanced check which provides information on:

- Spent and unspent convictions, cautions, reprimands and final warnings.

- Any additional information held by local police that's reasonably considered relevant to the role being applied for;
  - DBS barred lists for people unsuitable to work with adults.
- **As at 09 June 2015 the Fire Risk Assessments (FRA's) for the sites visited are past their suggested review dates.**

EKH operates an annual programme of fire risk assessments based upon the nature and use of the building. The order in which the programme of review is undertaken in any given year is not governed by the prior year's anniversary date but by the operational circumstances and risk assessment of officers. For example, if capital works were being undertaken to the building during the year then we would want the fire risk assessment undertaken after the completion of works to ensure that the capital works themselves did not cause any issues and would ignore the anniversary date.

It should be noted by the Committee that the Regulatory Reform (Fire Safety) Order 2005 does not specify the frequency within which Fire Risk Assessments are undertaken, placing the onus on the landlord to determine the frequency based upon their perception of risk. Accordingly any timeframes set are voluntary and not statutory, and if they are not in date they do not breach any legislation merely internal guidance.

The table below sets out the basis upon which EKH undertakes fire risk assessments, and the classification of the high risk group has been agreed with our external consultant Savills.

Risk Level	Accommodation affected	Frequency of Fire Risk Assessments
High	<ul style="list-style-type: none"> <li>• Purpose built flats over 8 storeys</li> <li>• Non-purpose built flats</li> <li>• Sheltered housing</li> <li>• Hostel accommodation</li> </ul>	Annually
Medium	<ul style="list-style-type: none"> <li>• Purpose built flats over 4 storeys</li> </ul>	Every 3 years <sup>2</sup>
Low	<ul style="list-style-type: none"> <li>• Purpose built flats up to 4 storeys</li> </ul>	Every 5 years

Of the 15 sheltered sites within the Dover district 100% have received a fire risk assessment in the last 12 months.

- **80 of the 156 high risk recommendations listed on the Fire Risk Assessments for the schemes visited are past their suggested implementation dates.**

Firstly, the Committee should be aware that our risk assessment process for sheltered housing in the Dover district involves assessing:

- 28 separate buildings, each requiring their own risk assessment,
- 120 specific aspects of the Fire Risk Assessment
- 3,360 potential elements for action.

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<sup>2</sup> This may be brought forward if material works are undertaken to the property

The Fire Risk Assessments undertaken on each site in 2015/16 were finally completed in January and we have now collated the findings and there are a total of 338 recommended actions, relating to 23 aspects of the Fire Risk Assessment. This level of recommendations represents only 10% of the total elements of assessments. As a consequence, each of the 15 schemes in the Dover district has a Premises Risk Rating of "Moderate". When the actions are completed each sites risk rating will be reduced further.

The breakdown of recommendations falls into 3 main categories:

- 149 relate to the undertaking of capital works such as the installation of smoke detection systems, the replacement of non-fire retardant doors with fire retardant ones, and electrical rewiring.
- 81 relate to servicing records not being kept on site;
- 40 relate to improving or providing additional signage.

At the present time we are in the process of tendering contracts to undertake fire preventions works, door replacement and electrical rewiring. Minor works identified are passed to Mears to undertake as part of the repairs and maintenance contract.

- ***Only two of the forty five Support Workers in Enhanced Sheltered schemes have received safeguarding training.***

The Enhanced Sheltered Service is only provided in the Canterbury district, and is the only service which has support workers.

At the time of the audit our training records were retained in two locations locally at Garrity House as well as centrally with EKHR. Whilst the local record was more up to date at the time of the audit it was the central record which was consulted. We have rectified this situation.

All the Enhanced Housing Managers received their safeguarding training in September 2013 from LearnTo. They then undertook cascade training to all of their staff including support workers over the following months.

#### **4. CONCLUSION**

As with all audit processes, once an issue is identified EKH commences work to address it. In this particular case a number of the audit actions had previously been identified either through the service review undertaken by EKH staff or by the prior Tenant Health and Safety Report. You will see from the commentary above that significant progress has been made with 5 of the 6 key issues now having been fully resolved and the final action having clear plans in place to deliver the activity.

EKHs independent living service is now better organised and more robust than the service inherited in 2011, with a strong commitment to deliver the high standards of support to vulnerable customers and to ensure that the residents enjoy their time living in social housing.