



**Item No. 9**

**Meeting Date Wednesday 13<sup>th</sup> April 2022**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** Mike Burns, Assistant Chief Officer, Children’s Services  
**Contact:** Susan Orr, Head of Children’s Services, Residential and Fostering  
**Phone:** 0141 287 0469

**Care Inspectorate Activity Within Directly Provided  
Children’s Residential Services**

<b>Purpose of Report:</b>	To provide an update to the Finance, Audit and Scrutiny Committee in relation to the delivery of Residential Children’s Services in the City.
<b>Background/Engagement:</b>	This report customarily focuses on the activity in relation to the work of the Care Inspectorate and the regulation of the Children’s Houses.
<b>Governance Route:</b>	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team <input type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input checked="" type="checkbox"/> (please note below) Social Work Professional Governance Board and Children and Families Clinical and Care Governance Not Applicable <input type="checkbox"/>
<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the contents of the report; b) Note the inspection activity and consequent gradings, recommendations and response to these; and c) Note the work undertaken in Children’s Residential Houses in 2020/21.

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**Relevance to Integration Joint Board Strategic Plan:**

Children's Residential Services are key to delivering the transformation programme for Children's Services which designed to strengthen the local infrastructure to deliver a preventative strategy in the City. The Children's Houses are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable children and young people. They ensure that children and young people can be cared for away from home within the city boundary without the need for them to be placed in out with authority placements. Not only is this part of delivering the IJB Strategic Plan but it is a cornerstone in relation to the delivery of 'The Promise,' the outcome if the Independent Care Review.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer. Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services Outcome 7: People using health and social care services are safe from harm Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.
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<b>Personnel:</b>	None
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<b>Carers:</b>	None
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<b>Provider Organisations:</b>	None
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<b>Equalities:</b>	None
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<b>Fairer Scotland Compliance:</b>	None
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<b>Financial:</b>	None
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<b>Legal:</b>	None
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<b>Economic Impact:</b>	None
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<b>Sustainability:</b>	None
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<b>Sustainable Procurement and Article 19:</b>	None
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<b>Risk Implications:</b>	Poor inspections may mean that young people are not receiving good quality care.
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<b>Implications for Glasgow City Council:</b>	Care Inspectorate grading's for children's houses managed by Glasgow City Council/Health and Social Care Partnership have a direct impact on the public perception of the Council, and consequently the Health and Social Care Partnership.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None
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**1. Background**

1.1. Glasgow City has 19 children's residential houses who care for 148 children and young people between the ages of 6 and 20. There are 437 care staff employed in the services.

1.2. This report customarily focuses on the activity in relation to the work of the Care Inspectorate and the regulation of the Children's Houses.

1.3. There was no inspection activity throughout 2020.

1.4. In 2021, three Children's Houses were subject to unannounced inspections:

The Wellhouse inspection concluded on 14<sup>th</sup> July 2021. The full report can be found here, [Wellhouse Inspection Report](#)

The Kempsthorn inspection concluded on 27<sup>th</sup> August 2021. The full report can be found here, [Kempsthorne Inspection Report](#)

The Hinshaw inspection concluded on 21<sup>st</sup> October 2021. The full report can be found here, [Hinshaw Inspection Report](#)

1.5. The decision by the Care Inspectorate to inspect these houses before others was based on a risk assessment undertaken by them. The score for each service, generated through the Risk Assessment Database (RAD), is based on notifications submitted to the Care Inspectorate via their electronic system. This includes notifications on Covid infection rates, incidents, and changes to house manager arrangements. Those houses with higher RAD scores have been inspected first.

1.6. In summary, the areas inspected and the gradings awarded are as follows:

	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is care and support planned?
<b>Wellhouse 14 Jul 2021</b>	2 Weak	2 Weak	2 Weak	3 Adequate	2 Weak
<b>Kempsthorn 27 Aug 2021</b>	4 Good	2 Weak	4 Good	5 Very Good	4 Good
<b>Hinshaw 21 Oct 2021</b>	3 Adequate	3 Adequate	3 Adequate	3 Adequate	3 Adequate

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- 1.7. It is of significant concern that a number of areas have been assessed as weak, and on receiving this information both the Chief Officer and Chief Social Work Officer were alerted. A discussion with the Care Inspectorate took place to understand in detail their concerns, and to reflect with them some of the contextual challenges the service faced. With particular reference to Wellhouse, discussion reflected whether the care being provided was good enough and an immediate improvement plan was enacted which included a change of house manager.
- 1.8. Within each of the reports, a number of requirements and areas of improvement have been identified. Some of these are of particular relevance for the specific house inspected, while others have relevance for the service as a whole. Each of the houses has submitted an action plan to the Care Inspectorate in response to the reports, and these action plans have informed the house's wider Service Development Plan.
- 1.9. The requirements and areas for improvement have been highlighted and the management responses detailed in Appendix 1.
- 1.10. To support services with inspection readiness going forward, several developments have been introduced including:
  - A consistent approach to external auditing
  - Service Development Planning
  - Care planning development sessions
  - Briefing sessions on Care Inspectorate guidance
  - A detailed training needs analysis
  - The introduction of a senior residential practitioner development pathway

## 2. Other Care Inspectorate Activity

- 2.1. Inspectors have maintained regular liaison with Children's House Managers where they have focussed on supporting House Managers with any issues encountered. In addition, they have had numerous liaison meetings with the Head of Service and the Service Managers.
- 2.2. In terms of reporting requirements, the Care Inspectorate have required weekly reporting in relation to staff absences and notifications about when staff or young people have had suspected (pre widespread testing) or confirmed COVID-19.
- 2.3. Care Inspectors have provided workshops for House Managers around their ongoing expectations in relation to reporting and notifications.

## 3. Activity and learning during COVID -19

- 3.1 In the past 2 years, the services have faced a number of significant challenges. However, on the whole, have managed admirably. At the outset there were significant challenges around staffing levels and a number of student social workers were recruited to supplement core staffing. This allowed significant flexibility where staff were shielding, off sick or self-isolating. This model was also successfully utilised to ensure service delivery over the festive period in response to the challenges presented by the Omicron variant.

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- 3.2 A Covid-19 Action Plan for residential services was developed to ensure that all management and care staff could be kept informed of expectations and service delivery in line with public health guidance in relation to providing care for children and young people. The Action Plan has remained a dynamic document and is updated when any advice is amended or revised. The Plan covers, amongst others, the use of PPE, infection control and the management of children and young people who are symptomatic, test positive and where they are not complying with guidance, vaccination and testing guidance and procedures etc. This was supported through Covid Briefings which were led by Service Managers with representatives from all house management teams every two days to address any immediate issues and give clarity on changes to guidance.
- 3.3 In a care staff survey it was noted that care staff feel that the Action Plan has been effective in reducing the transmission of Covid-19 within the Children's Houses. The survey outcome is included at Appendix 2.
- 3.4 The services have also been involved in some reflections about learning from working throughout the pandemic. This was initially to contribute to the recovery plan for the service but has proved to be invaluable in terms of offering an opportunity to take stock and review working arrangements within Children's Houses. This has included both what has gone well and what could have been done more effectively. Some notable points made are in relation to better management of placements and discharges, the success of outreach support for young people residing out with the houses, care staff being resilient and caring, working well together and high morale as well as staff noting improved relationships with young people and enjoying spending more time with young people. Some of the challenges identified included the cancellation of team meetings and some drift in care planning for children and young people in the initial stages due to the delay in reviews and Children's Hearings.

## 4. Key Developments

- 4.1 As stated, it has been necessary to recruitment some student social workers on a temporary basis to support the services where there were staffing pressures. This has provided flexibility during the various waves of the pandemic. There have been 2 recruitment campaigns and full time care staff have been appointed to join the services. Two additional Assistant Service Managers have been appointed to support the external Service Managers around training requirements, quality assurance and HR associated issues.
- 4.2 The service has begun to develop a plan to deliver 'The Promise' and has contributed to the development of the City Action Plan to respond to the outcome of the Independent Care Review. This includes the development of a Young People's Advisory Group.

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- 4.3 In March 2020, a pilot, led by an Educational Psychologist from the Care Experienced Team/ Virtual School, was undertaken in Chaplet Avenue introducing the Nurture Framework, a trauma-informed model of care utilised in schools throughout Glasgow. Analysis of the pilot identified improvements in staff and young people's well-being, a reduction in violent incidents, and improved outcomes and positive destinations for children and young people. In 2022, all children's houses will receive this training, delivered by Jenni Kerr (Glasgow's Nurture Implementation Lead), and implementation support from identified Educational Psychologists to develop practice in line with the Nurture Framework.
- 4.4 Each of the Children's Houses has an identified Independent Reviewing Officer appointed to specifically chair reviews and track the progress of the children and young people as well as their brothers and sisters where they are not in the same care placement.
- 4.5 All the houses are implementing the 'The Respect Programme,' in conjunction with Police Scotland. This Programme has involved each house having a single point of contact from the police and aspires to reduce the disproportionate criminalisation of young people in care. This is part of the commitment in relation to the delivery of 'The Promise.'

## **5. Recommendations**

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) Note the contents of the report;
  - b) Note the inspection activity and consequent gradings, recommendations and responses to these; and
  - c) Note the work undertaken in Children's Residential Houses in 2020/21.

## APPENDIX 1

### Requirements and Areas for Improvement as a result of 3 inspections carried out in children's house in 2021

Wellhouse		
Requirement /Area for Improvement	Management Response	Officer Responsible for Implementation/ Timescale
<p>1. The provider must ensure that recording practices are improved to ensure accountable and safe practice to meet the needs of all young people. In order to achieve this the provider must:</p> <ul style="list-style-type: none"> <li>Evidence nurture and compassion, participation and recording of 1:1 time and ensure there is improved recording of key events.</li> <li>Risk assessments and missing person profiles must be updated to accurately reflect each young person's needs and any strategies required to combat risk. Young people's views and wishes should be sought and recorded as to how they should be supported, especially during times of crisis.</li> <li>The provider should have in place detailed information to inform the strategies used,</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring systems in place to ensure that recording practices are up to date and accurate by key workers and that they reflect safe practice in line with individual risk assessments for all young people. Senior Residential Practitioners will carry out this task and monitor and review on a monthly basis.</li> <li>This will be evidenced within monthly auditing tool and overseen by house manager and sent to external manger on a monthly basis.</li> <li>Key times will be recorded in house diary, for all young people, with detailed focused pieces of work to support young people. The outcome of one-to-one time will be recorded in the participation folder.</li> <li>Young people's meetings will be held monthly, and any requests made by the young people will be discussed at Staff team meeting, the outcome in turn will be fed back to the young people and recorded.</li> <li>YP leisure activities will be arranged in conjunction with the young people and recorded in yp activity records</li> <li>Care team will set aside time to discuss and plan Young people weekly routines and appointments.</li> <li>Risk assessment will be reviewed monthly or sooner if required and will reflect identified risks and strategies to combat these risks. You people will be involved in the risk assessment process and their views will be considered.</li> <li>SW and any other relevant parties will be included in these risk assessments for approval.</li> <li>All young people will have a missing person profile in line with the Respect Programme. These will be updated and reviewed as required.</li> </ul>	<p>House Manager, SRP's and care team/ In place</p>

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<p>including the use of restraint, and that there is explicit multi-disciplinary consideration agreement about the use of all strategies.</p>	<ul style="list-style-type: none"> <li>• All young people will have PPB support plans detailing intervention strategies used and will be agreed with young person and social worker. Any intervention / strategies used within the young person risk assessment/ PPB plan will be agreed by the young person and social workers and signed off.</li> <li>• These plans will be reviewed on a monthly basis or sooner if required.</li> <li>• Any recorded intervention used will be notified as required and recorded in internal health and safety forms</li> </ul>	
<p>2. The service should make demonstrable efforts to ensure that children and young people enjoy a healthy and well-balanced diet, that the health needs of young people are prioritised and closely monitored and that the health and safety of the home is adequately maintained. Menu Planning will be in place weekly and all you people will be offered varied and healthy choices.</p>	<ul style="list-style-type: none"> <li>• Menu planning will be complete by staff and young people. Young people will also be involved in purchasing of food choices. In addition to this some young people age appropriate, will be supported to purchase individual groceries and prepare own meals.</li> <li>• All young people will be linked, where appropriate to external Health professionals</li> <li>• All repairs within the house are reported immediately and responded within a set timescale.</li> <li>• All young people will be issued with their own bedroom keys.</li> </ul>	<p>House Manager, SRP's and care team/ In place</p>
<p>3. The provider must ensure that robust quality assurance records and practices (internal and external) are in place, to evidence the effectiveness of the service, in meeting the needs of young people.</p>	<ul style="list-style-type: none"> <li>• Monthly auditing is in place for senior house management to complete on a monthly basis. This will also be overseen by external management.</li> <li>• Appropriate auditing tools will used for this purpose</li> </ul>	<p>External Service Manager/ House manager In place and ongoing</p>
<p>4. To ensure that young people have confidence in the service providing their care and support, the provider should develop and implement an improvement plan which is SMART and fully incorporates the views of young</p>	<ul style="list-style-type: none"> <li>• House improvement plan will be in place to reflect the service progress and area of development. This will reflect SMART system and will be review as when required. Aims, Objectives, timescales and outcomes will be reflected in this plan.</li> <li>• This Plan will include input from all the staff team and any other relevant partners</li> </ul>	<p>External Service Manager/ Complete and under review</p>



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<p>people, the staff team and other partners.</p>		
<p>5. The provider should ensure that they access the up to date care inspection Guidance on notifications and notify us in accordance with this guidance. In addition, the provider should ensure that there is a systematic process for analysis of incidents over time so that any learning can be identified, this should be the learning from staff de-briefs.</p>	<ul style="list-style-type: none"> <li>• All notification will be submitted to care inspectorate in line with guidance. Manager and Senior residential workers will ensure that there is debriefing of staff after any incidents that occur.</li> <li>• Monitoring of incidents will be in place to identify any trends or patterns within this process.</li> <li>• Briefings to be provided for house manager and SRP's on notifications and debriefing practices</li> </ul>	<p>Officer Responsible for Implementation: House Manager and External Service Manager. Timescale for Implementation: in place</p>
<p>6. The provider must ensure all staff are sufficiently confident, skilled and experienced to look after young people with highly complex needs and safely manage unplanned escalated behaviours. The service must undertake a training needs analysis for each member of staff.</p>	<ul style="list-style-type: none"> <li>• All staff will have in place training needs analysis. This will be reviewed and updated regularly.</li> <li>• Manager will ensure that any identified areas where young people required specific support will be addressed through training.</li> </ul>	<p>Officer Responsible for Implementation: House Manager with support from ASM L&amp;D. Timescale for Implementation: in place</p>
<p>7. The provider should put in place a coherent system for assessing the staffing levels and skills that are required, taking into account young people's physical, emotional, and social needs. They should review and record this on a four-weekly basis in line with Care Inspectorate guidance.</p>	<ul style="list-style-type: none"> <li>• All staffing has been addressed and in place, this takes into account gender balance and a mix of skills and experience.</li> </ul>	<p>Officer Responsible for Implementation: House Manager Timescale for Implementation: in place and under constant review.</p>
<p>8. The service should ensure that staff, including the manager, have regular opportunities for</p>	<ul style="list-style-type: none"> <li>• Supervision schedule will be in place to ensure that all staff are receiving regular supervision and re-scheduled dated due to cancellations.</li> <li>• All staff will take undertake Personal Development Plan</li> </ul>	<p>Officer Responsible for Implementation: House</p>

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<p>good quality supervision and that this takes place in line with their supervision policy. We would further ask that systems of staff appraisal are implemented for all staff.</p>		<p>Manager and External Service Manager Timescale for Implementation: in place</p>
<p>9. The provider should ensure that security arrangements within the house are robust in ensuring the safety and wellbeing of young people and that this encourages a sense of safety and belonging.</p>	<ul style="list-style-type: none"> <li>• Care Staff will ensure that all safety measures are in place to guarantee safety and well-being at all times</li> <li>• Care Staff will ensure that recording of young people when leaving or entering the house is maintained. Care Staff will also ensure that young people do not manage door entry for strangers entering the house.</li> <li>• Wellhouse has a door entry system which ensures safety for all young people.</li> </ul>	<p>Officer Responsible for Implementation: House Manager Timescale for Implementation: in place</p>
<p>10. The service should make sustained effort to support children and young people to make meaningful links with the local community.</p>	<ul style="list-style-type: none"> <li>• Care Staff will look at individual clubs and organisation for the young people to be involved in. Care Staff will also where required source clubs and activities which require additional funding to support young people.</li> </ul>	<p>Officer Responsible for Implementation: House Manager Timescale for Implementation: in place</p>
<p>11. The provider must ensure that care plans are developed in consultation with young people to reflect their individual choices and preferences. Care plans should reflect a responsive, person-centred approach. The service should ensure that goals identified within care plans are SMART (specific, measurable, achievable, realistic and time-bound). This would enable staff to be clearer about how to support young people to achieve their individual goals and aspirations.</p>	<ul style="list-style-type: none"> <li>• All care plans will be developed in conjunction with the young people to reflect choices, preferences and measured outcomes.</li> <li>• Young people will be involved in the planning process, which will take into account their individual choices and preferences and will reflect SMART system.</li> <li>• Realistic timescales will be set with all young people.</li> <li>• The Care team will be afforded protected time to ensure that these Goals are achieved</li> </ul>	<p>Officer Responsible for Implementation: House Manager Timescale for Implementation: in place</p>

Kempsthorn		
Requirement /Area for Improvement	Management Response	Officer responsible/ Timescale
<p>1. The provider must ensure that robust quality assurance records and practices (internal and external) are in place, to evidence the effectiveness of the service, in meeting the needs of young people.??</p>	<ul style="list-style-type: none"> <li>• Monthly house management audits are now in place, once completed these are submitted to external manager each month. Audit formats are informed by the Care Inspectorate’s Inspection Framework.</li> <li>• External managers will carry out quarterly audits using the above framework to check the progress that the service is making</li> <li>• Monthly audits of care plans will be care out by Senior Residential Practitioners. Format for this audit is SMART, clearly identifying what tasks require completion, by whom and when.</li> <li>• Care Plans will be taken to and discussed within supervision to identifying and support areas of development for staff</li> <li>• All staff will be supervised 6 weekly in line with the Council’s supervision policy.</li> <li>• Quality Assurance processed developed to ensure that feedback from young people, parents, carers and partner agencies is sought at least 6 monthly. This will inform the Service’s Development Plan.</li> <li>• Access to advocacy services for our young people (Children’s Rights officer, Who Cares Scotland worker visits)</li> <li>• Young people’s views will be sought on an ongoing basis and evidenced through the format of together time. A record of this will be kept in the young person’s care plan.</li> </ul>	<p>Officer Responsible for Implementation: House Manager and SRP’s Timescale for Implementation: In place</p>
<p>2. To ensure that young people have confidence in the service providing their care and support the provider must develop and implement an improvement plan which is specific, measurable, achievable, realistic and timebound (SMART) and fully incorporates the views of young people, the staff team and other partners.</p>	<ul style="list-style-type: none"> <li>• Development Day for the house to be scheduled involving all staff and young people, to establish a shared vision for the house, and agree priorities for the year ahead.</li> <li>• In the meantime, we are using Team Meetings to gather the views of staff in relation to our ongoing assessment of where we are, where we need to get to, and how we are going to achieve this. We are currently utilising the Care Inspectorate’s Service Improvement Template to structure/scaffold our discussions around this. We are also exploring the PDSA toolkit to consider what small-scale changes we can try and learn from as a means of creating large-scale changes.</li> </ul>	<p>Officer Responsible for Implementation: House Manager and SRP’s Timescale for Implementation: May 2022</p>

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	<ul style="list-style-type: none"> <li>• Since the last inspection following feedback from staff, and an analysis of Significant Events and Violent Incidents, we have received support through the form of consultation and training from Educational Psychologists, Speech and Language Therapists as well as our Learning and Development ASM. This focus on continuous learning, ensures that practice is informed by assessment and understanding, will form a key component of our Service Development Agenda for the next 12 months.</li> </ul>	
<p>3. The provider should ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us in accordance with this guidance. In addition, the provider must ensure that the systematic process for analysis of and informs upon, patterns and trends arising from young people’s presentation over time so that any learning can be identified to support improved outcomes for young people.</p>	<ul style="list-style-type: none"> <li>• We now have a process in place within the house that ensure notifications are submitted in accordance with Care Inspectorate guidance. Both the Manager and SRP’s have undertaken training in relation to the guidance, and are confident in the use of the system, and the implementation of the guidance.</li> </ul>	<p>Officer Responsible for Implementation: House Manager, SRP’s and care team Timescale for Implementation: In place</p>
<p>4. In the absence of an agreed debrief format, the provider must in the meantime consistently implement debriefs with staff following violent incidents. This will support ongoing development of practice and provide assurance that young people’s safety and wellbeing is closely monitored and protected.</p>	<ul style="list-style-type: none"> <li>• Debrief framework has now been developed and rolled out across the city. All of our management team have attended a debrief workshop within the organisation and are confident in using the framework to support quality, developmental and supportive debriefs.</li> <li>• Once completed the debrief form is uploaded on to HANDS as a supporting document before sign off by external manager.</li> <li>• Robust Quality Assurance process in place to ensure that this is completed as per guidance.</li> <li>• Service Managers are no longer able to sign off on Violent Incidents unless the debrief has been uploaded to the system</li> </ul>	<p>Officer Responsible for Implementation: House Manager and SRP’s Timescale for Implementation: In place</p>

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<p>5. Although we saw a range of positive comments from young people from recently completed questionnaires, the service should provide routine opportunities for young people to express their views about the quality of their care and support. The service should ensure adequate records are kept to evidence this work.</p>	<ul style="list-style-type: none"> <li>• Carers will gather the views of our young people through a number of ways, for example, 1-2-1 together time recorded discussions, young people’s meetings minutes, and continue with the use of questionnaires, as part of our broader quality assurance process.</li> <li>• A record of Together Time will be kept within the young person’s care plan, and changes to the service will be recorded in our You Said, We Did, This Happened records.</li> <li>• Young people’s views will also be evidenced in the Service Development Plan</li> </ul>	<p>Officer Responsible for Implementation: House Manager, SRP’s and care team Timescale for Implementation: May 2022</p>
<p>6 With regard to promoting and protecting young people’s dignity, we advised that current monitoring arrangements be reviewed to take account of improved practices. We considered that current practice meant that concerns particular to specific young people were not supported through respectful and dignified measures.</p>	<ul style="list-style-type: none"> <li>• A silent alarm with attached pager has been identified and installed.</li> </ul>	<p>Officer Responsible for Implementation: House Manager Timescale for Implementation: Complete</p>
<p>7 The service should consider how it can support the development of a long-term positive relationship between siblings. The service should work to reduce any conflict between siblings through effective mediation to support them to make positive affirmations about themselves and their siblings. The service should promote the development of sibling relationships through activities, including turn-taking</p>	<ul style="list-style-type: none"> <li>• Carers will support protected time for siblings, encouraging positive relationships through shared activities and positive family time.</li> <li>• Further support will be provided through ongoing input from area CAMHS team.</li> </ul>	<p>Officer Responsible for Implementation: Care team and CAMHS Timescale for Implementation: Currently in place, reviewed monthly as part of the sibling's care plan</p>

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<p>and sharing, focused time and listening to the views of each child and seek specialist help where there are serious conflicts.</p>		
<p>8. The service should review risk assessments and all essential information to ensure accurate records are maintained. This will support the safety and wellbeing of all young people living at the service.</p>	<ul style="list-style-type: none"><li>• Risk assessments will be reviewed as part of the monthly management audit, and as part of the SRP monthly audit of care plans, as will all essential information contained within the young person's care plan. Any support or developmental issues identified through the audit will be addressed individually within supervision, or collectively with the team during team meetings with additional training provided as required.</li></ul>	<p>Officer Responsible for Implementation: House Manager, SRP's and care team Timescale for Implementation: In place</p>

Hinshaw		
Requirement /Area for Improvement	Management Response	Officer Responsible for Implementation/ Timescale
<p>1. The service should continue to routinely undertake individual listening conversations with young people to ensure that they feel listened to, valued and supported. The service should also ensure that any agreed actions are realistic and are progressed in a timely manner.</p>	<ul style="list-style-type: none"> <li>All young people now receive fortnightly together time with their keyworker, or a worker of their choosing with whom they have a good relationship. Identified outcomes and/or agreed actions from this, are incorporated into the young person's care plan, where progress can be measured. Those relating to wider service development/service delivery are recorded and tracked in the House's participation folder as 'You Said, We Did, This Happened'.</li> <li>All young people's care plans have been adapted to ensure that they are SMART with clear timescales within which identified outcomes need to be reviewed. A process is in place to ensure that all care plans are audited by Senior Residential Workers on a monthly basis, and any issues/areas of development identified are addressed through supervision.</li> </ul>	<p>Officer Responsible for Implementation: House Manager, SRP, Care Team Timescale for Implementation: Currently in place, reviewed monthly</p>
<p>2. The service should explore a range of methods to consult with young people about their wider aspirations and wishes, to promote a culture of valuing young people's contributions. This should include the role of 'champions' and it may be worth considering how this role can be extended to young people, to provide positive leadership opportunities for those who may benefit from such experiences.</p>	<ul style="list-style-type: none"> <li>The role of champions and how this can be developed will be explored with the young people and the care team at the house's next development day</li> </ul>	<p>Officer Responsible for Implementation: House Manager, Service Manager Timescale for Implementation: June 2022</p>

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<p>3. The provider should ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us in accordance with this guidance.</p>	<ul style="list-style-type: none"> <li>• The House Manager, and all SRP's have attended a briefing session on Care Inspectorate Guidance on Records that all registered services must keep and guidance on notification reporting.</li> <li>• The House Manager has implemented an internal system for monitoring the submission of notifications to ensure that they are completed within the designated timescales. This system cross-references reporting to the Care Inspectorate with the Council's internal incident reporting system to ensure that all relevant incidents have been notified. This internal system is audited by the House Manager on a monthly basis.</li> </ul>	<p>Officer Responsible for Implementation: House Manager, SRP Timescale for Implementation: Currently in place, reviewed monthly</p>
<p>4. The service should ensure that robust quality assurance records and practices (internal and external) are in place, to evidence the effectiveness of the service, in meeting the needs of young people.</p>	<ul style="list-style-type: none"> <li>• An external audit tool has been developed to support Service Managers to quality assure the service against the Quality Indicators outlined within the Care Inspectorate's Inspection Framework. The Service Manager for Hinshaw has already undertaken 1 external audit, and will complete a further 3, over the next 9 months.</li> <li>• A new process of quality assurance will be developed to ensure that the service is seeking the views of all stakeholders including young people, parents/carers, and other professionals. Feedback will be incorporated into the service's development plan, and outcomes recorded in the participation folder under the section, 'You Said, We Did, This Happened'. This will form part of the service's wider Self-Evaluation programme that will consider, 'How are we doing? How do we know that? What do we plan to do next?'</li> </ul>	<p>Officer Responsible for Implementation: Service Manager Timescale for Implementation: Quarterly</p> <p>Officer Responsible for Implementation: House Manager, Service Manager Timescale for Implementation: May 2022</p>
<p>5. The service should continue to develop consistent approaches to analysis of incidents, including incident recording and debriefs. This will ensure a detailed knowledge of</p>	<ul style="list-style-type: none"> <li>• Prior to inspection, a rigorous process for analysis of incidents was introduced to help identify patterns in incidents and gaps in support. This analysis has supported early and effective intervention, reducing the risk of further incidents and strengthening/targeting supports for the young person</li> </ul>	<p>Officer Responsible for Implementation: Service Manager, House Manager</p>



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<p>patterns relating to young people's care and support.</p>	<p>and the care team supporting them. Feedback from the CI during the Inspection process was positive, and this process will continue.</p>	<p>Timescale for Implementation: Currently in place, reviewed monthly</p>
<p>6. The provider must put in place a coherent system for assessing the staffing levels and skills that are required, taking into account young people's physical, emotional, and social needs. They should review and record this on a four-weekly basis in line with Care Inspectorate guidance.</p>	<ul style="list-style-type: none"> <li>House Manager and SRP's have familiarised themselves with the Care Inspectorate Guidance: Guidance for providers on the assessment of staffing levels. A framework to support the assessment of staffing levels has been developed and will be shared with the Care Inspectorate for feedback as part of the service's improvement journey. This work is being undertaken with the Care Inspectorate's Quality Improvement Officer, Lisa Maynard, and the Care Inspectorate's Safe Staffing Team. Further changes will be made to the assessment framework based on this feedback</li> </ul>	<p>Officer Responsible for Implementation: House Manager, Service Manager Timescale for Implementation: May 2022</p>
<p>7. The service should ensure that all relevant staff have access to and complete training specific to the needs of those in their care. To include Child Protection training for all relevant staff working in the service. An ongoing detailed training needs analysis would be supportive of staff development.</p>	<p>A training needs analysis for the staff team at Hinshaw children's house will be undertaken and shared with the lead inspector. This will consider the needs of the children and young people currently residing in Hinshaw to ensure that the care team have the knowledge and skills to meet their needs.</p> <p>All staff will receive Child Protection Training as mandatory.</p>	<p>Officer Responsible for Implementation: House Manager, ASM, Service Manager Timescale for Implementation: May 2022</p>
<p>8. The service should ensure that opportunities for regular collective discussion and decision making for the whole staff team is available. Regular team meetings will support and improve consistency of approach in promoting outcomes for young people.</p>	<ul style="list-style-type: none"> <li>Team Meetings are currently taking place on a weekly basis, with every 3rd team meeting incorporating an element of team/carers development. Case Discussions are forming part of team meetings at least fortnightly.</li> <li>Additional admin support is currently being sourced to support with minute taking and recording.</li> </ul>	<p>Officer Responsible for Implementation: House Manager, SRP, Care Team Timescale: Currently in place, reviewed monthly Officer Responsible for Implementation: Service Manager</p>

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		Timescale for Implementation: May 2022
9. The provider should ensure that supervision for the manager occurs in line with the provider's policy and that records are available in each instance.	<ul style="list-style-type: none"> <li>The House Manager is currently being supervised every 6 weeks by the external service manager, and supervision is diarised for the remainder of 2022. Supervision is prioritised at all times, and if rescheduled due to unforeseen absence, it takes place at the earliest opportunity following the manager/service manager's return.</li> <li>The service manager provides the house manager with a copy of their supervision notes within 7 days of the supervision taking place.</li> </ul>	Officer Responsible for Implementation: Service Manager Timescale for Implementation: Currently in place
10. The service should continue to explore all avenues available, to secure improved technology connectivity for young people, in order to optimise their opportunities.	<ul style="list-style-type: none"> <li>All young people have been given a laptop to support with connectivity</li> <li>The house currently has an iPad that young people can use to access meetings etc.</li> <li>Mi-fi boxes have been purchased by the house to improve internet connection</li> <li>The house currently has 2 digital champions who are working with the digital resilience group to explore further how we can improve connectivity for young people.</li> </ul>	Officer Responsible for Implementation: Digital Champions; Digital Resilience Group Timescale for Implementation: Reviewed May 2022
11. The service should make sustained effort to support children and young people to make meaningful and supportive links with the local community and to develop friendships beyond the peer group within the house.	<ul style="list-style-type: none"> <li>Carers are aware of groups and clubs available to the young people within their own community and encourage them to engage in meaningful, pro-social activities. Young people are encouraged to develop their own interests and are supported to pursue activities that help them develop these further. This is evidenced through their care plans</li> <li>Young people are also given opportunities to engage with projects and activities through the support of the Care Experienced Team, Orc and through their individual schools. Carers support young people's attendance by helping them with travel, or by accompanying them initially to help them settle in if required.</li> </ul>	Officer Responsible for Implementation: House Manager, SRP, Care Team Timescale for Implementation: Currently in place, reviewed monthly

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<p>12. The provider should ensure that impact assessments are carried out in each instance where young people are identified as being suitably placed at the service.</p>	<ul style="list-style-type: none"> <li>• The service currently has an admissions policy that is congruent with the Care Inspectorate’s Guidance on Matching Looked After Children and Young People: Guidance on Admissions Guidance for Residential Services.</li> <li>• The service has an impact assessment tool to help evidence the assessment and matching process undertaken when referrals are received.</li> </ul>	<p>Officer Responsible for Implementation: Service Manager Timescale for Implementation: Currently in place</p>
<p>13. The provider must ensure that care plans are developed in consultation with young people to reflect their individual choices and preferences. Care plans should reflect a responsive, person-centred approach. The service should ensure that goals identified within care plans are SMART outcomes. This would enable staff to be clearer about how to support young people to achieve their individual goals and aspirations.</p>	<ul style="list-style-type: none"> <li>• A SMART care plan with clear, person-centred, time-specified goals has been developed and shared with the Care Inspectorate for further feedback. Once received, this feedback will help to inform any further changes.</li> <li>• Feedback from carers and young people to date has been positive, with young people reporting that they feel more engaged with their care plan. Their care plan is reviewed with them monthly and they are emailed a copy of their updated plans for comment.</li> <li>• Care plans are audited monthly for quality assurance purposes by the SRP’s.</li> </ul>	<p>Officer Responsible for Implementation: House Manager, SRP, Care Team Timescale for Implementation: Currently in place, reviewed monthly</p>
<p>14. Risk assessments and missing person profiles must be updated to accurately reflect each young person’s needs and identify how strategies required to combat risk, should be implemented.</p>	<ul style="list-style-type: none"> <li>• Risk assessments and missing person’s profiles are updated monthly or following any incidents. Risk assessments are also discussed/developed at team meetings where there are emerging risks for a young person</li> <li>• Quarterly audits by the external service manager also assess the quality of risk assessments for young people, and are reviewed by the service manager as part of their analysis of incidents.</li> <li>• A care plan audit has been developed and implemented to ensure that all paperwork is reviewed and updated on a monthly basis, this includes the young person’s risk assessment and missing person profile. The audit is completed by the SRP, however, the house manager also undertakes monthly sampling to assess quality of these assessments, and their competence in addressing the risks for that young person.</li> </ul>	<p>Officer Responsible for Implementation: Service Manager, House Manager, SRP, Care Team Timescale for Implementation: Currently in place, reviewed monthly or following incidents</p>

## Appendix 2

### Staff Survey

#### Background

Over the last 9 months, Covid-19 has presented our Children’s Houses with unprecedented challenges, that we have all worked tirelessly to overcome. Due to the nature of the disease, and our evolving understanding of it, we have often had to respond swiftly to changes in policy, legislation and guidance to ensure health and safety.

We felt, however, that it was important to seek the views of staff members in relation to our ongoing assessment of the efficacy of our current infection control plan, and to seek their views in relation to how this could be strengthened within your specific work places. It is within this context, and with these specific objectives in mind, that we undertook this consultation.

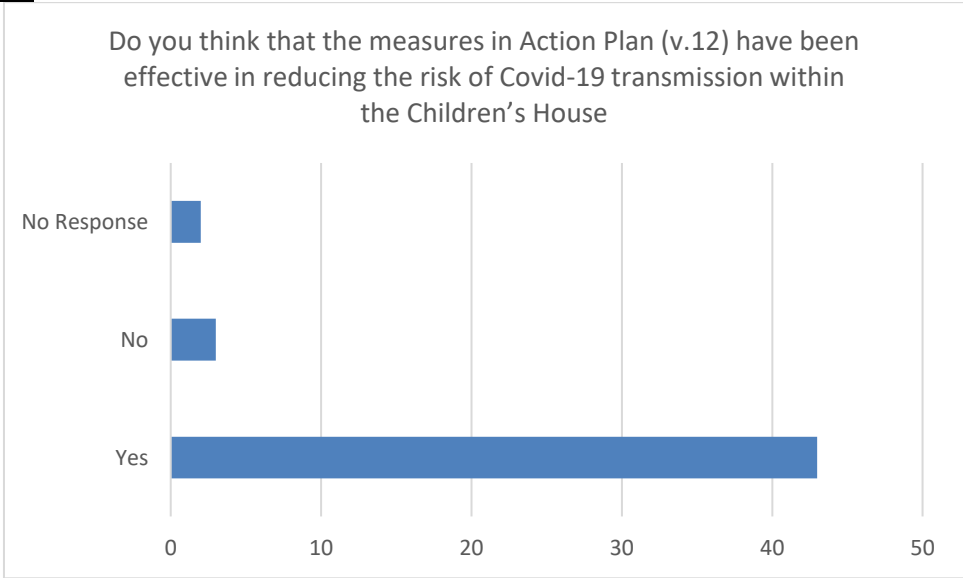
#### Findings

To date, 48 staff have provided feedback on Action Plan (v.12). Overwhelmingly, staff have indicated that they feel that the Action Plan has been effective in reducing the transmission of Covid-19 within the Children’s Houses. The use of PPE is identified as an important safeguard in relation to this, and there is strong evidence to suggest that this is rigorously and confidently utilised within the houses.

Below are the findings in relation to the specific questions that were asked. These questions were selected to ensure that staff have confidence in the action plan, that it is user friendly, being widely and effectively implemented, and to enable us to identify any barriers to effective implementation.

Staff were also asked to identify any additional control measures that could be added to strengthen the action plan. These are listed below, and will be considered as part of the ongoing review of the Action Plan (v.12).

#### Question 1

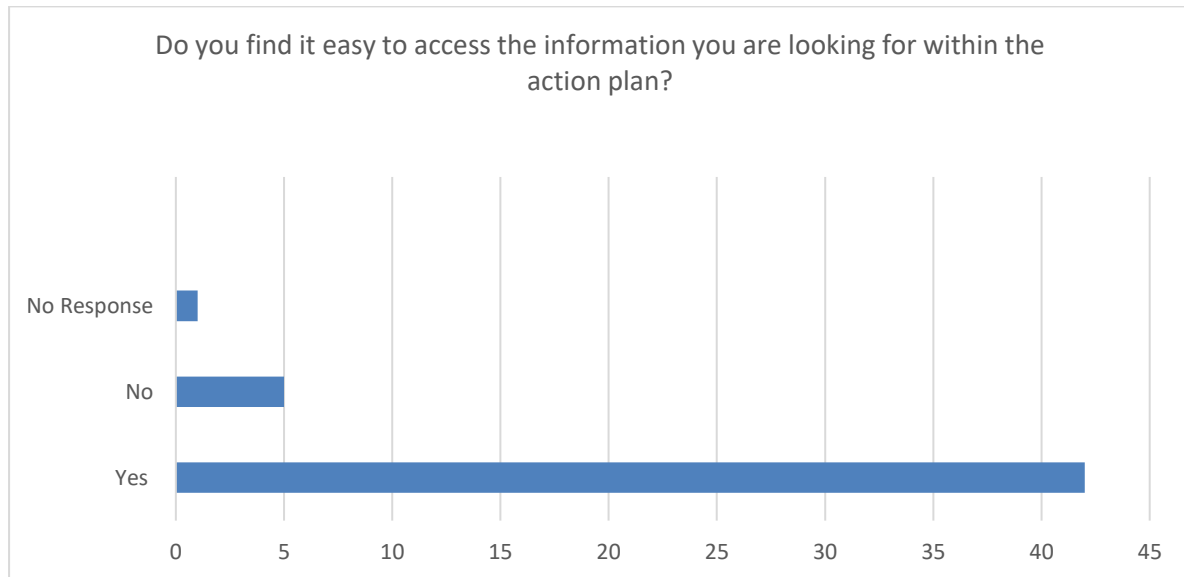


The majority of staff who responded to the consultation felt that Action Plan (v.12) has been effective in reducing the risk of Covid-19 transmission within the Children’s houses. For the small number of staff who answered in the negative, this appears to be related to non-compliance with the action plan by some young people, rather than specific issues with the individual measures outlined within it, which appear to be considered effective when implemented effectively. Other issues related to initial

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concerns about PPE supplies, and the transfer of Peripatetic workers, that have been resolved with the implementation of Action Plan (v.12).

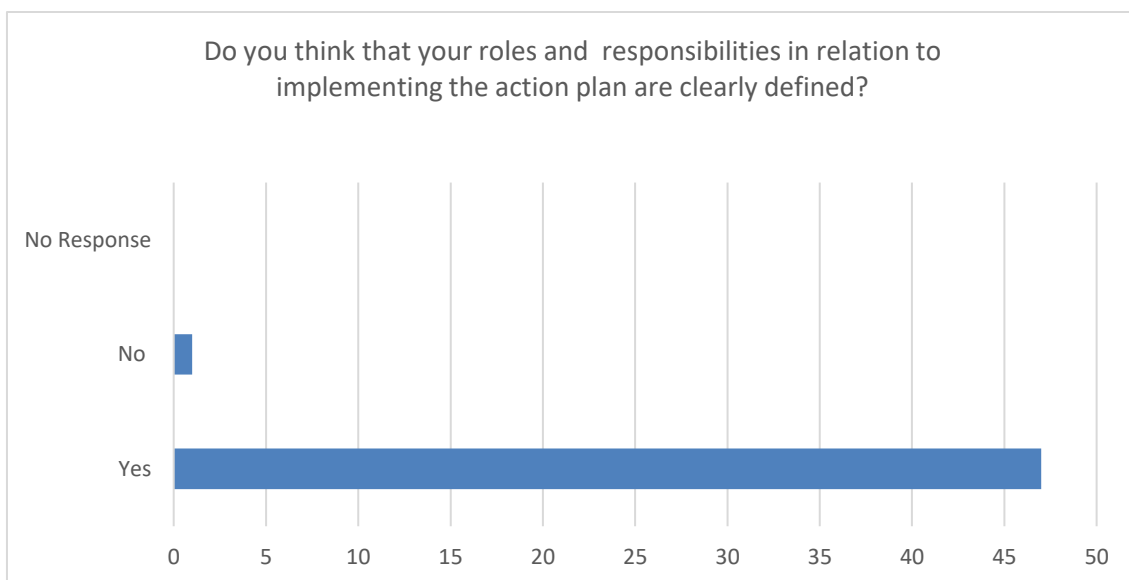
**Question 2**



Again, the majority of staff who participated in the consultation felt that the information retained in the Action Plan was accessible, and were able to reflect on positive and effective ways in which house managers communicated changes, making copies available both electronically and in hard copy.

Possible enhancements to the action plan that were suggested in relation to accessibility of information included the highlighting of amendments and changes to previous versions. This included the use of bullet points as opposed to lengthy narratives, and an overall reduction in the length of the document

**Question 3**

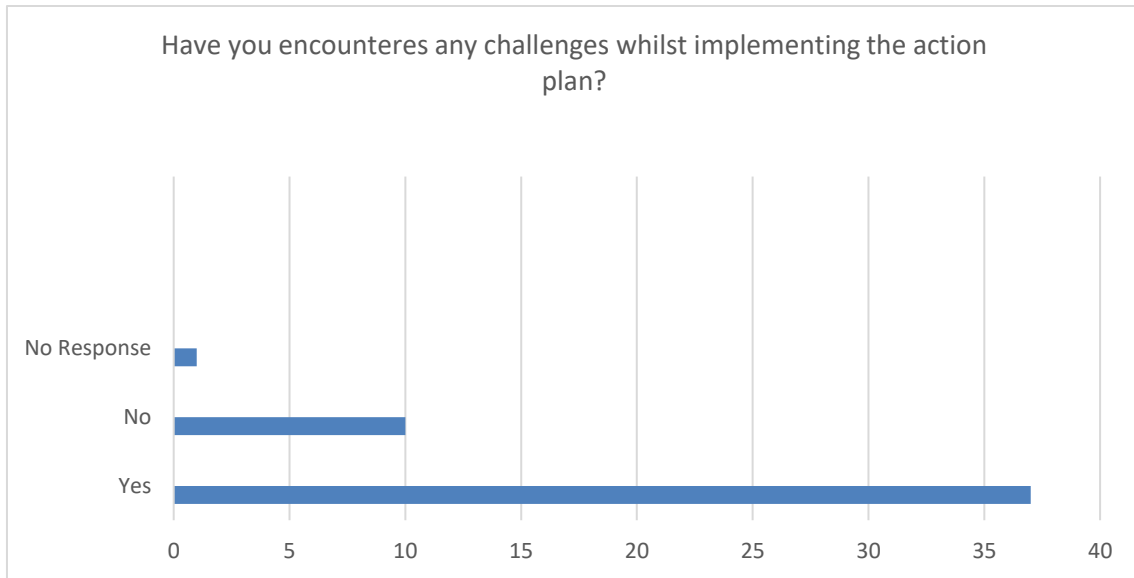


As outlined in the above graph, overwhelmingly the majority of staff who participated in the consultation felt that their roles and responsibilities in relation to implementation

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of the action plan were clearly defined. 1 staff member felt that the action plan was open to interpretation, however, it is hoped that the briefings with managers which take place three times per week, in addition to the weekly team meetings will help support staff who require further advice and guidance in relation to implementation.

### Question 4



In response to the above question, over 70% of staff who participated in the consultation indicated that they had encountered challenges in relation to implementing the action plan. This related primarily to young people not adhering to the guidance, although other factors were identified including, maintaining appropriate social distancing from young people during daily routines with the house. Some staff members identified PPE as a barrier to effective communication with young people, whilst other staff identified their own anxiety over contracting Covid-19 as a key personal challenge.

In questions 5, staff were asked to identify additional control measures that could be utilised to strengthen the action plan. Common themes emerged from this data and included the following:

- Limit the number of staff who are working in more than one house to reduce cross-contamination. This should include, where possible, peripatetic staff
- Consideration to be given to how young people can be safely transported to school, hospitals etc
- Clearer guidance to be issued in relation to supporting other services, to reduce staff having to go into other houses, schools or hospitals
- Regular reviews and updates of the action plan
- Weekly testing for staff and young people, including anti-body testing
- Greater accountability for the implementation of the action plan.
- Limit the number of staff attending team meetings
- Sharing good practice across houses.
- Additional guidance for staff who are shielding
- Version of the action plan for children & young people
- External support from Health & Safety

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### Conclusion

In conclusion, feedback during this consultation would suggest that the Action Plan currently in place is considered, by the majority of staff who participated, to be effective in reducing transmission of Covid-19. Of those staff who responded, the majority found the information accessible, and felt that their roles and responsibilities in relation to implementing the action plan were clearly defined. Whilst it is clear that some staff have encountered challenges in relation to implementation of the plan, and in particular supporting young people to adhere to the guidance, there is strong evidence of the creative and effective ways in which staff have worked to overcome these challenges. This has included the wearing of masks by young people, robust hygiene plans when they return home, and increased cleaning of touch points and other areas within the house. Some additional control measures have been proposed by staff in relation to strengthening the action plan, and these will be considered as part of the review process.

### Acknowledgements

Thank you to the staff who took the time to complete the questionnaire. Your feedback is valuable and appreciated, as we continue to work collectively to ensure the health and safety of all who live and work in our children's houses.