

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

**Report By:** Mike Burns, Assistant Chief Officer, Children's Services

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**Phone:** 0141 276 4858

**Children's Residential Services Care Inspectorate Activity and Update Report 2022**

<b>Purpose of Report:</b>	To provide the Finance, Audit and Scrutiny Committee an overview of Care Inspectorate activity in relation to directly provided Residential Children's Services in the city and update the committee on developments in the past year.
<b>Background/Engagement:</b>	The report customarily focuses on the activity in relation to the work of the Care Inspectorate and the regulation of the Children's Houses. This report focuses on the seven most recent inspections for services.
<b>Governance Route:</b>	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input checked="" type="checkbox"/></p> <p>Children's Services Core Leadership and Governance</p>
<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) note the findings of this report in respect of care inspectorate grades awarded to directly provided children's houses;</p> <p>b) note the introduction of a new key question to support inspection processes within children's residential services; and</p>

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	c) note information relating to service developments and challenges, and future developments.
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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 of authority placements. Not only is this part of delivering the IJB Strategic Plan but it 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 gradings 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.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	None

### 1. Purpose

- 1.1. To provide the Finance, Audit and Scrutiny Committee an overview of Care Inspectorate activity in relation to directly provided Residential Children's Services in the city and update the committee on developments in the past year.

### 2. Background

- 2.1. Glasgow City has 19 children's residential houses that care for 147 children and young people between the ages of 6 and 20. There are 434 care staff employed in the services.
- 2.2. This report focuses on the activity in relation to the work of the Care Inspectorate and the regulation of the Children's Houses from April 2022 to December 2022.
- 2.3. Inspections of Children's Residential Services is underpinned by the Quality Framework for Care Homes for Children and Young People and School Care Accommodation. The framework consists of 6 key questions:
- How well do we support children and young people's well-being?
  - How good is our leadership?
  - How good is our staff team?
  - How good is our setting?
  - How well is our care planned?
  - What is our overall capacity for improvement?
- 2.4. From 1<sup>st</sup> April 2022, a new key question (7) was introduced:
- How well do we support children and young people's rights and well-being?
- 2.5. Key question 7 has 2 quality indicators:
- Children and young people are safe, feel loved and get the most out of life.
  - Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights.

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- 2.6. This additional question was introduced to produce a more regulatory footprint, prioritise the quality of relationships experienced by children and young people in line with the aspirations of *The Promise*, and to support engagement with more children and young people by enabling more services to be inspected.
- 2.7. During the course of this inspection period, seven inspections of children's residential services were concluded. All houses were assessed using key question 7.
- 2.8. Two new inspectors were introduced to the Glasgow team of Inspectors in April 2022. Significant work has been undertaken both by the Care Inspectorate and Children's Residential Services to strengthen relationships between the two, and to improve consistency across inspection processes.
- 2.9. A six-point scale is utilised to evaluate performance across all quality indicators during inspections, including Key Question 7:

Grade	Description	Definition
1	Unsatisfactory	Major Weaknesses - urgent remedial action required
2	Weak	Important weaknesses – priority action required
3	Adequate	Strengths just outweigh weaknesses
4	Good	Important strengths
5	Very good	Major strengths
6	Excellent	Outstanding or sector leading

More detail on the inspection framework can be found at: [Key Question 7](#)

### 3. Care Inspectorate Grades & Analysis

- 3.1 The table below outlines the grades awarded by the Care Inspectorate for seven residential services delivered by Glasgow City HSCP, which were inspected and received final reports over the reporting period 1st April – 31st December 2022.

Date of Inspection	Children's House/ Link to Full report	Grade for Key Question 7	No. of Requirements	No. of Improvements
8th June 2022	<a href="#">Kempsthorn</a>	2	5	1
23rd June 2022	<a href="#">Newlands Rd</a>	3	2	2
9th August 2022	<a href="#">Hinshaw St</a>	4	0	4
6th September 2022	<a href="#">Wellhouse</a>	4	0	2

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13th October 2022	<a href="#">Plenshin Court</a>	4	0	4
19th October 2022	<a href="#">Dalness</a>	4	0	4
1st December 2022	<a href="#">Broomfield</a>	5	0	0

- 3.2 Inspections of both Dalness and Wellhouse saw significant improvements within these services, with grades of good (4) being awarded. Both services had received grades of weak (2) in their previous inspection.
- 3.3 Broomfield Children's House and Hinshaw Children's House also saw their grades increase, from good (4) to very good (5); and from adequate (3) to good (4) respectively.
- 3.4 No requirements were identified in 5 out of the 7 services, with the themes from these reports, focusing on improvement and enhancement of the services.
- 3.5 The inspection of Kempsthorn Children's House came at a time of significant change within the service, both at a leadership and a practitioner level. Since this inspection, further changes have been made to the leadership team, who are now working closely with the Care Inspectorate to implement the service's improvement plan and monitor progress. A new House Manager and external manager have been appointed and the staff team have undertaken the Nurture Training Programme. The actions identified in the improvement plan have been completed and regular auditing of progress against the improvement plan is being undertaken. A further inspection is anticipated.
- 3.6 The improvement plans addressed the identified requirements and areas of improvement outlined in the inspection reports and can be found in Appendix 1. There is no action plan for Broomfield as no requirements or improvements were noted.

## 4. Key Themes from Inspection Reports

- 4.1 A number of key themes have emerged from inspections that are consistent across a number of services. These demonstrate the overall strength of children's residential services, and readiness to deliver on *The Promise* agenda for change.
- 4.2 Key themes include the delivery of consistent, relational and trauma-informed care, improvement in systems and structures within services to support effective service delivery, a focus on education and attainment for children and young people and, a strengthening of their voice and participation in the planning of their care.
- 4.3 Common themes also emerged in relation to areas of development for services that will help to inform the broader improvement agenda for children's residential services. This includes the matching of children and young people into services, enhancing peer relationships and managing risk. Staffing ratios, to ensure that we meet the safe staffing levels set out by both our internal Health & Safety team, and also the care inspectorate were also identified as a priority area in 6 out of 7 houses inspected.

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- 4.4 Other priority areas include access to external consultation, particularly within the field of neurodiversity and mental health, to ensure that services are able to meet the complex needs of Glasgow's children and young people.

### **5. Key Service Developments and Challenges**

- 5.1 The services typically operate at capacity in terms of numbers of registered beds. In order to provide a more sophisticated matching process in relation to young people's needs and the mix already living in the houses, we will need to continue to work on reducing the number of people requiring care so that the system has some capacity to pursue and ensure best practice around placement matching.
- 5.2 The service requires to provide care for young people with increasingly complex needs in relation to neurodivergence, mental health, trauma, and young people who present a high risk to themselves and others. This is becoming increasingly challenging as the service seeks stability and continuity of care for young people with more complex needs. Also, the challenge is a positive consequence of less placement breakdown and because of fewer young people moving to placements out with the city.
- 5.3 Residential services continue to be a vital support in relation to looking after young unaccompanied asylum seekers who come to the city. Often the initial response to caring and assessing their needs is in a residential setting. In conjunction with the city's Asylum Team, assessment and support is currently provided to 15 unaccompanied children and young people. All are accommodated on an emergency and unplanned basis.
- 5.4 To further support the planning for children and young people in care placements, the independent review team has been introduced. The introduction of the model of My Meetings has greatly enhanced both the voice and participation of children and young people in the planning of their care.
- 5.5 Care planning for children and young people in residential care has been further enhanced through joint work between children's residential services and the Care Inspectorate. This work has focused on the development of a new care plan which is both SMART and child centered. Improvements in care planning, influenced by both the introduction of the Independent Reviewing Officers (IRO's) and developments in care planning within services, have been identified by the Care Inspectorate and contributed to the improvement of grades in this area.
- 5.6 The service has now implemented a model of care – the Nurture Framework - that is supporting the development of relational and trauma-informed practice within children's houses. This is an evidence-based model of care that has been utilised within schools in Glasgow for over 10 years. It has also been successfully implemented in residential and fostering and adoption services in other Local Authorities.
- 5.7 Implementation of the model has been achieved with the support of partner agencies in Education and Glasgow Virtual School (GVS). This has involved a 4-day training course for all practitioners, and access to 6 weekly coaching sessions from colleagues in Glasgow's Educational Psychology Services (GEPS).

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- 5.8 In 2023, implementation will be extended to include a Nurture through Leadership programme, targeting developmental support to House managers and Senior Residential Practitioners. This will be led by partners in GVS, GEPS and Education Services. Nurture @ Nights, a programme focusing on developing nurture informed practice at nights, will also be rolled out to all night-shift practitioners who were unable to access the 4-day training course.
- 5.9 Since the introduction of the programme, there has been a significant reduction in the use of physical restraint within children's residential services.
- 5.10 The service is currently involved in a pilot programme with Kibble and Aberlour aimed at delivering on the aspirations of *The Promise* to be a nation that doesn't restrain its children. This programme will build on the work already underway in relation to the shift towards trauma-sensitive practice and will focus on the theme of containment both in relation to systems and leadership.
- 5.11 The service is currently caring for a significant number of children and young people who are either diagnosed or undiagnosed neurodivergent. External consultation and support from partners in Specialist Children's Services, Children and Adolescent Mental Health Services (CAMHS) and GEPS is an area of priority for residential services, to ensure effective care and placement stability.
- 5.12 A training needs analysis for all staff has been undertaken, and mandatory training in relation to Promoting Positive Behaviour (PPB), child protection, nurture, suicide prevention/suicide cluster, first aid, and fire awareness has been provided. Further training on child sexual exploitation, sexually harmful behaviour, healthy relationships and sexual health and autism spectrum disorder has also been prioritised for those houses with an identified need.

## 6. Development Updates

- 6.1 Seamill Street Children's House has now closed, and has been replaced by Moss Park, a purpose built 8 bedded house, which opened in August 2022.
- 6.2 A new purpose built 8 bedded house is currently under construction at Butterbiggens Road and is due for completion in February 2023. This will replace the current 8 bedded children's house at Monreith Road East.

## 7. Recommendations

- 7.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) note the findings of this report in respect of care inspectorate grades awarded to directly provided children's houses;
  - b) note the introduction of a new key question to support inspection processes within children's residential services; and
  - c) note information relating to service developments and challenges, and future developments.

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**Provided Children's Residential Services  
KEMPSTHORN ACTION & DEVELOPMENT PLAN**

**Reporting to: SERVICE MANAGER / ERICA BARR – CARE INSPECTORATE, ANDREW NELSON**

**Timescale: 30 June 2022**

Identified actions to address requirements and areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection on 8 June 2023.

[Kempsthorn Report](#)

Requirement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?
<p><i>By 30 June 2022, the provider must protect the safety of those who use and work in the service. To do this, the provider must, as a minimum:</i></p> <ul style="list-style-type: none"> <li>• <i>Operate an effective risk assessment policy and procedure which correctly and accurately identify all risks to young people and staff.</i></li> </ul> <ol style="list-style-type: none"> <li><i>1. Provide a robust and responsive system for the review of risk that results in the implementation of strategies and resources which reduce risks to a safe level.</i></li> <li><i>2. Put in place a coherent system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day and night, considering young people's physical, emotional, and social needs.</i></li> </ol> <p><i>This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</i></p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).</i></p>		



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Action Planned	Timescale	Who is Responsible	Outcome
We have updated all risk assessments, including specialized assessments, and have created a process to ensure these are updated immediately post incident or on a monthly basis. Upon updating the information, these will be approved by a member of the management team	Immediate	House Manager	Complete
We have introduced a process to review violent incidents. We will be looking at antecedents, presenting behavior and the outcome and responses, in order to identify patterns and interventions that will mitigate the likelihood of the risk reoccurring.	Immediate	House Manager	Complete
We have introduced a monthly staffing review that considers the needs and demands of the service. While completed on a monthly basis, this is adjusted as required.	Immediate	House Manager	Complete

Requirement 2	Key Question 7	How well do we support children and young people's rights and wellbeing?
<p><i>By 30 June 2022, the provider must ensure quality care, support, and protection through the effective management of incidents and any notifiable events. To do this, the provider must, as a minimum:</i></p> <ol style="list-style-type: none"> <li><i>1. Implement an incident notification and recording process which ensures the accurate recording of incidents.</i></li> <li><i>2. To support effective scrutiny of the service, the provider should ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us in accordance with this guidance and Inspection report Inspection report for Kempsthorpe RCU page 5 of 13 provide assurance to the Care Inspectorate that the service is responding appropriately to the level of concern.</i></li> <li><i>3. Ensure that the response and analysis of incidents results in actions which minimise the risks to young people's and staff's safety to an acceptable level. • The service should continue to develop consistent approaches to analysis of incidents, including incident recording and debriefs. This will ensure a detailed knowledge of patterns relating to young people's care and support.</i></li> </ol> <p><i>This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</i></p>		

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<i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).</i>			
<b>Action Planned</b>	<b>Timescale</b>	<b>Who is Responsible</b>	<b>Outcome</b>
There is now a document created that tracks incidents, completion of manager investigation, completion of debrief and notification to Care Inspectorate.	Immediate	House Manager	Complete
As above, there is now a robust process to ensure all notifications to the Care Inspectorate are done timeously. To supplement this, we are also submitting a weekly analysis of incidents separately.	Immediate	House Manager	Complete
As above, the analysis includes reflection and planning to manage and mitigate risk	Immediate	House Manager	Complete
The document created that tracks incidents, completion of manager investigation, completion of debrief allows scrutiny and assurance an analytic approach to review and debriefs.	Immediate	House Manager	Complete

<b>Requirement 3</b>	<b>Key Question</b>	<b>How well do we support children and young people's rights and wellbeing?</b>
<p><i>By 30 June 2022, the provider must ensure that children and young people receive quality care and support by having in place robust quality monitoring procedures. To do this, the provider must, as a minimum:</i></p> <ol style="list-style-type: none"> <li><i>1. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.</i></li> <li><i>2. Ensure that quality assurance systems are used effectively in order to identify areas for improvement.</i></li> </ol> <p><i>This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).</i></p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).</i></p>		

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Action Planned	Timescale	Who is Responsible	Outcome
We will evidence the effectiveness in meeting the needs of the young people by reviewing placement plans for positive progress, through key time/one-to-one time with the young people, and by the ongoing analysis of incidents etc.	Immediate	House Manager	Complete
We have established monthly audit checks and are completing monthly scrutiny for the external managers.	Immediate	House Manager	Complete

Requirement 4	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<p><i>By 30 July 2022, the provider must ensure that children and young people receive quality care and support. To do this, the provider, must as a minimum:</i></p> <p><b>1.</b> <i>Ensure that the aims and objectives of Kempsthorn reflect its current use as a service for young people with complex needs and who have experienced a range of social, emotional, and behavioural challenges which require a high level of understanding and support.</i></p> <p><b>2.</b> <i>The aims and objectives should reflect the high-level needs of the young people staff will be expected to support. • The live self-evaluation and improvement plan should be regularly updated.</i></p> <p><i>This is to comply with Regulation 4(1)(a) and (d) (welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Inspection report Inspection report for Kempsthorn RCU page 6 of 13</i></p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My human rights are central to the organisations that support and care for me' (HSCS 4.1); and 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).</i></p>			
Action Planned	Timescale	Who is Responsible	Outcome
We will look to create a mission statement that contains the ethos and culture that we wish to achieve and include how we plan to accomplish this.	Immediate	House Manager	Complete
We will take the high-level needs into account when producing the aims and objectives	Immediate	House Manager	Complete
We are acutely aware of the improvement that is required, and initial plan was shared with the care inspectorate prior to the draft report, and we have been working to conclude these tasks.	Immediate	House Manager	Complete

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We are endeavoring to be introspective and honest in what we need to achieve, and will include these outcomes in an ongoing live, service development plan.	Immediate	House Manager	Complete
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Requirement 5	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<p><i>By 30 June 2022, the provider must ensure staff are equipped to keep young people safe. To do this, the provider must, as a minimum:</i></p> <p><i>1. Risk and staffing needs assessments must ensure that both care and support arrangements are predicated on the safety of young people and staff being of paramount concern.</i></p> <p><i>2. The service should ensure that all relevant staff have access to and complete training specific to the needs of those in their care. A detailed training needs analysis would be supportive of staff development in promoting improved outcomes for young people.</i></p> <p><i>3. The service should ensure that formal supervision is reinstated in a timely manner and occurs in line with the provider's policy, for all relevant staff. Formal assessment of skills and abilities should routinely form ongoing management of performance.</i></p> <p><i>This is to comply with Regulation 15(b)(i) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).</i></p>			
Action Planned	Timescale	Who is Responsible	Outcome
We have introduced a monthly staffing review that considers the needs and demands of the service. While completed on a monthly basis, this is adjusted as required.	Immediate	House Manager	Complete
We have taken immediate steps to arrange training for staff to allow completion of day-to-day tasks. A more comprehensive and young person specific training plan is being developed and one input has taken place	Immediate	House Manager	Complete
Staff are being matched against the Residential Childcare Learning Pathway	Immediate	House Manager	Complete

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The return of a full management team has allowed for staff to be assigned to a member of the management team for supervision. All staff were scheduled for supervision before the end of June.	Immediate	House Manager	Complete
We will be seeking to complete Personal Development Plans	Immediate	House Manager	Complete

Areas of Improvement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>Young people achieve positive outcomes that are supported by the implementation of SMART (specific, measurable, achievable, relevant and time-bound) care planning strategies and underpinned by robust assessment of need and risk. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
New care plans have been introduced and these have been completed in conjunction with the young people and will be reviewed on a monthly basis	Immediate	House Manager	Complete
We are aware of the impending change to the care plans and will implement this when this comes into practice.	Immediate	House Manager	Complete

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### Provided Children's Residential Services NEWLANDS ACTION & DEVELOPMENT PLAN

**Reporting to: SERVICE MANAGER, PAUL BOYLE – CARE INSPECTORATE, ANDREW NELSON**

Link to full report: [Newlands Report](#)

Requirement	Action we need to take	Who responsible	Timescale
Put in place a coherent system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day and night, taking into account young people's physical, emotional and social needs.	Discuss young people's needs/risks + diary commitments at Tuesday Team Meeting and record assessed staffing level required for week ahead in diary. Anne to notify if change to need for 3 on night shift. Note on Shift Cover Required sheet when shifts "not covered" to assessed staffing level. Sheets retained at month end in "Care Inspectorate" folder in Management Cupboard.	Team Meeting Chair  All of us.	Starting in January.  Starting with sheet for December. (Scott will also put earlier ones in folder.)
The service should ensure that all relevant staff have access to and complete training specific to the needs of their service. A detailed training needs analysis would be supportive of staff development in promoting positive outcomes for young people.	Core Training Matrix turned into a proforma to be completed with/for each member of staff. ASM to undertake Training Needs Audit for us.	Line Managers  ASM, SRP, House Manager.	By end of January for confirming current situation + follow up required. Commencing in January.

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The service should ensure that formal supervision is re-instated in a timely manner and occurs in line with the provider's policy, for all relevant staff.	Proforma for 2023 supervision schedule on noticeboard. Minimum 6 weekly sessions. Record of session on official proforma to be emailed to all of us for info.	Line Managers	Proforma already on noticeboard.
To support effective scrutiny of the service, the provider should ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us in accordance with this guidance and provide assurance to the Care Inspectorate that the service is responding appropriately to the level of concern.	Summary of events triggering a notification can be found on noticeboard.	All of us are responsible for submitting notifications.	Already actioned.
The service should continue to develop consistent approaches to analysis of incidents, in order to ensure that this results in actions which minimise the risks to young people's and staff's safety to an acceptable level. This will ensure a detailed knowledge of patterns relating to young people's care and support.	Should be reflected in Risk Assessments (Positive Behaviour Plan), Prevention Plans, Chronologies, Safety Plans (where required by level of risk), Team Meeting minutes.	Care Team /Line Managers	To tie in with SRP and SM Audits.
The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.	SRP Audits + Service Managers Audit to be completed monthly – to SM by middle of month.	Senior Residential Practitioner Service Manager House Manager	Commencing in January.
Area for improvement			
An effective risk assessment policy and procedure should accurately identify all risks for all young people and clearly identify strategies to be used.	Risk Assessments to be audited/closed off on monthly basis. Should be checked/updated as part of Managers Investigation of VI's/Incidents.	Senior Residential Practitioner  Care team	With immediate effect.  With immediate effect.

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Care plans need to be developed in consultation with young people to reflect their individual choices and preferences. Care plans must reflect a responsive, person-centred approach.	My Meetings minimum of 6 monthly. My Plan produced monthly by 7 <sup>th</sup> of month. Weekly Together Time recorded on Care First as "Observation" then printed copy placed in YP file.	Keyworkers/Line Managers/ IRO Keyworkers/YP/Line Managers Keyworker/YP/Line Managers	Ongoing.  Commencing January. (May be mid-month in January before produced.)
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### **Provided children's residential services Hinshaw Children's house ACTION & DEVELOPMENT PLAN**

**Reporting to: SERVICE MANAGER, ERICA BARR – CARE INSPECTORATE, ANDREW NELSON**  
**Timescale:**

#### **Hinshaw Report**

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection on 2nd, 3rd August 2022. Please note, that there were 0 areas of requirement identified for this service.

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?
<p><i>1. To support young people to experience high quality, compassionate and nurturing relationships, the provider should further promote positive peer relationships within the house. The provider should also promote consistency in care approaches from all staff which has a strong emphasis on trauma-informed practice.</i></p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</i></p> <p><i>'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).</i></p>		

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Action Planned	Timescale	Who is Responsible	Outcome
1. The Care team have attended nurture training which has been implemented into daily practices. This will further be developed with the team through discussions of the nurture principle relating to young people at team meetings, supervisions and continued role modelling from the management team.	October 2022	House manager, SRPs and care team  Service manager	Complete
2. Nurture at night training to be given to nightshift teams and support to develop and implement trauma informed practice	March 2023	House management team Assistant service manager Marie Duncan	February 2023 dates scheduled
3. The management team will attend nurture leadership training to be supported to implement the nurture framework with the house and development of the care team with support from educational psychologists	February 2023	Management team	Completed
4. The young people continue to be supported with peer relationships with the care team by organising fun activities, holidays and social activities. This will be organised with the young people and organised to support healthy and nurturing relationships	Currently in place Monitoring and reviewing monthly	Care team, house management team	Completed
5. The young people will continue to have together time with the care team to build on relationships	Currently in place Reviewed by management team monthly	Care team, management team	
6. The young people have requested to continue young people's meetings as this is a safe space to discuss issues with each other and the care team.	Currently in place fortnightly	Care team, management team	Completed

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Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>Risk assessment processes should effectively and accurately identify all risks for all young people and clearly identify how strategies required to combat risk, should be implemented.</i> <i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:</i> <i>'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Training and development sessions in team meeting to support development of the care teams understanding of writing risk assessment and interventions to support young people.	September 2022	House Manager	Completed
2. The care team to be supported in developing skills in writing risk assessment from the management team through supervisions.	Monthly	SRP's, house manager	Reviewed monthly
3. Quality assurance of risk assessments systems in place and required to be authorised by the management team.	Monthly	SRPs, house manager	Completed
4. Management investigation following incidents to identify strategies and supports to combat risks and support the care team with early intervention recommendations in safeguarding young people. Debriefs following incidents support the care team to reflect on practices, risks and intervention for the young people.	As required	SRPS, house management	Completed – reviewed regularly
5. Quarterly audits are undertaken by the service managers to assess the quality of risk assessments for young people and are reviewed	Currently in place	Service manager	Completed – review regularly

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by the service manager as part of their analysis of incidents.			
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Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
<i>Individual care should be focused on recovery with information available to inform strategies to address historical trauma. This should include involvement of multi-disciplinary professionals, specifically mental health practitioners, to review outcomes and ensure a SMART (specific, measurable, achievable, realistic and time-bound) focus. This would enable staff to assess what young people needed and when.</i> <i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Care team to involve multi-disciplinary practitioners, mental health services and experienced skilled professional teams i.e., ISIMS, Social workers, Care Experienced Team, speech and language (neurodiversity support) and counselling services to support young people's care plans and identify strategies to prevent risk and support recovery from experienced trauma.	September 2022	Care team, management team	Completed Reviewed monthly through audits
2. Care team will review and discuss care plans on a monthly basis with case management team. Case discussion to be discussed on a two weekly basis at team meetings.	September 2022	Care team, management team	Completed
3. Care team to review and discuss young person's care plan with Independent Reviewing Officer and action outcomes following young person's my meeting ensuring SMART focus.	September 2022	Care team, management team and independent reviewing officer	Completed
4. Information session s for care team for health for all team, life links, speech and language for autism	November and ongoing monthly sessions	management team, house manager Service manager	Completed continually reviewed as needs led.

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and any other needs led resources required for young people			
5. Care plan audits from the management team on a monthly basis, Audits to be sent to service manager monthly	In place and reviewed monthly	Management team, service manager	Completed – continued to be reviewed as needs led

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>The service should ensure that all staff have regular opportunities for good quality supervision in line with the organisation's supervision policy. We would also suggest that a staff appraisal system is implemented for all staff. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Senior Residential Practitioners are currently being supervised by House Manager every 4 weeks. Supervision dates are put in diary and outlook calendars and supervision dates are recorded in the supervision matrix table in the management EDRMS.	Reviewed 6 monthly	House Manager	Complete
2. Residential Workers are currently being supervised by Senior Residential Practitioners every 4 to 6 weeks. Supervision dates are in diary and recorded in the matrix table in EDRMS. Supervision is prioritised at all times, and if rescheduled due to unforeseen circumstances, it takes place at the earliest opportunity.	Reviewed 6 monthly	House manager, SRPs	Complete

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3. Supervision notes are provided within 7 days of supervision taking place and a copy is stored in the EDRMS.	Reviewed monthly	Management team	Complete
4. An appraisal system has been implemented for all Management and Residential staff to prepare, discuss, plan, action and review Personal Development Planning every 6 months within a competency framework, what we do, how we do it.	February 2023	Service manager, house manager and SRPS	

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### Provided children's residential services

### WELLHOUSE CHILDREN'S HOUSE ACTION & DEVELOPMENT PLAN

Reporting to: SERVICE MANAGER, PAUL BOYLE – CARE INSPECTORATE, FIONA SHIELS

Timescale:

### Wellhouse Report

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection on 6<sup>th</sup> September 2022.

Please note, that there were 0 areas of requirement identified for this service.

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>To safeguard young people’s care, support, and protection the provider should have in place an effective management of incidents and any notifiable events. This should include, but is not limited to: The provider should continue the development of consistent approaches to analysis of incidents, including incident recording and debriefs. This will ensure a detailed knowledge of patterns relating to young people's care and support. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.</i> <i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Monitoring systems have been put in place to ensure that recording practices are up to date and accurately recorded by key workers and that they reflect safe practice in line with individual risk assessments for all young people.	October 2022		
2. Senior Residential Practitioners are monitoring and reviewing monthly with a new quality assurance system in	November	House Manager, SRPs and care team	Complete

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place. This will be evidenced within monthly auditing tool and overseen by house manager and sent to external manger monthly.			
3. House manager and external service manager will meet regular to complete an analysis of incidents to help identify patterns in incidents and supports for the care team.	January 2023	SRP, House Manger and service manager	Complete
4. 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 use within the young person risk assessment/ PPB plan will be agreed by the young person and social workers and signed off.	September 2022	House manager and service manager	Quarterly
These plans will be reviewed monthly or sooner if required. Any recorded intervention used will be notified as required and recorded in internal health and safety forms.		Care team, SRPS and house manager	complete

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<p><i>2.To support young people to achieve positive outcomes the provider should ensure that they are supported by the implementation of SMART (specific, measurable, achievable, relevant and time-bound) care planning strategies and underpinned by robust assessment of need and risk. This should include, but is not limited to: • Ensure risk assessment processes effectively and accurately identify all risks for all young people and clearly identify how strategies required to combat risk, should be implemented. • Goals identified within care plans should be 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.</i></p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24). 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15)</i></p>			
Action Planned	Timescale	Who is Responsible	Outcome
Risk assessment will be reviewed monthly or sooner if required and will reflect identified risks and strategies to combat these risks. Young people will	Immediately	House Manager, SRPs	Complete

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be involved in the risk assessment process and their views will be reflected.			
All professionals involved views will be included in these risk assessments.	November 2022	Care team, management team	Complete
All risk assessments completed will be sent to management team to review and authorise to ensure quality assurance processes support the development of risk assessments and development of the care team	Immediately	Care team, management team	Complete
All young people will have a missing person profile in line with the Respect Me Programme. These will be updated and reviewed as required.	November 2022	Care team, management team	Complete
All care plans will be developed in conjunction with the young people to reflect choices, preferences and measured outcomes. Young people will be involved in the planning process, which will consider their individual choices and preferences and will reflect SMART system.	January 2023	Care team, management team	
Realistic timescales will be set with all young people.			
Management team will support the care team with learning and development opportunities with smart planning through team meeting discussions, supervisions and training. Team meetings will have fortnightly case discussions to support the development of care planning and risk assessment processes.			

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### Provided children's residential services

Plenshin court

### ACTION & DEVELOPMENT PLAN

Reporting to: SERVICE MANAGER, PAUL BOYLE – CARE INSPECTORATE, STEPHANIE STEWART

Time scale:

### Plenshin Report

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection on 3<sup>rd</sup>, 4<sup>th</sup> October 2022. Please note, that there were 0 areas of requirement identified for this service.

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>To support the safety of children and young people, an effective risk assessment policy and procedure should clearly inform strategies and interventions. This should include, but not be limited to, improvements to risk assessments and training for all staff in child protection.</i>			
<i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
Plenshin Court Children’s House have responded in relation to training and in particular child protection awareness training with a four stage plan, all staff members have now completed GCC’s online GOLD training modules(stage 1), stage two includes an in-house	January 2023	House management team	

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<p>training and development day on Child Protection and will be delivered by one of the services Child Protection trainers, this should take place before 31/01/2022.</p> <p>Once stages one and two have been completed stage three will include a bespoke inhouse input session from one of GCC's Child Protection staff on Child Sexual Exploitation.</p> <p>Stage four will include all staff attending a two day Child Protection Course at GCC training centre, this will be rolled out to all staff members at Plenshin Court during 2023 and the House Manager will coordinate this training with the service's Assistant Service Manager for Learning and Development.</p> <p>The management team at Plenshin Court Children's House are in the process of reviewing the risk assessments for our young people and will focus on providing educational information to the care staff in terms understanding risk assessment policy and procedure for both the children's house and for the service in terms of their remit. Monthly staffing reviews will take place to review risk assessments and needs led strategies and interventions for our young people, these monthly reviews will also determine any improvements/changes (as risk factors are changeable) that can be made to the risk assessments and also identify both training and learning and development opportunities for the staff member undertaking the monthly review.</p> <p>A detailed training needs analysis will be undertaken from a supervisory capacity and this will be supportive in identified staff development/training in promoting improved outcomes for young people.</p>	December 2022	Care team, House manager and SRPS	
	January 2023	House Manager/ SRPs	
		Assistant service manager House management team	

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Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<p><i>To ensure accountable and safe practices, recording practices across the service should be improved.</i></p> <p><i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice (4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).</i></p>			
Action Planned	Timescale	Who is Responsible?	Outcome
<p>Since the inspection the staff team have participated in a lessons approach following the recommendations determined in the report, part of this was being reflective as a staff team and recognising and accepting our inhouse recording practices can be improved including matching our recordings to the critical risk assessments (identifying needs led supports and interventions) and ensuring staff will the implement the best guidance and best practice to support our young people by implementing the action points from these various risk assessments, for example ensuring accurate and updated missing person's profiles are adhered to.</p>	Immediately	Care team, management team	Completed
<p>The house will also promote as part of their action plan and developments ensuring inhouse recordings are more person centred in the writtten details including what supports, challenges and safe guidance has been offered to the young person when in times of a potential crisis or difficult life events for that young person. The house will also promote and improve their written recordings via the ethos of <i>The Promise</i> and my time together time and review the professional love style of writing inhouse as part of the recordings review.</p>	November 2022	Care team, management Team	

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Plenshin Court Children's House now have established monthly audit checks and are completing monthly scrutiny for the external managers. The monthly checks should also support the young person's full helping team to consider making changes or improvements to the young person's care plan and be explained in a positive way to the young person.	November 2022	Management team, service manager	Completed
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Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>To ensure that children and young people are cared for within an appropriate service, an effective procedure for matching young people’s care needs should be clearly implemented with consideration to the dynamics of individual care homes and skill mix of staff.</i>			
<i>This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
<p>Plenshin Court Children’s House management team will refer to GCC’s Placement Admissions Process and Policy dated March 2021 and refer to the Care Inspectorate’s guidance Matching Looked After Children and Young People: Admissions Guidance for Residential Services as an admissions reference toolkit to complement HSCS1.19.</p> <p>In addition to this the House Manager will be requesting in advance where possible the Social Work referral and background paperwork to any potential new admission by doing so will allow for a fuller consideration for matching young people’s care needs alongside the existing dynamics/care needs of the young people already living at Plenshin Court Children’s House.</p>	Immediately	Management team, service manager	Completed

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<p>The Service Manager also requires to complete an impact risk assessment on a young person's admission, this assessment will provide a higher remit professional assessment of the young person's care needs to be matched against the existing dynamics/care needs of the young people already living at Plenshin Court Children's House.</p> <p>Plenshin Court Children's House operate with an inhouse case team for the young person, the case team will play a critical role in identifying the young person's care needs and includes the consideration of the dynamic group living needs including individual needs and confidentiality of the young people which in turn will offer a loving, thriving, safe and secure children's home.</p>			
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Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
<p><i>To ensure that staff are well supported and young people get the best quality of care, the service should ensure formal support and good quality supervision take place, in line with the providers supervision policy.</i></p> <p><i>This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (3.14), and with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5)</i></p>			
Action Planned	Timescale	Who is Responsible	Outcome
Since the inspection, the management team have implemented a diary supervision log for all staff members. New staff member and Senior Residential Practitioner has now received supervision training which will provide further supports and in line with GCC's supervision policy. A refocus of staff's personal/professional development plans for 2023 will incorporated into supervision sessions.	Immediately          March 2023	House management team	Completed

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<p>The service will also implement rota team supervision and will have planned reflective practice and development sessions that will support staff development and improve by participating in these sessions. These sessions will be developed and interlink to important and best practice training, for example Plenshin Court Children's House has commenced Nurture Training on 23/11/2022 and the rota supervision session will focus on using and reflecting on the Nurture principles and complement the Health and Social Care Standards, thus further supporting our young people and children living at Plenshin Court.</p>	November 2022	House management team	Completed
<p>To ensure the staff are well supported the House Manager has become a Human Resources Champion in which he will provide further supports in terms of staff having access to the latest employee health and welfare supports, given the at times the complex nature of work we undertake as a staff team.</p>	November 2023	House manager	Completed

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**Provided children's residential services**  
**DALNESS ACTION & DEVELOPMENT PLAN**

**Reporting to: SERVICE MANAGER, ERICA BARR – CARE INSPECTORATE, ANDREW NELSON**

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>To ensure that children and young people are cared for within an appropriate service, an effective procedure for matching young people’s care needs should be clearly implemented with consideration to the dynamics of individual care homes and skill mix of staff. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Matching guidance and assessment has been developed and implemented. This will be used to evidence decision-making in relation to future admissions. This assessment will consider the needs of the young person being accommodated, and the needs of those young people who are already living within the house	October 2022	Service Manager	Complete

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?
<i>Young people will be supported by staff that are well trained and equipped to offer support and protection that helps young people recover. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).</i>		

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Action Planned	Timescale	Who is Responsible	Outcome
1. Ensure that all carers, across both days and nights have completed their Nurture Training.	December 2023	House Manager, ASM, lead on L&D	
2. 6 weekly coaching from Glasgow's Educational Psychology Services to be provided to support the integration of the Nurture Framework in all aspects of care.	October 2022	House Manager, GEPS	Complete
3. Audit of written recordings to be completed by ASM, Marie Duncan to identify learning needs in relation to trauma-sensitive recording.	March 2023	House Manager ASM, lead on L&D	

Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
<i>Behaviour support processes should effectively and accurately identify all risks for all young people and clearly identify how strategies required to combat risk should be implemented. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Current risk assessment to be reviewed to ensure that the format meets the needs of the service and is user friendly.	March 2023	Service Manager	
2. Support from L&D to develop the care teams understanding of and ability to write detailed risk assessments including PPB support plans, that clearly detail effective interventions.	March 2023	House Manager ASM, lead for L&D	
3. Good practice example to be developed to support understanding in relation to the completion of risk assessments.	March 2023	House Manager	

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Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>Young people will benefit from improvement and developments that are identified alongside them and managers being clear about how progress is being measured. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).</i>			
Action Planned	Timescale	Who is Responsible	Outcome
1. Manager to take part in <i>The Promise</i> Design School. This includes a 4 day course on the Model, <i>Scottish Approach to Service Design</i> , which seeks to develop services, collaboratively with service users	December 2022	House Manager	Complete
2. Support from <i>The Promise</i> Participation workers to develop a service development plan in collaboration with the young people	June 2023	House Manager IRO	
3. Quality Assurance systems to be reviewed in conjunction with young people, and appropriate changes made to make this a meaningful process	June 2023	House Manager Service manager Promise Participation Workers	
4. Carers to be supported to evidence young people's participation in service development.	June 2023	House Manager	

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