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Item No. 10

Meeting Date Wednesday 19th February 2020

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

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**CARE INSPECTORATE ACTIVITY WITHIN
DIRECTLY PROVIDED CHILDREN'S RESIDENTIAL SERVICES
AUGUST 2019 – JANUARY 2020**

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with a summary of Care Inspectorate activity within provided Children's Houses for the period August 2019 – January 2020.
Background/Engagement:	The Care Inspectorate is the independent regulator of social care and social work services across Scotland formed under the Public Service Reform (Scotland) Act 2010. Statutory inspections of Children's Houses are carried out once a year. The cycle of inspection is a minimum standard and services may also be subject to further inspection and scrutiny activity including investigation of complaints. Inspection reports are published on the Care Inspectorate website.
Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the findings of this report in respect of the range of children's houses inspected; b) note the introduction of a new quality framework and revised inspection methodology following the introduction of new Health and Social Care Standards in April 2018; and c) note the current service developments, challenges, and future developments.

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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	The report relates most specifically to outcomes 3, 4, and 7.
Personnel:	None
Carers:	None
Provider Organisations:	The report contains a reference to the involvement of a voluntary sector provider to support the Continuing Care resource to be delivered at the Airth Drive home.
Equalities:	None
Fairer Scotland Compliance:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Poor inspections may mean that young people are not receiving good quality care. There are also risks to the reputation of the Health and Social Care Partnership as inspection reports are publicised on the Care Inspectorate website.
Implications for Glasgow City Council:	Care Inspectorate grading's for children's houses managed by Glasgow City Council/Health and Social Care Partnership have

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	a direct impact on the public perception of the Council, and consequently the Health and Social Care Partnership. This report confirms an overall pattern of high inspection grades for these services.
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Implications for NHS Greater Glasgow & Clyde:	None
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1. Purpose of Report

- 1.1 This report provides a summary of Care Inspectorate activity across directly provided Children's Houses (that is Houses provided and managed by Glasgow City Council/Glasgow City HSCP) between August 2019 and January 2020.
- 1.2 Detail is also provided on the new quality inspection framework.
- 1.3 The Care Inspectorate carried out and published final reports for a total of eight inspection reports during the reporting period.

2. Quality Framework for Care Homes for Children and Young People

- 2.1 The Care Inspectorate has developed new inspection frameworks which reflect the ambition of the new [Health and Social Care Standards](#). These are focussed on wellbeing and the difference that high quality care and support makes to people's lives. A new quality framework is in place for inspection of children's residential homes and this new methodology was utilised for inspections from August 2019.
- 2.2 The framework is based on the new Health and Social Care Standards which came into effect in April 2018. The standards highlight outcomes which encompass the care a person should expect when using health and social care services in Scotland.

These headline outcomes are:

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides the premises.

The standards are underpinned by five principles:

- Dignity and Respect
- Compassion
- Be included
- Wellbeing
- Responsive Care and Support.

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Details on the new standards can be found at www.newcarestandards.scot

2.3 The new Quality Framework for Care Homes for Children and Young People focussed on outcomes and how well children and young people experience our care. There are six key questions, the first of which is:

- **How well do we support children and young people's wellbeing?**

To understand what contributes to that there are a further four key questions:

- **How good is our staff team?**
- **How good is our leadership?**
- **How good is our setting?**
- **How well is our care and support planned?**

Under each question there are three to four "quality indicators".

The final key question is:

- **What is our overall capacity for improvement?**

Appendix 1 provides an illustration of the "key questions" and "quality indicators".

A six point scale is retained to evaluate performance across quality indicators during inspections:

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

More detail on the new inspection framework can be found at:
www.careinspectorate.com/index.php/inspections/new-inspections.

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3. Care Inspectorate Grades

- 3.1 There are currently 19 Children’s Houses holding the care of 147 children and young people.
- 3.2 Table 1 outlines the grades awarded by the Care Inspectorate for eight residential services delivered by Glasgow City HSCP, which were inspected and received final reports over the reporting period.

Table 1

Children’s House Date of Inspection / Date Report Published	How well do we support children and young 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?
Broomfield 4.10.19 / 15.11.19	5	Not Assessed	Not Assessed	Not Assessed	4
Dalness 6.8.19 / 10.9.19	2	2			2
Hamilton Park Avenue 29.8.19 / 24.10.19	4	4	4	4	3
Hinshaw Street 17.10.19 / 9.12.19	4	Not Assessed	Not Assessed	Not Assessed	4
Kempsthorn 6.8.19 / 9.10.19	5	Not Assessed	Not Assessed	Not Assessed	5
Milncroft 20.11.19 / 14.1.20	4	Not Assessed	Not Assessed	Not Assessed	4
Wallacewell 20.9.19 / 4.10.19	5	Not Assessed	Not Assessed	Not Assessed	5
Wellhouse 12.9.19 / 17.10.19	5	Not Assessed	Not Assessed	Not Assessed	5

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- 3.3 While the general performance is on the whole positive (with 7 scores of Very Good/Major Strengths and 9 scores of Good/Important Strengths) the Leadership Team remains focussed on addressing the 1 Adequate and 3 Weak/Important Weaknesses and the priority action required.
- 3.4 With respect to the 3 weak grades received, the inspection took place following the retirement of the long standing Unit Manager and consequently at a time of significant transition. A new Unit Manager, experienced and with a proven track record, is now in place and progressing the action plan with the Staff team.
- 3.5 Table 2 provides grading outcomes from the previous inspection of Houses in Table 1 above. The headings reflect the change in new methodology since August 2018 in that the grades are categorised under old inspection focus areas.

Table 2

Children's House	Date of final report	Management and Leadership	Staffing	Environment	Care and Support
Broomfield	March 19	5			5
	April 18	6			6
Dalness	October 18	4		4	
	September 17	5			5
Hamilton Park Avenue	January 19	3	5	3	3
	June 17	4			3
Hinshaw Street	February 19	4	5	4	4
	May 18	2	5	2	3
Kempsthorn	November 18	5	4		
	November 17	5		5	
Milncroft Road	November 18	5		5	
	October 17	5			5
Wallacewell	December 18	5			4
	November 17	5	5	5	5
Wellhouse	July 18	5	5	5	4
	December 17	3	4	4	3

4. Requirements and Areas for Improvement

- 4.1 Four requirements were received and a total of eleven areas for improvement were made across all 8 Children's Houses which received an unannounced inspection and had a report published during the reporting period. Detail is provided in **Appendix 2**.
- 4.2 All areas for improvement have an action plan attached to them to ensure improved performance and quality of service provision.

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5. Key Service Developments and Challenges

- 5.1 The service typically operates at, or slightly above, 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 unit, 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 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 as a result 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 25 unaccompanied children and young people. All accommodated on an emergency and unplanned basis.
- 5.4 The Children's Residential Peripatetic Team has now become established providing valuable support to the wider service by deploying additional workers across the 19 Houses to respond to exceptional operational needs. The Team has enabled the service to provide more flexible and responsive support recently providing vital bespoke care to individual young people with particularly complex needs.
- 5.5 To further support the planning for children and young people in care placements an independent review team is being established. This team will be deployed to ensure all of our children and young people have up to date high quality care plans in place.
- 5.6 This is part of our overall transformation programme and is linked closely to the work of the Care Experienced Team which is a joint initiative with Education to improve educational outcomes for young people who are looked after and accommodated.
- 5.7 Work is also underway with the Centre for Excellence for Looked After Children in Scotland (CELCIS) to enhance and develop Glasgow's fostering and residential services to support carers and residential staff to prevent placement breakdown. Audit work undertaken to date has evidenced that where children and young people have high quality assessments and plans in place their placements are more likely to succeed.

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6. Future Developments

- 6.1 St Vincent Crescent has been refurbished by Glasgow West Housing Association as a 4 bed Continuing Care Resource for young people moving on from provided residential. The resource is due to open in February 2020. Support for young people will be provided by a voluntary sector provider.
- 6.2 The Children's House at Airth Drive has now closed and will be replaced by a new-build 8 bedded home. A vacant site in Mossbank has been identified as suitable for new build and discussions are ongoing with City Property LLP regarding the acquisition of this land. Design of the new build is in development by DRS Project Management and Design Team and City Building has been identified as the contractor. Site start is estimated for April 2020 with completion estimated for 2021.
- 6.3 Airth Drive will be retained and fully refurbished delivering two semi-detached properties offering 4 beds as a Continuing Care resource to be supported by a voluntary sector provider.
- 6.4 The final stage of the current programme will involve the 6 bedded House at Seamill Street being replaced by a new 8 bedded home at Butterbiggens Road.

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 quality framework and revised inspection methodology following the introduction of new Health and Social Care Standards in April 2018; and
 - c) note information relating to service developments and challenges, and future developments.

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Appendix 1

The quality indicator framework

Key question 1: How well do we support children and young people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care and support planned?
1.1. 1 Children and young people experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff are recruited well	4.1. Children and young people experience high quality facilities	5.1. Assessment and care planning reflects children and young people's needs and wishes
1.2. Children and young people get the most out of life	2.2. Quality assurance and improvement are led well	3.2. Staff have the right values, skills and knowledge to care for children and young people	4.2. The setting enables children and young people to thrive and develop their independence	5.2. Parents, carers and families are involved
1.3. Children and young people's health and development benefit from the care and support they experience	2.3. Leaders collaborate to support children and young people	3.3. Staffing levels meet children and young people's needs, with staff working well together	4.3. Children and young people can be connected with and involved in the wider community	
1.4. Children and young people get the service that is right for them	2.4. Staff are led well			
Key question 6: What is our overall capacity for improvement?				

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The Six- Point Scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

6	Excellent	Outstanding or sector leading
5	Very Good	Major strengths
4	Good	Important strengths, with some areas for improvement
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

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An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

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Appendix 2

Care Inspectorate area for improvement and requirements, management response, responsible named person and timescale.

Unit	Areas for improvement / Requirements	Management Response	Responsible Person	Timescale
Dalness	<p><u>How well do we support children and young people's wellbeing?</u></p> <ol style="list-style-type: none"> 1. The service should ensure that there is robust safe storage and administration of medication. 2. The service should look to improve their recording practices to ensure that they are evidencing nurture and compassion, participation and recording of 1:1 time and that there is improved recording of key events 3. The service should review the protocol for recording and reporting of young people's whereabouts and communication with them when outwith the house. This will ensure clarity for those supporting young people who may be at risk in the community. 4. The service should develop confidence and strengthen communication between the staff team and people using the service. The service should 	<p>This area has already been improved with the introduction of two locked medication cabinets within the staff office. Regular medication audits will also take place regularly.</p> <p>1:1 work as part of a young person's care plan will be monitored and audited closely on a regular basis. Discussions around expectations with this have been discussed at team meetings and in staff supervision.</p> <p>Stringent risk assessments and risk management plans will be in place for each young person. Reporting and recording of young people being missing will be clear and consistent amongst the Dalness staff team.</p> <p>Young people's meetings will be held when possible. This has been difficult due to the current group of young people being out of the unit at different times.</p>	<p>Jimmy McMahon, Unit Manager</p> <p>Jimmy McMahon, Unit Manager</p> <p>Jimmy McMahon, Unit Manager</p> <p>Jimmy McMahon, Unit Manager</p>	<p>Completed</p> <p>Ongoing</p> <p>Completed</p> <p>Ongoing</p>

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	<p>improve the methods of meaningful participation using the service.</p> <p><u>How good is our leadership?</u></p> <p>Requirements</p> <ol style="list-style-type: none"> 1. The service should ensure that the access the up to date Care Inspectorate guidance on notifications and notify us in accordance with this guidance. 2. The provider must ensure that robust quality monitoring records and practices are in place, to evidence the effectiveness of the service, in meeting the needs of young people. 	<p>Team discussion has taken place regarding the importance of informing the young people of anything related to their care plan or general unit life as well as taking their views on board. The importance of regularly scheduled and structured 1:1 time taking place to discuss these, as well as taking advantage of time together (staff and young people) to ensure the young people are well informed and listened to has been reiterated.</p> <p>There had been an issue with the crossover of manager within the service, as well as the Senior Residential Practitioners (SRP) not having a log in. Both SRP's as well as the Unit manager now have access to the Care Inspectorate log in details and notifications have been consistent since the requirement has been made.</p> <p>Robust audits are now in place and take place on a monthly basis. These are completed by the writer, Kirsteen Forbes (SRP) and Katie McGurn (SRP). The staff team are now accountable for their paperwork and both positive and negative discussion will take place regarding this during regular supervision. The auditing paperwork is also currently under review. We are looking to improve this further.</p>	<p>James McMahon, Unit Manager</p> <p>James McMahon, Unit Manager</p>	<p>Completed</p> <p>Now consistently being done.</p>
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	<p><u>How well is care planned?</u></p> <p>Requirements</p> <p>1. Care plans need to be developed in consultation with young people to reflect choices and preferences of the young person. Care plans should reflect a responsive, person centred approach.</p> <p>Areas for Improvement</p> <p>1. The service should ensure that all risk assessments and missing person profiles are updated and accurately reflect each young person’s individual needs.</p> <p>Outstanding Requirement Not met from previous inspection</p> <p>1. In order to ensure that young people’s care plans are appropriate to their needs, the provider must work closely with all partner agencies to ensure the wellbeing of all young people is met without any undue delay. This should include ensuring young people are safe at all times, and appropriate actions should be taken if there are any welfare concerns. Children and young people should be supported to be full involved in developing and reviewing their care plan.</p>	<p>Every young person within Dalness now has a care plan. These are audited regularly, with the standard being scrutinised closely. The overall quality of the paperwork being used is also under review.</p> <p>This will be completed consistently across the Dalness staff team. Each profile will also contain a photograph, also contain detailed, pertinent and important information for each individual young person.</p> <p>As above care plans are now in place for all young people. Partner agencies are involved as appropriate and safe care strategies in place. Regular 1:1 team has ensured the involved of young people in their plans.</p>	<p>James McMahon, Unit Manager</p> <p>James McMahon, Unit Manager</p> <p>James McMahon, Unit Manager</p>	<p>Completed and ongoing</p> <p>All risk assessments have been updated and will be reviewed monthly.</p> <p>Completed</p>
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<p>Hamilton Park Avenue</p>	<p><u>How good is our leadership</u></p> <p>1. Whilst we were satisfied that improvement planning played an important part in the development of the service, we advised that it should be more aspirational in its efforts to improve outcomes for key stakeholders, particularly for young people. Improvement planning should also ensure that the views of all stakeholder groups help to inform how the service is managed and developed. By ensuring that the experiences and outcomes for young people remain at the forefront of improvement planning and that stakeholder groups, such as staff, are involved in decision about how the service is managed and developed, the service will demonstrate the value of involving people in supporting improvement.</p> <p><u>How good is our staff team</u></p>	<p>We will undertake periodic consultations with, service users, parents & carers, external professionals and other stakeholders. The feedback gather form these will be used to form the ongoing service development. Feedback must not be limited to what staff/others think the service wants to hear or what will cause least ripples. For feedback to be purposeful and working towards effecting change in service delivery it also requires to push the boundaries of practice and ask / challenge that little bit more. The plan would be that this way of thinking will motivate the staff for self-improvement.</p> <p>We will engage with the Childrens Rights Service to gather the independent views of the young people. Like above this will be focussed on aspirational goals as well as those readily achievable. (Health and Social Care Standard 1.9, 4.6, 4.8)</p>	<p>James Waite, Unit Manager</p>	<p>Immediate and Ongoing</p>
<p>Hinshaw Street</p>	<p><u>How well do we support children and young people's wellbeing?</u></p> <p>1. We noted that the appointment of a permanent manager to the service, complemented by a team of senior staff, showed that early indicators were of an improved culture of opportunity and nurture. However, we advised that it remained important to the ongoing development and sustainability of improvement, that managers consistently and over time, provide effective role modelling of expected practices, which encourage trust and reliability in the</p>	<p>The Manager has continued to work to support the staff team to meet the needs of a complex group of young people. The staff team as a whole is working in a positive and constructive way to provide high quality care to the young people residing in the Unit.</p>	<p>Angela Park, Unit Manager</p>	<p>Completed and ongoing</p>

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	<p>responses of staff toward young people living at the service. This practice will help to embed the more positive culture that had developed over recent inspections.</p> <p><u>How well is care planned</u></p> <p>1. The service should continue to develop personal plans with young people to ensure that these demonstrate clear and effective strategies aimed at promoting identified outcomes. This will encourage ownership of plans by young people who will more full accept that support relate to their overall needs and wishes</p>	<p>The Service has worked alongside young people to put in place personal plans, which are regularly reviewed to review progress and update as needs change</p>	<p>Angela Park, Unit Manager</p>	<p>Completed and ongoing</p>
Kempsthorn	<p><u>How well is our care planned?</u></p> <p>1. The provider should review the ways in which the information system is used to gather, store and share information about the resident young people. It should be as time effective for staff to use as possible as a means of freeing them to spend as much time with the young people as they can.</p>	<p>The Electronic Document and Records Management System is continuing to evolve to enable the efficient storage and management of information. Clerical Workers are in place to assist with this process where required.</p>	<p>Jimmy McMahon, Unit Manager</p>	<p>Completed</p>
Milncroft Road	<p><u>How well do we support children and young people's wellbeing?</u></p> <p>1. The service should review their system of medication to ensure the following:-</p> <ul style="list-style-type: none"> - Individual health care plans reflect the current medication regime - There are clear records of all medication on site - Records of controlled drugs accurately reflect overnight stays - All medication is stored in a manner which shows ease of access and identification. 	<p>Medication training has been provided to all staff. Recording and storage processes have been reviewed and adapted where necessary.</p>	<p>Joe McBride, Unit Manager</p>	<p>Completed</p>

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	<p>li addition, the service should ensure there is a system of robust audit and overview by management.</p> <p><u>How well is care planned?</u></p> <p>1. The Service should ensure that continuing care planning should be strengthened to ensure that the legislation is fully adhered to and that all young people are, from an early stage, supported to be informed of their rights and empowered to share their views.</p>	<p>The service ensures young people have regular key time with all the Shanari Wellbeing indicators being discussed and reviewed. This process is led by young people, and staff are fully committed to providing placements for the length of time which is the best interests of individual young people and in line with the legislation.</p>	<p>Joe McBride, Unit Manager</p>	<p>Completed</p>
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