

Item No. 13

Meeting Date: Wednesday 19th April 2023

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

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

Contact: Susan Orr, Head of Children's Services, Residential and Fostering

Phone: 0141

Children's Residential Services Update Report (April 2023)

Purpose of Report:	This purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee in relation to Care Inspectorate activity in Norse Road Children's House and Kempsthorn Children's House.
Background/Engagement:	The report customarily focuses on the activity in relation to the work of the Care Inspectorate and the regulation of the Children's Houses.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☒ Other ☐ Not Applicable ☐
Recommendations:	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 Norse Road; and b) Note the progress that has been made in Kempsthorn Children's House since the last inspection.

OFFICIAL

Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:

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.

Personnel:

None

Carers:

None

Provider Organisations:

None

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.

OFFICIAL

OFFICIAL

Implications for Glasgow City Council:	Care Inspectorate grading's for children's houses managed by Glasgow City Council/Health and Social Care Partnership have a direct impact on the public perception of the Council, and consequently the Health and Social Care Partnership.
Implications for NHS Greater Glasgow & Clyde:	None

1. Background

- 1.1 Glasgow City has 19 children's residential houses who care for 147 children and young people between the ages of 4 and 20. There are 434 care staff employed in the services.
- 1.2 This purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on care inspectorate activity within 2 children's houses: Kempsthorn and Norse Road.

2. Inspection Framework

- 2.1 Inspections of Children's Residential Service's 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?
- 2.2 From 1st April 2022, a new key question 7 was introduced: *How well do we support children and young people's rights and well-being?*
- 2.3 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.
- 2.4 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.
- 2.5 A six-point scale is utilised to evaluate performance across all quality indicators during inspections, including Key Question 7:

OFFICIAL

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:
www.careinspectorate.com/index.php/inspections/new-inspections

3 Care Inspectorate Grades & Analysis

- 3.1 Norse Road Children's House was inspected on 5th December 2022 and was awarded an inspection grade of 2 for Key Question 7.
- 3.2 Five requirements and 2 areas for improvement were identified. The full report can be accessed [here](#).
- 3.3 A robust and detailed action plan has been developed and is being implemented to address identified requirements and areas of development. See Appendix 1.
- 3.4 At the time of the inspection the service had been experiencing a period of crisis, managing a complex group of young people with key members of staff on sick leave. The care team had not had the benefit of the Nurture Training that most other services had received at that time.
- 3.5 Since the inspection the house manager has been absent, and an experienced house manager has moved across to implement the action & development plan. Good progress is being made.

4 Kempsthorn Children's House Progress Report

- 4.1 As detailed in the [annual report](#) to the Committee, Kempsthorn Children's House was inspected on 22nd June 2022 and was awarded an inspection grade of 2 for Key Question 7.
- 4.2 A robust and detailed action plan was implemented to address identified requirements and areas of development. See Appendix 2.
- 4.3 The care inspectorate undertook a follow-up visit to Kempsthorn on 14th March 2023 to assess progress in relation to the identified requirements and areas of development. The full report can be found at Appendix 3.

OFFICIAL

OFFICIAL

- 4.4 This visit was not an inspection and therefore did not involve a re-grading of the service. A full inspection will be undertaken at the beginning of the new inspecting year which commences on 1st April 2023 during which the service will be regraded.
- 4.5 Following on from the visit to assess progress, the Care Inspectorate have confirmed that all identified requirements and areas of development have been met within timescales. See Appendix 2.
- 4.6 The following areas of improvement were noted:
- Significant reduction in Violent Incidents within the service since the last inspection. This has decreased from 56 in the months between April and June 2022, to 23 for the months September to December 2022. January to March 2023 has saw a further decline to 11.
 - Significant reduction in Physical Restraints within the service since the last inspection. This has decreased from 40 in the months between April and June 2022, to 18 for the months September to December 2022. January to March 2023 has saw a further decline to 5.

5 Recommendations:

- 5.1 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 Norse Road; and
 - b) Note the progress that has been made in Kempsthorn Children's House since the last inspection.



**Children's Residential Services
Norse Road – Action and Development Plan – 16.01.2023**

Service Manager: Steve Purcell – Care Inspectorate: Stephanie Stewart and Andrew Nelson

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection on 5th & 6th of December 2022. Please note, that there were 6 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?	
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).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Matching guidance and assessment have 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	February 2023	Service Manager	Complete

OFFICIAL

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
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).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Ensure that all carers, across both days and nights have completed their Nurture Training and trauma informed approach.	June 2023	House Manager, ASM, lead on L&D	Complete
2. Six weekly coaching from Glasgow's Educational Psychology Services to be provided to support the integration of the Nurture Framework in all aspects of care including a trauma informed approach.	October 2023	House Manager.	Commencing week 17 th April
3. Ensure that senior carers & house manager follow protocol for making notifications to the care inspectorate.	February 2023	House Manager	Complete
4. Audit of written recordings to be completed by ASM, to identify learning needs in relation to trauma-sensitive recording.	June 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?	
Behavior 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).			
Action Planned	Timescale	Who is Responsible	Outcome

OFFICIAL

OFFICIAL

1. Adult & Child protection training.	March 2023	House manager, ASM, lead for L&D	Complete
2. Current risk assessment to be reviewed to ensure that the format meets the needs of the service and is user friendly.	June 2023	Service Manager	
3. 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.	June 2023	House Manager ASM, lead for L&D	
4. Good practice example to be developed to support understanding in relation to the completion of risk assessments.	June 2023	House Manager	

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
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).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Support from the Promise Participation workers to develop a service development plan in collaboration with the young people	June 2023	House Manager	
2. The Norse Road Care Team to take part in a development day.	April 2023	Service Manager/ house manager, ASM.	Booked for 7 th & 10 th April
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	

OFFICIAL

OFFICIAL

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
If I experience 24-hour care, I am connected, including access to a telephone, radio, TV, and the internet (HSCS, 5.10).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Link in with digital performance group and current wi-fi provider.	June 2023 This area of improvement was first made in February 2022	House Manager	Digital team have linked in with Norse Road to identify problems. Outcome not met from last inspection.

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes' (HSCS 3.14). This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Matching Looked After Children and Young People: Admissions Guidance for Residential Services, January 2021.			
Action Planned	Timescale	Who is Responsible	Outcome
The skill mix, numbers and deployment of staff meet children and young people's needs, and, in addition, that there is an effective process for assessing how many staff or staff hours are required. To do this, we must, at a minimum:	April 2023	House Manager, service manager.	

OFFICIAL

OFFICIAL

a) Ensure the service completes a four-weekly staffing assessment of physical, emotional, social, psychological, and recreational needs and choices as to how they will deliver their care. b) Always ensure that, there are safe and adequate numbers of staff on duty to meet the needs of children and young people in line with their care plans.	April 2023	House Manager, service manager.	
---	------------	---------------------------------	--

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
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). This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 5(2)(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Ensure that goals identified within wider care plans are reflected in personal plans. Plans evidence how children and young people lead on their own care and support.	May 2023	House Manager.	
2. Goals are SMART (specific, measurable, achievable, realistic, and time-bound).	May 2023	House Manager.	

OFFICIAL



**Provided Children's Residential Services
Kempsthorn Action and Development Plan**

Reporting to: Service Manager, Damien McGrogan/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.

Requirement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?
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: • Operate an effective risk assessment policy and procedure which correctly and accurately identify all risks to young people and staff. 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. 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. 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). 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).		

OFFICIAL

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?
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: 1. Implement an incident notification and recording process which ensures the accurate recording of incidents. 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. 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.		

OFFICIAL

OFFICIAL

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).

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).

Action Planned	Timescale	Who is Responsible	Outcome
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

Requirement 3	Key Question	How well do we support children and young people's rights and wellbeing?
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: 1. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people. 2. Ensure that quality assurance systems are used effectively in order to identify areas for improvement. 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).		

OFFICIAL

OFFICIAL

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).			
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?	
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: 1. 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. 2. 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 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 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).			
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

OFFICIAL

OFFICIAL

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
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

Requirement 5	Key Question 7	How well do we support children and young people's rights and wellbeing?	
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: 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. 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. 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. 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).			
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

OFFICIAL

OFFICIAL

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
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?	
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).			
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

OFFICIAL



Kempsthorn RCU Care Home Service

26 Kempsthorn Crescent
Pollok
Glasgow
G53 5ST

Telephone: 01412 763 922

Type of inspection:
Unannounced

Completed on:
27 March 2023

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003001058

About the service

Kempsthorn RCU is a care home service for children and young people. The service is provided and managed by Glasgow City Council.

Kempsthorn RCU is a purpose-built house which opened in April 2012. The service is registered to care for up to eight children and young people aged between six and 18 years of age. The house provides spacious and modern accommodation with each young person having their own bedroom with en-suite facilities. The house has two communal lounges and a large open-plan kitchen/dining room. Outside space offers opportunities for play and relaxation.

At the time of this inspection, there were eight young people living in the service.

About the inspection

This was an unannounced follow up inspection which took place on 14 March 2023 between the hours of 10:00 and 17:00.

The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with five young people using the service;
- spoke with staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- The service had made positive progress since our last inspection.
- The manager and staff were well equipped to support the young people living in the house.
- The young people were having their individual needs met.
- There were robust systems in place to assess the needs of the young people and progress regularly reviewed.

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

This was a follow up inspection. Please see the outstanding requirements and areas for improvement within the report for detail of the improvements we observed.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

1. 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:

- Operate an effective risk assessment policy and procedure which correctly and accurately identify all risks to young people and staff.
- 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.
- 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.

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).

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).

This requirement was made on 8 June 2022.

Action taken on previous requirement

The service had made considerable progress in this area of practice. Staffing levels had been stabilised and were being regularly reviewed with the use of a staffing assessment tool. This meant that young people's needs were better met and risk was being more effectively managed. This also meant that incidents of violence had reduced considerably and staff were not reliant on the use of restraint.

This requirement has been met.

Met - within timescales

Requirement 2

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:

- Implement an incident notification and recording process which ensures the accurate recording of incidents.
- 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.
- 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.

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).

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).

This requirement was made on 8 June 2022.

Action taken on previous requirement

The service had made considerable progress in this area. The Care Inspectorate were being notified in line with our expectations and guidance. The implementation of a violent incident analysis tool had resulted in an understanding of the needs of young people and incidents of the use of restraint had reduced.

This requirement has been met.

Met – within timescales

Requirement 3

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:

- Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
- Ensure that quality assurance systems are used effectively in order to identify areas for improvement.

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).

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).

This requirement was made on 8 June 2022.

Action taken on previous requirement

Managers had a clear understanding of their role in quality assurance processes and this was being undertaken regularly. The impact of quality assurance was that the outcomes for young people were being regularly reviewed by the whole staff team and this led to changes in the way young people were being supported.

This requirement has been met.

Met - within timescales

Requirement 4

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:

- 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.
- 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.

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).

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).

This requirement was made on 8 June 2022.

Action taken on previous requirement

The service development plan clearly outlined the current developments within the service and was aligned to an analysis of what changes needed to take place. The aims and objectives of the service were being met and this was considered through a process of regular review. We found that the service developments were focused on the needs of the young people and improving outcomes, people working collectively together.

We considered that the development of the service could be more clearly recorded within the plan and spoke to managers about this at feedback.

This requirement has been met.

Met - within timescales

Requirement 5

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:

- 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.
- 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.
- 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.

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).

This requirement was made on 8 June 2022.

Action taken on previous requirement

The service had in place a consistent, experienced and skilled staff team who were working well together. A staffing analysis was considering the needs of young people against the number of staff required. This was regularly reviewed. Staff were getting specific support and training in relation to the needs of young people and this to was reviewed regularly.

This requirement has been met.

Met - within timescales

Requirement 6

The provider must ensure that robust quality assurance records and practices (internal and external) are in place, to evidence the effectiveness of the service, in meeting the needs of young people.

This requirement was made on 21 September 2021.

Action taken on previous requirement

This was a historical requirement. This requirement was incorporated into our findings at the most recent inspection and was updated as part of a new requirement (requirement 2).

This requirement has now been met.

Met - outwith timescales

Requirement 7

To ensure that young people have confidence in the service providing their care and support the provider must develop and implement an improvement plan which is specific, measurable, achievable, realistic and timebound (SMART) and fully incorporates the views of young people, the staff team and other partners.

This requirement was made on 21 September 2021.

Action taken on previous requirement

This was a historical requirement. This requirement was incorporated into our findings at the most recent inspection and was updated as part of a new requirement (requirement 4).

This requirement has now been met.

Met - outwith timescales

Requirement 8

The provider should ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us in accordance with this guidance. In addition, the provider must ensure that the systematic process for analysis of incidents, includes and informs upon, patterns and trends arising from young people's presentation over time so that any learning can be identified to support improved outcomes for young people.

This requirement was made on 21 September 2021.

Action taken on previous requirement

This was a historical requirement. This requirement was incorporated into our findings at the most recent inspection and was updated as part of a new requirement (requirement 2).

This requirement has now been met.

Met - outwith timescales

Requirement 9

In the absence of an agreed debrief format, the provider must in the meantime consistently implement debriefs with staff following violent incidents. This will support ongoing development of practice and provide assurance that young people's safety and wellbeing is closely monitored and protected.

This requirement was made on 21 September 2021.

Action taken on previous requirement

This was a historical requirement. This requirement was incorporated into our findings at the most recent inspection and was updated as part of a new requirement (requirement 2).

This requirement has now been met.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

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).

This area for improvement was made on 8 June 2022.

Action taken since then

The care planning strategies we reviewed were up to date and reflected the needs of the young people we met.

This area for improvement has been met.

Previous area for improvement 2

Although we saw a range of positive comments from young people from recently completed questionnaires, the service should provide routine opportunities for young people to express their views about the quality of their care and support. The service should ensure adequate records are kept to evidence this work.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection.

This area for improvement has now been met.

Previous area for improvement 3

The service should consider how it can support the development of a long-term positive relationship between siblings. The service should work to reduce any conflict between siblings through effective mediation to support them to make positive affirmations about themselves and their siblings. The service should promote the development of sibling relationships through activities, including turn-taking and sharing, focused time and listening to the views of each child and seek specialist help where there are serious conflicts.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection and incorporated into the requirements we made.

This area for improvement has now been met.

Previous area for improvement 4

The service should review risk assessments and all essential information to ensure accurate records are maintained. This will support the safety and wellbeing of all young people living at the service.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection and incorporated into the requirements we made.

This area for improvement has now been met.

Previous area for improvement 5

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.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection and incorporated into the requirements we made.

This area for improvement has now been met.

Previous area for improvement 6

The service should ensure that opportunities for regular collective discussion and decision making for the whole staff team is available. Regular team meetings will support and improve consistency of approach in promoting outcomes for young people.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection and incorporated into the requirements we made.

This area for improvement has now been met.

Previous area for improvement 7

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.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection.

This area for improvement has now been met.

Previous area for improvement 8

The service should put in place a coherent system for assessing the staffing levels and skills that are required, taking into account young people's physical, emotional, and social needs. They should review and record this on a four-weekly basis in line with Care Inspectorate guidance.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection and incorporated into the requirements we made.

This area for improvement has now been met.

Previous area for improvement 9

The service should be clear about which documentation it is using to support personal planning. Any plan should contain high quality, SMART care planning strategies, underpinned by robust assessment of need and risk. The service should also clearly detail how care and support is delivered effectively through involvement of young people.

This area for improvement was made on 21 September 2021.

Action taken since then

This was a previous area for improvement from our inspection on 21 September 2021. It was carried over into our most recent inspection and incorporated into the requirements and areas for improvement we made.

This area for improvement has now been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	not assessed
--	--------------

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.