



Item No. 13

Meeting Date

Wednesday 7th February 2024

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

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

Contact: Liz Simpson, Head of Children's Services

Phone: 0141 276 4858

**Children's Residential Services -
Care Inspectorate Activity and Update**

Purpose of Report:

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.

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. This report focuses on the 13 most recent inspections for services.

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 ☒
Children's Services Governance

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 directly provided children's houses;

OFFICIAL

	b) note the ongoing use of key question 7 to support inspection processes within children's residential services; and c) note information relating to service developments and challenges, and future developments.
--	---

Relevance to Integration Joint Board Strategic Plan:

Children's Residential Services are key to delivering the transformation programme for Children's Services, 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 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
--	------

OFFICIAL

Risk Implications:	Poor inspections may mean that young people are not receiving good quality care or achieving positive outcomes.
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. 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 who care for 147 children and young people between the ages of 8 and 20. There are 423 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 January 2023 to December 2023.
- 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 1st April 2022, a new key question 7 was introduced,
- How well do we support children and young people's rights and well-being?
- 2.5. Key question 7 has 2 quality indicators:

OFFICIAL

- 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.

2.6. This additional question was introduced:

- as part of the care inspectorate recovery plan, to ensure that annual inspections of services were undertaken
- to produce a more regulatory footprint
- to prioritise the quality of relationships experienced by children and young people in line with the aspirations of *The Promise*
- 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, 13 inspections of children's residential services were concluded. All houses were assessed using key question 7.

2.8. The Care Inspectorate has an allocated team of three inspectors for Glasgow's Children's Residential Services who have been in place since April 2022. Significant work continues to be undertaken between the Care Inspectorate and Children's Residential Services to strengthen relationships between the two, and to improve consistency across inspection processes. This includes quarterly meetings between the inspectors, their line managers, and the residential service managers. In addition to this, the managers communicate monthly with their inspector to provide updates in relation to both young people and wider service developments.

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:

<http://www.careinspectorate.com/index.php/inspections/new-inspections>

3. Care Inspectorate Grades & Analysis

3.1 The table below outlines the grades awarded by the Care Inspectorate for 13 residential services delivered by Glasgow City HSCP, where an inspection

OFFICIAL

was concluded during the reporting period 1st January – 31st December 2023.

Date of Inspection	Children's House	Grade for Key Question 7	No. of Requirements	No. of Improvements
04.04.23	Moss Park	5	0	2
17.05.23	Hamilton Park	4	0	3
09.05.23	Crossbank	4	0	2
26.06.23	Norse	3	2	1
15.08.23	Balmore	5	0	0
24.08.23	Netherton	5	0	0
26.09.23	Main St	3	3	0
05.10.23	Crawford St	6	0	0
09.11.23	Wallacewell	5	0	0
22.11.23	Kempsthorn	4	0	1
24.11.23	Milncroft	3	5	1
06.12.23	Newlands	2	4	1
21.12.23	Larkfield	5	0	0

- 3.2 Of the 13 inspections that took place, 9 services received grades of 'Good' or above, with Crawford St Children's House achieving a grade of 6 (excellence).
- 3.3 No requirements were identified in 9 out of the 13 services, with the themes from these reports reflecting the improvement and enhancement of the services.
- 3.4 The inspection of Newlands Children's House, came at a time of particular challenge for the service, both in relation to staffing, group dynamics and levels of complexity in relation to the young people. Following the inspection, a comprehensive action plan has been put in place with clear timescales for improvement that will be overseen by the service manager, and quality assured externally by the Care Inspectorate. Significant improvement work is underway, and additional support for the service has been identified to enable them to address the identified requirements. The Action Plan for the service can be found in Appendix 1.
- 3.5 Action plans for each of the services inspected during the reporting period can be found in the appendices. Please note that action plans are only required for those services where requirements or areas of improvement have been identified during the inspection process.

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; effective work with partner agencies that supported young people to achieve positive outcomes; effective work with families that

OFFICIAL

OFFICIAL

supported positive relationships, and in some instances enabled young people to return home; prioritization of young people's mental health; restraint reduction; 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. This includes; the matching of children and young people into services; enhancing peer relationships and; further imbedding the current model of care within all the services, ensuring that night-time carers are prioritized. Staffing ratios has also been highlighted as an area of development in a number of services and has been identified by the Care Inspectorate as a potential barrier to delivering positive outcomes for young people. This is a current priority for the service, and an action plan is in place to address the staffing needs, both in the immediate and long term.
- 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.
- 4.5 The impact and repercussions of the Covid-19 pandemic continue to be acutely evident in the day to day running of the children's houses. Moreover, the success of the transformational agenda in shifting the balance has resulted in not only diminishing the out of authority offer but has also shifted the complexity and acuity into the residential homes. As indicated, the profile of neurodiversity and complexity and containing that cumulative need within an eight bedded home has become both pronounced and a significant challenge.
- 4.6 This context is mirrored across the country, along with the marked reduction in the recruitment of foster carers. Dialogue both nationally and locally remains ongoing with the Care Inspectorate to not only articulate this challenging environment but seek contextual understanding for the complex operating environment. Annual leave and sick leave continue to present challenges around consistent staffing arrangements.

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 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

OFFICIAL

OFFICIAL

conjunction with the city's Asylum Team assessment and support is currently provided to 12 unaccompanied children and young people. All 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 continues to chair the reviews of all children and young people in provided residential placements. 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, and this is increasingly identified during inspections as a key strength.
- 5.5 The service continues to support the development and implementation of the *Nurture Framework* which is a trauma-informed model of care that emphasises the importance of relationships and secure attachments for healthy child development. 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.
- 5.6 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).
- 5.7 Implementation of the *Nurture* programme continued in 2023, with the introduction of the *Nurture through Leadership* programme. With the support of Glasgow Virtual Schools, this programme was provided to all House Managers and Senior Residential Practitioners and focused on the development of *Nurture* within the houses. A programme was also developed to provide additional support to night shift teams, to ensure that they were given the same developmental opportunities to develop their understanding of the Framework, as their day-shift colleagues. The programme *Nurture @ Nights* commenced in November 2023 and will continue for the duration of 2024.
- 5.8 In 2022, the service was invited to take part 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 has now concluded and has helped to inform a programme of work which further supports the shift towards, trauma-sensitive practice. This work is underpinned by the psychological theory of emotional containment and will support further work this year in relation to the priority of well-being for both young people and staff. An expected outcome of this work will be a reduction in staff absence across the service.
- 5.9 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, Child and Adolescent Mental Health Services and Glasgow Educational Psychology Service continues to be an area of priority for residential services, to ensure effective care and placement stability.

6. Development Updates

OFFICIAL

OFFICIAL

- 6.1 Monreith Road Children's House has now closed, and has been replaced by Larkfield Children's House, a purpose built 8 bedded house, which opened in April 2023.

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.

Newlands Road – Action & Development Plan

Service Manager: Steve Purcell – Care Inspector: Stephanie Stewart

Identified actions to address requirements and areas for improvement as recorded on Care Inspectorate Inspection feedback from unannounced inspection which was completed on 6th December 2023.

Newlands Report – Overall Grade - 2

Requirement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 1 March 2024, the provider must ensure staff and young people are kept safe. To do this, the provider must, as a minimum: 1. 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. 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 re-instated in a timely manner and occurs in line with the provider's policy, for all relevant staff. 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 organizational codes' (HSCS 3.14).			
Action Planned	Timescale	Who is Responsible	Outcome
A staffing needs analysis will be implemented to assess staffing levels and skill set in relation to the needs of the specific young people within the service.	01.03.24	House Manager	Complete
A training needs analysis will be undertaken for the service, and core training such as child protection, adult support and protection, PPB and Nurture will be prioritised alongside training in relation to neurodiversity.	01.03.24	ASM, Learning & Development House Manager	Will be complete by 31.01.24
Formal supervision will be reinstated with all carers receiving supervision every 6-8 weeks in line with GCC's policy.	01.03.24	House Manager, Senior Residential Practitioners	Complete

OFFICIAL

Requirement 2	Key Question	How well do we support children and young people's rights and wellbeing?	
By 1st March 2024, the provider must protect the safety and wellbeing of young people, by ensuring that risk is identified and well analysed. To do this, the provider must, as a minimum: 1. Implement an effective risk assessment policy and procedure which accurately identified all risks. 2. Ensure risk assessment documentation clearly identifies suitable and effective strategies to be used. 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: 'My care and supports 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
All young people's risk assessments will be reviewed by a member of the care team, and quality assured by a member of the management team.	01.03.24	Carers, Senior Residential Practitioners House Manager	Complete
Risk will be discussed collectively at team meetings to further development the ability of carers to assess and articulate risk effectively, and to collectively identify control measures/strategies that support risk reduction. These strategies will be reviewed regularly through case discussions to measure their effectiveness.	01.03.24	House Manager	Complete
Risk assessments will also be reviewed by the SRP's as part of the monthly audit of the care plan.	01.03.24	Senior Residential Practitioners	Will be complete by 31.01.24

OFFICIAL

OFFICIAL

Requirement 3	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 1st March 2024, the provider must promote best outcomes for young people by ensuring care plans are implemented which support young people to achieve their individual goals and aspirations. To do this, the provider must, as a minimum: 1. Ensure care plans reflect a responsive and person-centred approach. 2. Ensure that goals are identified within care plans are SMART (specific, measurable, achievable, realistic and time-bound). 3. 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, which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14) and '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
Care Plan training focused on developing an understanding of SMART goals/outcomes will be delivered by Marie Duncan, ASM Training, Learning and Development to all carers.	01.03.24	ASM, Learning & Development Service Manager	Scheduled for week commencing 29.01.24
Care Plans will be quality assured each month by SRPs, the house manager will sample 2 care plans each month and the service manager will sample 2 care plans quarterly. This will help to identify any additional training/learning needs, and also to measure and assess the effectiveness of the care plans in supporting young people's engagement in care planning and delivering positive/desired outcomes.	01.03.24	Senior Residential Practitioners House Manager	Will commence on 31.01.24

OFFICIAL

OFFICIAL

Requirement 4	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 1 March 2024, the provider must ensure that children and young people receive quality care and support, by implementing robust quality assurance 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 actions identified within quality assurance systems are addressed in a timely manner. 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 (SS1 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).			
Action Planned	Timescale	Who is Responsible	Outcome
A range of quality assurance processes will be developed to support self-assessment and inform service development. This includes: - bi-annual questionnaires to all partner agencies, families, carers and young people to help inform the service development plan. - the introduction of You Said, We Did, This Happened to gather the views of young people and use them to develop the service. - Monthly audits of the care plans carried out by the SRP's. - Monthly audit of the House carried out by the House Manager - Quarterly audit of the House carried out by the Service Manager	01.03.24	Senior Residential Practitioners House Manager Service Manager	Audits complete by 31.01.24

OFFICIAL

OFFICIAL

Areas of Improvement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?	
To enable children and young people to make meaningful links with the local community, the provider should promote and support young people to attend and engage in activities with staff who are available to support them.			
This is to ensure care and support is consistent with the Health and Social Care Standards, which states: 'I am supported to participate fully as a citizen in my local community in the way			
Action Planned	Timescale	Who is Responsible	Outcome
Young people's care plans will identify activities that they are interested in, and the staffing needs analysis will ensure that carers are available to support those young people to participate in those activities and develop skills, confidence and self-esteem.	01.03.24	House Manager	Will be complete by 31.01.24
Young people will have the opportunity to undertake activities, trips and holidays with carers to nurture relationships and build lasting memories. This will be evidenced in the care plan through records of together time and through photographs.	01.03.24	House Manager	Reviewed monthly through service auditing.

OFFICIAL

OFFICIAL

Kempsthorn Action Plan

Reporting to: Service Manager: Erica Barr – Care Inspector: Andrew Nelson

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection which was completed on 22nd November 2023. 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?	
Young people benefit from a cohesive model of care because everyone who cares for them does so with the same values, understanding and skill. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me' (HSCP 3.9); and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3:14).			
Action Planned	Timescale	Who is Responsible	Outcome
1. All day-shift carers to have undertaken the 4 day <i>Nurture</i> Training	March 2024	House Manager/SRP	
2. All night-shift carers to have engaged with the <i>Nurture @ Nights</i> programme	September 2024	House Manager/SRP	
3. Leadership Team to continue to attend the <i>Nurture through Leadership</i> programme.	September 2024	House Manager/SRPs	
4. Development sessions to be undertaken once per month at team meetings to support the integration and application of the <i>Nurture Framework</i> to Practice	November 2023	House Manager	Complete
5. Case Discussions to be undertaken twice monthly at team meetings to nurture compassion, and develop a deeper understanding of the needs of the young people	November 2023	House Manager	Complete
6. Reflective practice to included as a standing item agenda of supervision to nurture self-awareness and develop effective practice.	November 2023	House Manager/SRP	Complete
7. Regular activities to be undertaken between carers and young people to nurture positive relationships, and create lasting memories.	November 2023	Carers	Complete

OFFICIAL

OFFICIAL

Mosspark Action Plan

Reporting to: Service Manager: Erica Barr – Care Inspector: Stephanie Stewart

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection that was completed on 4th April 2023. 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?	
To support relationships and consistency in approach, the provider should ensure that consistent quality communication between staff members and stakeholders is promoted. This should include, but no be limited to, detailed handover between shift workers and clear plans for communication with family members and external professionals.			
This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3:19).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Detailed handover between shifts to be undertaken, and this will be facilitated by the house manager/SRP's for quality assurance.	May 2023	House Manager/SRP	Complete
2. Weekly updates for each young person to be uploaded onto Care 1 st to ensure that social workers are aware of the progress of each young person	May 2023	House Manager/SRP	Complete
3. All incidents and significant events to be shared with social workers via email within 12 hours of the incident/event taking place.	May 2023	Care Team	Complete
4. Carers to ensure that family members are updated in line with each young person's care plan.	May 2023	Care Team	Complete

OFFICIAL

OFFICIAL

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
To promote best practice, the provider should ensure that all staff have regular opportunities for good quality formal supervision in line with their supervision policy. This is to ensure care and support is consistent with the Health and Social Care Standards 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 organizational codes' (3.14) This is to ensure that practice is consistent with the Scottish Social Services Council, Codes 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).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Supervision to be undertaken with carers 6 weekly in line with the Council's policy.	April 2023	House Manager/SRP	Complete
2. Supervision to be quality assured by the House Manager, as part of the monthly audit.	April 2023	House Manager	Complete
3. Supervision to be quality assured by the Service Manager as part of their quarterly audit of the service	April 2023	Service Manager	Complete

OFFICIAL

OFFICIAL

Milncroft Road – Action & Development Plan

Service Manager: Steve Purcell – Care Inspector: Fiona Shiels

Identified actions to address requirements and areas for improvement as recorded on Care Inspectorate Inspection feedback from unannounced inspection that was completed on 24th November 2023.

Requirement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 30th December 2023, 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).			
Action Planned	Timescale	Who is Responsible	Outcome
All risk assessments and care plans will be updated with immediate effect, including specialised assessments, We will create a process to ensure these are updated immediately post incident or on a monthly. Upon updating the information, these will be approved by a member of the management team.	1 week	House Manager/Service manager	Complete
We will introduce a process to review violent incidents. We will be looking at presenting behavior and the outcome and responses, to identify patterns and interventions that will mitigate the likelihood of the risk reoccurring.	1 week	Service Manager/House manager	Complete
We will introduce a monthly staffing review that considers the needs and demands of the service. While completed monthly, this is adjusted as required.	1 week	Service Manager/House Manager	Complete

OFFICIAL

OFFICIAL

Requirement 2	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 30 December 2023, 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 for Milncroft Road and 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. 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
A new document will be created that tracks incidents, completion of manager investigation, completion of debrief and notification to Care Inspectorate.	1 week	Service Manager/House Manager	Complete
As above, there will be a robust process to ensure all notifications to the Care Inspectorate are done timeously. To supplement this, we will also submitting a weekly analysis of incidents separately.	1 week	Service manager/House Manager	Complete
As above, the analysis includes reflection and planning to manage and mitigate risk	1 week	Service manager/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.	1 week	Service manager/House Manager	Complete

OFFICIAL

Requirement 3	Key Question	How well do we support children and young people's rights and wellbeing?	
<i>By 30 December 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> <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> <i>2. Ensure that quality assurance systems are used effectively to identify areas for improvement.</i>			
<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> <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>			
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.	1 week	Service manager/House Manager	Complete
We will establish monthly audit checks and will complete monthly scrutiny for the external managers.	1 week	House Manager	Complete

OFFICIAL

OFFICIAL

Requirement 4	Key Question 7	How well do we support children and young people's rights and wellbeing?	
<i>By 30 December 2023, the provider must ensure that children and young people receive quality care and support. To do this, the provider, must as a minimum:</i> Ensure that the admissions and matching document is more robust and has an analysis of how the individual needs of the young person are being met as well as the impact on the service. I experience high quality care and support that is right for me, I have confidence in the organisation providing my care and support, I am fully involved in all decisions about my care and support (HSCP 1.)			
Action Planned	Timescale	Who is Responsible	Outcome
The service management team will review the current admissions and matching document.	2 weeks	Service Managers	Complete
This will incorporate a needs analysis of the individual young person and the group living dynamics.	2 weeks	Service managers	Complete

OFFICIAL

Requirement 5	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 30 December 2023, 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).			
Action Planned	Timescale	Who is Responsible	Outcome
We will introduce a monthly staffing review that considers the needs and demands of the service. While completed monthly, this is adjusted as required.	1 week	Service manager/House Manager	Complete
We will take immediate steps to arrange training for staff to allow completion of day-to-day tasks. A more comprehensive and young person specific training plan will be developed.	2 weeks	House Manager	Complete
Carers will be assessed for training and development needs	4 weeks	House Manager	Complete
The new house management team will allow for carers to be assigned to a member of the management team for supervision. All carers will have scheduled supervision before the end of December. Day shift SRP will be redeployed next week to support new manager.	4 weeks	Service manager/House Manager	Complete
We will be seeking to complete Personal Development Plans	December 2023	House Manager	Complete

OFFICIAL

Areas of Improvement 1	Key Question 7	How well do we support children and young people's rights and wellbeing?	
Young people			
This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I can choose suitably presented and healthy meal and snacks, including fresh fruit and vegetables and participate in menu planning (HSCS 1.13).			
Action Planned	Timescale	Who is Responsible	Outcome
Service manager has liaised with HR & Facilities team to have an agency cook deployed to the house, at present this will be x3 days per week	Completed on 24.11.23	Service manager/House Manager	Complete
Service management team and HR will meet week commencing 27/11/2023 further discussions on cooks for the houses and regenerate the current job spec.	27.11.23	Service Manager	Complete

OFFICIAL

Norse Road Children's House

Service Manager: Steve Purcell – Care Inspector: Stephanie Stewart

Identified actions to address requirements and areas for improvement as recorded on Care Inspectorate Inspection feedback from unannounced inspection which was completed on 26th June 2023

Requirements	Key Question	How well do we support children and young people's rights and wellbeing?	
By 30th September 2023, to ensure children and young people receive high quality, compassionate and nurturing care, the provider should promote a trauma informed approach to all the care team. To do this, the provider must, as a minimum: - Provide high quality training to all carers on trauma informed and nurturing practice. - Ensure language used during interactions and in documentation, support a trauma informed approach. - Carers and management within the service, should continue to act as role models in relation to being good citizens and neighbours. Children and young people should be helped to understand why this is important. 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 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).			
Action Planned	Timescale	Who is Responsible	Outcome
All the care team have been retrained in sowing seeds (trauma informed practice); all dayshift carers have taken part in a 4-part training course that explores nurture as a care framework, with a plan in place to ensure that nightshift carers are offered the same training at a more suitable time. All care team have completed child protection and adult support and protection; focus session on child protection organised in place of the team meeting to explore real examples and how best to approach these in line with Glasgow Policy and Procedure. All child protection training is up to date and those who are due to expire have been referred to training for a place on 2-day basic awareness.	30 th September 2023	Norse Road Management Team.	All care team up to date in required GOLD training including. • Sowing seeds • Child Protection • Adult Support + Protection All care team up to date in 2-day mandatory Child Protection training. All evidenced in training evidence tracker. Norse Road > Training on EDRMS.

OFFICIAL

OFFICIAL

For those that have recently completed 2-day basic awareness, we are seeking places on 2-day child protection mental health to ensure skills and knowledge are up to date.			
Paperwork has been adapted to ensure both interaction and documentation of this interaction, including gathering views, is done so in a child friendly and nurturing way; "all behaviour is communication" forms have replaced previous 1 to 1s, with a focus on gathering views and supporting young people in a more trauma informed way. Each sheet has a section for "opportunity for growth" and "agreed resolution", encouraging reflective practice whilst ensuring each young person receives a high level of care and support. We have also introduced a "you said, we did, what happened" book to evidence young people's participation, and how we support them in their home.	30 th September 2023	Norse Road Management Team. Norse Road Care Team.	All behaviour is communication is now fully implemented, with guidance available to all carers. Completion of these forms has been included in supervisions to ensure views of young people are documented, as well as role modelled by SRPS, who share with team upon completion. Trauma informed recording log kept by management to ensure the work is being completed on ongoing basis. We spent time exploring with the young people what could be improved in house and have made several aesthetic changes within the house to ensure it is homely and has a nice feel to it.
Recent changes to the service include allocated time for SRPs to complete all necessary paperwork, meaning they have more time to pro-socially role model for everyone in the house, contributing to a more positive and trauma informed culture. Supervision schedules are in place for all carers and are regular, ensuring areas of improvement are addressed quickly, as well as a place to encourage positive praise and reinforcement is given to encourage a nurturing approach	30 th September 2023	Norse Road Management Team.	Continued monthly staffing analysis to ensure that SRPS are afforded time to complete all necessary paperwork. Regular supervision for all carers, with any gaps in supervision over 6 weeks noted and explained. Supervision schedules in place for all care team.

OFFICIAL

OFFICIAL

Requirements	Key Question	How well do we support children and young people's rights and wellbeing?	
By 30th September 2023, to ensure the safety and welfare of all children and young people, the provider must ensure effective management of child and adult protection concerns, incidents, and any notifiable events. To do this, the provider must, as a minimum: - Operate an effective risk assessment policy and procedure which correctly and accurately identifies all risks to young people and staff. - Provides a robust and responsive system for the review of risk. - Ensure all carers undertake child protection and adult support and protection training. - To support effective scrutiny of the service, the provider should ensure to access and follow, up to date Care Inspectorate guidance on notifications and provide assurance to the Care Inspectorate that the service is responding appropriately to the level of concern. 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
All risk assessments and safety plans will: - detail the identified risks for each young person - include an assessment of the young person's understanding/awareness/acceptance of the current level of risk, and document where young person has refused to engage with risk assessment, while signposting to views captured elsewhere. - be SMART and detail current supports/interventions in place to mitigate risks, and keep the young person safe - wider multi-agency risk management plan where appropriate Continued internal monthly audits are in place to ensure risk assessments are reflective of both risks and interventions and have an appropriate timescale wherever necessary. Carefirst 6 risk and concerns will be used by nightshift to inform what is entered into risk assessments.	30 th September 2023	Norse Road Management Team	Ongoing quality assurance for risk assessments, with a nightshift carer identified to complete for a specific young person. Monthly auditing completed by SRPs, providing guidance, ensuring that all risks are current and present, as well as interventions noted. Carefirst 6 risk and concerns, and the importance of recording these, highlighted to all care team. Chronologies continue to be ongoing to capture any ongoing risks and how they are best managed. Regular liaison with area teams around risk and the management of these risks – appropriate intervention sought when

OFFICIAL

OFFICIAL

			appropriate including YPSP procedures and close partnership working with specialist services such as HALT and CAMHS.
Nightshift carers offered support in ensuring risk assessments for young people are "SMART".	30 th September 2023	Norse Road Management Team	All nightshift carers consulted and asked to provide their views via email on a development session around risk assessments and ensuring they were SMART. All but one declined this offer, stating they felt competent in completing risk assessments. Team meetings to be organised for nightshift teams.
A lone working risk assessment has been implemented for carers, as well as an updated maternity risk assessment which is fluid and responsive for a carer who is also an expectant mother.	30 th September 2023		Regular liaising with health and safety to seek guidance as and when appropriate. Multi agency approach to any identified risks whenever deemed necessary. Partners include but are not limited to Police, Area Teams, and Senior Management in addition to Health and Safety colleagues.
4 weekly staffing analysis will be completed to ensure any identified risks are considered and managed; in addition to this, it also allows for staffing to be forecast ahead of time to ensure appropriate staffing levels which will allow us to fulfil all diary commitments and ensure young people are afforded the opportunity to engage in activities and opportunities that engage their interests and hobbies.	30 th September 2023	Steve Purcell	This monthly analysis will allow us to ensure appropriate cover of all identified needs within the house, ensuring we consider the young peoples preferred carers for specific tasks and meeting these requests wherever possible i.e., keyworkers attending my meetings. It has also ensured a continuity our carers for young people.

OFFICIAL

OFFICIAL

			It has further allowed for us to ensure SRPS are afforded sufficient time to complete all relevant management tasks.
Ensure all staff undertake child protection and adult support and protection training.	30 th September 2023		This will be evidenced in training evidence tracker.
More robust recording procedures in place for notifications to Care Inspectorate, with a system in place to ensure notifications are sent in a timely fashion following any notifiable incidents – up to date notification monitoring system now in place, with all Norse Road management as well as external management able to access and update this.	30 th September 2023		All evidenced in CI monitoring log. Norse Road > Unit management on EDRMS.

OFFICIAL

Areas of Improvement	Key Question	How good are experiences for Children and Young People?	
To best support children and young people to reach their full potential, the provider should ensure effective handover processes are followed by all staff and scheduled appointments are prioritised by the appropriate staff member. 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
Staffing needs assessment to be completed on a monthly basis. This will ensure that all young people receive appropriate support from the most appropriate staff member.	August 2023	House Manager/SRP	Complete
Changeovers will be supported by the house manager or SRP's to ensure appropriate information sharing	August 2023	House Manager/SRP	Complete
Written changeovers and shift planners to be introduced to support effective information sharing.	August 2023	House Manager	Complete

OFFICIAL

OFFICIAL

HAMILTON PARK ACTION & DEVELOPMENT PLAN

Reporting to: Service Manager: Stacey Park – Care Inspector: Andrew Nelson

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection that was completed on 17th May 2023. Please note, that there were 0 areas of requirement identified for this service.

Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
1. Carers will confidently write risk assessments that are underpinned by a strong analysis of risk and a holistic assessment. This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).			
Action Planned	Timescale	Who is Responsible	Outcome
1. Training and development session taking place at weekly team meetings to support care team to understand and develop necessary skills in writing holistic risk assessments.	30 th July 2023	House management	Complete
2. Individual sessions will take place for care team members requiring additional support to reflect on approaches when managing risk.	30 th May 2023	House management, care team	Complete
3. Training/ development refresher PPB sessions for the care team to look at support plans/ interventions for young people. All staff to complete PPB refresher training.	30 th June 2023	House management	Complete
4. Risk assessments have been added to standing agenda item at supervision sessions for all staff	30 th May 2023	House management and care team	Complete
5. Quality assurance of risk assessments systems in place and required to be authorised by the management team on a monthly basis to ensure robust quality assurance for risk assessments	30 th May 2023	House management	Complete
6. The management team will complete management investigations and debriefs following incidents. This will support staff, identify further areas of support required and consider additional interventions and strategies required to safeguard young people. System already in place to support the management team to ensure they are being completed with external management oversight.	30 th May 2023	House management, external management	Complete

OFFICIAL

OFFICIAL

Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
2. Quality assurance leads to improved inputs and processes for delivering the service and there is continual assessment and update of progress. This informs a dynamic cycle of improvement. This to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).			
Action Planned	Timescale	Who is Responsible	Outcome
1. HPA Development plan is in place. Development plan will clearly identify specific service areas, stage of development and will list progress against identified timescales for each area. Plan will include feedback and collaboration with young people, care team and service stakeholders.	August 2023 Reviewed monthly in line with Management audits	House Manager, SRPs	Development plan in place, currently being reviewed and updated.
2. Full staff skills analysis plan developed in consultation with Training and Development, team and HPA care team. Development sessions with care team identified through monthly supervision	30 th July 2023	Management team	Dates identified in the diary through supervision session
3. Quality assurance document has been developed to allow the management team to complete and record monthly quality assurance audits for service delivery	30 th May 2023	Management team, house manager Service manager	Management team have started monthly audits of quality assurance
4. Regular feed back from stake holders, care team and young people will be undertaken to ensure everyone is involved in developing the service to the highest standard	30 th June 2023	Management team, young people and care team	
5. External management will complete regular quality assurance audits with house management team.	30 th July 2023	Management team, external management	Date arranged in diary

OFFICIAL

OFFICIAL

Areas of Improvement	Key Question 7	How well do we support children and young people's rights and wellbeing?	
3. Carers receive regular formal supervision that improves the care offered to young people and the development of carer practice. This 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. Senior Residential Practitioners are supervised by House Manager every 4-6 weeks. Supervision dates are put in diary and outlook calendars and supervision dates are recorded in the supervision matrix table in the management EDRMS and diarised on the electronic rota system over a three month period. If supervision is rescheduled, reason is recorded and rescheduled date takes place at the earliest opportunity.	30 th May 2023	House Manager	Supervision sessions ongoing dates recorded in advance
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 and electronic rota. Supervision is prioritised at all times, and if rescheduled due to unforeseen circumstances, the reason is recorded and rescheduled date takes place at the earliest opportunity.	30 th May 2023	House manager, SRPs	Supervision sessions ongoing dates recorded in advance
3. Supervision notes are provided to the supervisee within 7 days of supervision taking place and a copy is stored in the EDRMS.	30 th May 2023	Management team	Supervision notes recorded, and copy issued and stored.
4. An electronic calendar and matrix is developed to monitor Personal Development Plan including dates completed, reviewed and updated. Care staff have a copy of their individual plan. Plans are reviewed every 6 months. Review dates are recorded in the diary and electronic rota.	September 2023	House manager and SRPS	Dates have been identified to support the care team with first PDP session

OFFICIAL

OFFICIAL

Main Street Children's House – Action & Development Plan

Reporting to: Service Manager: Stacey Park – Care Inspector: Fiona Shields

The following is the identified actions to address the recommendations from findings within Care Inspectorate inspection report from unannounced inspection which was completed on 26th September 2023.

Recommendation 1	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 30th November 2023, to ensure the safety and welfare of all children and young people, the provider must ensure effective management of child and adult protection concerns, incidents and any notifiable events. To do this, the provider must, as a minimum: • Operate an effective risk assessment policy and procedure which correctly and accurately identifies all risks to young people and staff. • Ensure that all risk assessments are updated and accurately reflect each young person's individual needs. Risk assessments and safety plans should be more detailed and reflect the nature of risk. • Ensure all staff undertake child protection and adult support and protection training. • 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: '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
Risk assessments and personal plans to be an agenda point at weekly team meetings where a collective view of the team will be obtained. This will make the risk assessments and plans more robust and SMART goals will be contained within. All risks will be identified through care planning, and multi agency discussions, where appropriate, safety plans put in place to minimise risk level/determine what are tolerable risks. Identify lead carer for specific young people on the basis of positive working relationships.	20.10.23	Management team, carers and young people	Complete

OFFICIAL

OFFICIAL

Manager monthly audits, SRP monthly audits, Service Manager quarterly audits will take place.	31/10/23	Management team	Complete
All carers to complete the mandatory online Adult Support and Protection training on the GOLD training platform. Management team will request child protection training for the staff team child protection refresher training at team meeting to be arranged to support team with fresher traing	31/10/23	Management team and carers	Complete
On a monthly basis a staffing levels and deployment assessment will be completed. Dynamic risk assessments will be carried out (i.e. when young people are needing additional support, or when young people are out of the house and less support is needed). Staffing can then be adjusted to meet the needs of the young people.	31/10/23 1/10/23	Management team	Complete
The care team will be supported in developing their skills in writing risk assessments by the management team via supervision sessions, and through team meeting sessions where risk assessment skills will be shared between colleagues.	1/10/23	Management team and carers	Complete
Management investigation following incidents will identify strategies and supports to help the care team identify interventions and recommendations to safeguard our young people. Carers will be debriefed by management following all serious incidents and support and encouragement will be given to the care team to reflect on practices, risk/concerns and interventions for our young people. New system to log incidents/debriefs/notifications to ensure clear system in place to support opportunity for learning and development.	1/10/23	Management team	Complete

OFFICIAL

OFFICIAL

Recommendation 2	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 30th November 2023, 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. • Ensure a robust improvement plan is developed for the service. 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).			
Action Planned	Timescale	Who is Responsible	Outcome
SRP monthly audits, management monthly audits, Service Manager quarterly audits will take place to ensure a robust quality assurance process is in place Discussing all appropriate aspects of recording with team members at weekly team meeting and individual supervision sessions to support their development. Management team will review communication/ recording accuracy and language used, this will support the team to develop confidence in expectations of recording.	31/10/23	Management team.	Complete
Gathering views of young people, carers, other professionals and family members for our robust service development plan. Ensuring that the goals within the plan are S.M.A.R.T. – Training session for the team to increase their knowledge of smart plans	30/11/23 15/12/23	Management team and carers.	Complete Complete

OFFICIAL

OFFICIAL

Recommendation 3	Key Question 7	How well do we support children and young people's rights and wellbeing?	
By 30th November 2023, the provider must ensure that children and young people receive quality care and support through effective implementation of SMART (specific, measurable, achievable, relevant and timebound) care planning strategies. To do this, the provider must as a minimum: • Ensure care plans are developed in consultation with young people to reflect choices and preferences of the young person. • Care plans should reflect a responsive, person-centred approach. • Care plans should be SMART (specific, measurable, attainable, relevant and time-bound). • Staff should be clearer about how to support young people to achieve their individual goals and aspirations This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210). 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); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17). This is to ensure that young people's personal planning is consistent with the Care Inspectorate Personal Plans guidance.			
Action Planned	Timescale	Who is Responsible	Outcome
Gathering the views, likes, dislikes from the young person through time together with carers, meal time informal chats and when out on activities. Young people and carer to have regular recorded 'together times' to further young persons involvement in care planning. Dates to be planned monthly Ensure that the young person is fully involved in creating the care plan, written in their language, in a child-friendly person-centered approach.	31/10/23	Management team and carers.	complete
Advocacy worker will visit the house on the first Thursday of each month and our young people will all have the opportunity to meet with them face to face as well as telephone contact as/when required.	19/10/23	Who Cares Scotland worker	Complete
Personal plans will identify S.M.A.R.T. goals, providing a step-by-step process on how to achieve the desired outcomes, both for short-term goals and long-term goals. This will be done with the young person, again using their language.	31/10/23	Management team and carers.	Complete

OFFICIAL

OFFICIAL

Crossbank Crescent Children's House provided Children's Residential Services – Action & Development Plan

Reporting to: Service Manager: Stace Park – Care Inspector: Stephanie Stewart

Identified actions to address areas for improvement as recorded on Care Inspectorate Inspection Report from unannounced inspection which was completed on 9th May 2023. Please note, that there were 0 areas of requirement identified for this service.

Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
1. To appropriately support young people’s physical and emotional wellbeing, the provider should review and improve risk assessments to accurately identify all risks for young people and staff with clear identification of strategies being used. 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
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.	4 th July 2023	House manager, SRPs and care team	Complete
2. The care team to be supported in developing skills in writing risk assessment from the management team through supervisions.	August 2023	SRPS and House Manager	Complete
3. New quality assurance of risk assessments systems in place and required to be authorised by the management team.	31 st July 2023	House management team	Complete
4. Risk assessments will be completed by dayshift carers going forward so there is more of a management presence around for any queries.	31 st July 2023	Care team, house management team	Complete

OFFICIAL

OFFICIAL

Areas of Improvement	Key Question	How well do we support children and young people's rights and wellbeing?	
2. To safeguard young people’s safety and welfare, the provider should improve the recording procedures when incidents occur. This should include but not be limited to appropriate notification to the Care Inspectorate. 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 and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities” (HSCS 3.20) and); ‘I experience high quality care and support based on relevant evidence, guidance and best practice (4.11			
Action Planned	Timescale	Who is Responsible	Outcome
1. Updated VI incident and Health and Safety incident logs. These are audited every week where checks are undertaken to ensure Care Inspectorate have been updated accordingly.	July 2023	House Manager	Complete
2. The dayshift 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.	July 2023 Monthly reviewed	SRPs, house manager	Complete
3. Nurture at night training to be given to nightshift teams and support to develop and implement trauma informed practice		SRPs, house manager	
4. The management team are attending 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.	31/08/23	SRPS, house management	Complete

OFFICIAL