

**A meeting of the Social Work & Social Care Scrutiny Panel will be held on Tuesday 27 August 2024 at 3pm.**

**Members may attend the meeting in person at Greenock Municipal Buildings or via remote online access. Webex joining details will be sent to Members and officers. Members are requested to notify Committee Services by 12 noon on Monday 26 August 2024 how they intend to access the meeting.**

**In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.**

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LYNSEY BROWN  
Head of Legal, Democratic, Digital & Customer Services

## **BUSINESS**

<b>1.</b>	<b>Apologies, Substitutions and Declarations of Interest</b>	<b>Page</b>
<b>PERFORMANCE MANAGEMENT</b>		
<b>2.</b>	<b>Revenue &amp; Capital Budget Report – Outturn 2023/24 and 2024/25 Revenue Outturn Position as at 30 June 2024</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership and Head of Finance, Planning & Resources, Inverclyde Health & Social Care Partnership	<b>p</b>
<b>ROUTINE DECISIONS AND ITEMS FOR NOTING</b>		
<b>3.</b>	<b>National Care Service Update</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>
<b>4.</b>	<b>Presentation – Connected to Care Conference</b> Presentation by Chief Officer, Inverclyde Health & Social Care Partnership	
<b>5.</b>	<b>Inspection of Inverclyde Fostering, Adoption and Continuing Care Services</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	<b>p</b>

6.	<b>National Review of Social Work Governance and Assurance</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
7.	<b>Supported Living Service Care Inspectorate Inspection – 8 May 2024</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
<b>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act as are set out opposite each item.</b>		
8.	<b>HSCP Senior Management Team Structure</b> <b>Para 1</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership advising of improved governance and strategic oversight arrangements as part of a revised HSCP senior management structure.	p
9.	<b>Reporting by Exception – Governance of HSCP Paras 6 &amp; 9 Commissioned External Organisations</b> Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care services.	p

The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.

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Enquiries to - Diane Sweeney – Tel 01475 712147
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Report To:	<b>Social Work &amp; Social Care Scrutiny Panel</b>	Date:	<b>29 August 2023</b>
Report By:	<b>Kate Rocks, Chief Officer, Inverclyde Health and Social Care Partnership</b>	Report No:	<b>SWSCSP/26/2024/CG</b>
	<b>Craig Given, Head of Finance, Planning and Resources Inverclyde Health and Social Care Partnership</b>		
Contact Officer:	<b>Samantha White</b>	Contact No:	
Subject:	<b>Revenue &amp; Capital Budget Report – Outturn 2023/24 and 2024/25 Revenue Outturn Position as at 30 June 2024</b>		

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## **1.0 PURPOSE AND SUMMARY**

1.1  For Decision  For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel on the outturn of the 2023/24 revenue budget and of the projected outturn on revenue and capital for 2024/25 as at 30 June 2024. The 2023/24 outturn is provisional subject to the audit of the annual accounts.

1.3 The revenue outturn position for 2023/24 for Social Care was an overspend of £0.434m, which reflected a reduction of £0.276m from the Period 11 projected overspend of £0.710m reported to this panel on 12 May 2024.

1.4 The current year, 2024/25 revenue projected outturn as at 30 June 2024 is an overspend of £0.216m.

1.5 The Social Work capital budget is £9.707m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Expenditure on all capital projects to 30 June 2024 is £0.012m (0.35% of approved budget). Appendix 4 details capital budgets.

1.6 The balance on the Integration Joint Board (IJB) reserves at 31 March 2024 was £19.287m. Within this balance, specific reserves totalling £6.025m have been delegated to the Council for use in 2024/25. Also, within the IJB reserves balance, smoothing reserves of £2.853m are held in relation to delegated functions to the Council of a more volatile nature, to mitigate the risk of in year overspends, for use during the financial year if required. As at 30 June 2024, it is not projected that any use of the smoothing reserves will be required but this will be monitored throughout the financial year.

## **2.0 RECOMMENDATIONS**

- 2.1 That the Panel notes the 2023/24 revenue budget outturn overspend of £0.434m.
- 2.2 That the Panel notes the transfers to earmarked reserves at 3.2 and the allocation of the final 2023/24 overspend of £0.434m to reserves as noted at 3.2.9.
- 2.3 That the Panel notes the projected current year revenue outturn of £0.216m overspend at 30 June 2024.
- 2.4 That the Panel notes the current projected capital position.
- 2.5 That the Panel notes the current reserves position.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde Health and Social Care**  
**Partnership**

**Craig Given**  
**Head of Finance, Planning and Resources**  
**Inverclyde Health and Social Care**  
**Partnership**

### 3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to advise the Panel of the Revenue Outturn position for 2023/24, the current position of the 2024/25 Social Work revenue and capital budgets and to highlight the main variances contributing to the 2024/25 projected £0.216m overspend.

#### 3.2 2023/24 Revenue Outturn

The table below provides a summary of the position, including the impact on the earmarked reserves: -

Service	2023/24 (£000)				
	Revised Budget	Outturn	Variance	Prior Variance	Variance Movement
Children & Families	13,250	16,929	3,679	3,485	194
Criminal Justice	97	57	(40)	73	(113)
Older Persons	31,621	29,242	(2,379)	(2,093)	(286)
Learning Disabilities	10,413	10,544	131	51	80
Physical & Sensory	3,219	3,254	35	(7)	42
Assessment & Care Management	1,929	1,847	(82)	(245)	163
Mental Health	1,756	1,396	(360)	(280)	(80)
Alcohol & Drugs Recovery Service	1,125	706	(419)	(363)	(56)
Homelessness	1,197	1,504	307	364	(57)
Planning, Health Improvement & Commissioning	2,485	2,361	(124)	(104)	(20)
Corporate Director (incl Business Support)	8,869	8,555	(314)	(171)	(143)
<b>Delegated Social Work Budget</b>	<b>75,961</b>	<b>76,395</b>	<b>434</b>	<b>710</b>	<b>(276)</b>
Contribution from IJB	(6,295)	(6,295)	0	0	(0)
Transfer to EMR	420	420	0	0	(0)
<b>Social Work Net Expenditure</b>	<b>70,086</b>	<b>70,520</b>	<b>434</b>	<b>710</b>	<b>(276)</b>

Earmarked Reserves	2023/24 (£000)				
	Approved IJB Reserves	Council Delegate Reserves	Net use of Council Reserves	Council Reserves Carry-Forward	IJB Reserves Carry-Forward
Earmarked Reserves	24,262	6,463	(188)	6,275	19,287
CFCR	0	0	0	0	0
<b>Social Work Total</b>	<b>24,262</b>	<b>6,463</b>	<b>(188)</b>	<b>6,275</b>	<b>19,287</b>

#### 3.2.1 Children and Families

A net overspend of £3.679m was incurred for the service, mainly related to client commitments for the year and staffing within in house residential units. The increase of £0.194m since the Period 11 reported position is largely within client commitments.

### **3.2.2 Older Persons**

Older persons had an overall underspend of £2.379m for 2023/24. Staff turnover and recruitment and retention issues resulted in an underspend of £0.738m throughout services on employee costs. The same difficulties within the external care at home service for SDS Options 2 and 3 also meant that an in-year underspend of £0.878m occurred. Charging orders and other income in relation to care home fees over recovered against budget by £0.471m.

Additional recoveries in relation to care home fees (£0.114m) and a reduction in client commitments (£0.125m) are the main reasons for the movement of £0.286m since Period 11 projections.

### **3.2.3 Learning Disabilities**

The year end overspend of £0.131m in this service mainly related to client commitments £0.294m and under-recovery of budgeted day care income £0.157m, partially offset by an employee costs underspend of £0.299m with a few smaller over- and underspends throughout the service.

### **3.2.4 Mental Health**

An underspend of £0.360m against budget arose for 2023/24. The main reasons for the underspend were vacancies within the service of £0.098m and reduced client packages totalling £0.223m during the year. Movement since period 11 projections was (£0.080m) and this was spread throughout the service.

### **3.2.5 Alcohol and Drugs Recovery Service**

Underspends on employee costs of £0.127m and client commitments of £0.232m., along with an underspend relating to recovery café and moving on services of £0.105m were the main contributors to the overall underspend for the service of £0.419m.

### **3.2.6 Homelessness**

The overspend of £0.307m against Homelessness related mainly to spend on agency staff of £0.206m together with a net under-recovery of rental income across the Inverclyde Centre and Temporary Furnished Flats of £0.137m.

### **3.2.7 Planning, Health Improvement & Commissioning (PHIC)**

The final underspend of £0.124m was broadly in line with the projected position at Period 11.

### **3.2.8 Corporate Director (including Business Support)**

The final underspend of £0.314m was broadly in line with the projected position at Period 11. As previously reported, this underspend related mainly to the level of vacancies within the service £0.171m and to contingency budgets held within the corporate director area of the budget of £0.147m which were released towards the overall position following a review of budgets held during the financial year.

### **3.2.9 Allocation of final overspend to reserves**

As part of the annual accounts process, and in line with the IJB reserves strategy, the IJB were asked to consider the allocation of the final Social Care overspend to reserves, along with a final overspend on Health services of £0.409m. The final allocation of the overall IJB overspend of £0.843m is as follows: -

<b>Draw on Reserves for final overspend</b>	<b>£000s</b>
Children and Families residential smoothing reserve	434
Prescribing smoothing reserve	409
<b>Total</b>	<b>843</b>

### 3.3 2024/25 Current Revenue Position

3.3.1 As at 30 June 2024, it is currently projected that Social Care will overspend by £0.216m. The table below provides a summary of this position, including the impact on earmarked reserves.

<b>Service</b>	<b>2024/25 (£000)</b>				
	<b>Approved Budget</b>	<b>Revised Budget</b>	<b>Outturn</b>	<b>Outturn Variance</b>	<b>Percentage Variance (%)</b>
Children & Families	13,516	13,129	17,552	4,423	33.68
Criminal Justice	19	(110)	(155)	(45)	-2.48
Older Persons	33,904	31,836	30,968	(868)	-2.73
Learning Disabilities	10,803	11,401	11,225	(176)	-1.54
Physical & Sensory	3,148	3,460	3,465	5	0.14
Assessment & Care Management	2,749	2,054	1,970	(84)	-4.09
Mental Health	1,913	1,648	1,512	(136)	-8.25
Alcohol & Drugs Recovery Service	1,164	885	849	(36)	-4.07
Homelessness	1,204	1,088	1,196	108	9.93
Planning, Health Improvement & Commissioning	2,143	2,082	2,151	69	3.33
Corporate Director (incl Business Support)	3,151	6,423	3,379	(3,044)	-47.39
<b>Social Work Net Expenditure</b>	<b>73,714</b>	<b>73,896</b>	<b>74,112</b>	<b>216</b>	<b>0.29</b>

	<b>2024/25 (£000)</b>				
	<b>Approved IJB Reserves</b>	<b>Revised IJB Reserves</b>	<b>Council-delegated Reserves</b>	<b>Projected Spend</b>	<b>Projected Carry Forward</b>
<b>Earmarked Reserves</b>					
Earmarked Reserves	19,287	19,287	6,025	1,628	4,397
CFCR	0	.	0	0	0
<b>Social Work Total</b>	<b>19,287</b>	<b>19,287</b>	<b>6,025</b>	<b>1,628</b>	<b>4,397</b>

3.3.2 Appendix 1 provides the details of the movement in the budget to date and Appendix 2 contains details of the projected outturn position. The material variances are identified by service below and detailed in Appendix 3.

#### 3.3.3 Children and Families

Children and Families is currently projecting an overall overspend of £4.423m. Client commitments is projected to overspend by £3.959m. A review group will continue to meet regularly to closely monitor these placements throughout the year to ensure a focussed approach on placements and the

associated financial implications, with a view to management action bringing down the overall costs. The projected overspend is broken down by service area in the table below:

<b>Children &amp; Families Client Commitments</b>	<b>Projected Overspend £m</b>
External Residential Placements	2.289
Fostering, Adoption & Kinship including Continuing Care	0.665
Supported Living	0.194
Home Care, Respite, Direct Payments, Additional Support	0.811
	<b>3.959</b>

Within employee costs there is a net projected overspend of £0.456m, which is largely due to temporary posts throughout the service.

It is currently expected that the overspend in the service can be managed within the overall position, however, a smoothing reserve of £0.466m is available for use in relation to Children's residential placements if required should an overspend remain at the end of the financial year.

### 3.3.4 Older Persons

Employee costs for the internal care at home service are currently projected to underspend by £0.179m. This is related to the current level of vacancies held by the service.

The external care at home service is projecting an underspend of £0.426m, which is related to the commencement of the new framework contract with several new providers coming on stream, along with staffing shortages in the sector. Projections will be updated as and when hours are allocated to the new framework providers.

For residential and nursing placements an underspend of £0.300m is projected, with bed levels at and projected to be at similar levels to those in 2023/24.

The underspends noted above are contributing to an overall projected underspend of £0.868m for Older Persons at this stage.

A smoothing reserve is held for Residential and Nursing placements should it be required as the financial year progresses, but it is currently not expected to be drawn.

### 3.3.5 Learning Disability

A projected overspend on client commitments of £0.233m, offset by a projected underspend of £0.141m on employee costs in relation to current vacancy levels, are the main reasons for the overall projected overspend for Learning Disability.

A smoothing reserve is held for Learning Disability client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.

### 3.3.6 Physical and Sensory Disability

An overspend of £0.043m for client packages for physical and sensory disabilities is currently projected, being the main reason for the variance reported. It is expected that this will be able to be managed within the overall position, however a client commitments demographic reserve is held for this purpose should it be required.



### 3.3.7 Assessment and Care Management

A year end underspend of £0.084m is currently anticipated for the service. Current commitments for respite and short breaks indicate a year end underspend of £0.090m is anticipated. This projection is based on current committed use of the service and will be updated as the year progresses.

### 3.3.8 Mental Health

Employee costs are currently projected to underspend by £0.147m. This is related to the current level of vacancies held by the service.

### 3.3.9 Alcohol and Drugs Recovery Service (ADRS)

As at 30 June 2024, an underspend of £0.041m for client packages are currently anticipated for the ADRS service for the year and is the main variance contributing to the overall projections reported.

### 3.3.10 Homelessness

The projected overspend of £0.108m against the homelessness service relates mainly to £0.047m security costs for the Inverclyde Centre and £0.060m Agency costs covering vacancies.

### 3.3.11 Corporate Director (including Business Support)

Pension monies and progress against the agreed saving are the main reasons for the projected underspend of £3.230m.

#### *Pension Monies*

Following the temporary reduction to the employer's superannuation contribution, the HSCP has £3.109m on a non-recurring basis to support the service redesign of Children and Families. This will now be used in full to offset the overspend currently projected, given its scale.

#### *Agreed Savings for 2024/25*

The position against each savings target as at 30<sup>th</sup> June is shown in the table below.

<b>Savings title</b>	<b>Required Saving £000</b>	<b>Achieved as at 30/06/24 £000</b>	<b>Saving still to be achieved £000</b>
Redesign of Childrens Community Supports	15	0	15
Day Service redesign	239	239	0
Review of Respite Services	257	257	0
Review of commissioning arrangements	250	134	116
Payroll management target - Council	450	450	0
Review of previous year underspends/budget adjustments	267	267	0
Review of long-term vacancies	250	178	72
Review of Adult Services self-directed supports	500	0	500
	<b>2,228</b>	<b>1,525</b>	<b>703</b>

Sub-groups for each saving stream are now in place and financial progress towards the achievement of these targets will continue to be included in this report to Panel.

## 4.0 2024/25 Current Capital Position

4.1 The Social Work capital budget is £9.707m over the life of the projects with £3.447m projected to be spent in 2024/25. Expenditure on all capital projects to 30 June 2024 is £0.012m (0.35% of approved budget). Appendix 4 details capital budgets.

### 4.2 *New Community Hub*

- Detailed planning approval is in place. Demolition and first stage building warrants are in place with second stage submitted. Engagement continues in respect of the current statutory approvals related to amendments and discharge of pre-commencement planning conditions;
- As previously reported, there has been slippage on the programme due to delays associated with the market testing process, re-tender exercise and the discovery of a variety of species of nesting birds across the site identified as part of the pre-construction ecological survey;
- Final hub stage 2 report has been issued which informed the update to the May 2024 scrutiny panel and integration joint board meetings with approval to progress the project obtained at the meeting of the Policy and Resources Committee in June 2024;
- The finalisation of the development agreement is on-going with financial close targeted for mid to late August;
- The construction programme is being finalised as part of the process above and site start date to be informed through further ecological survey in early August.

### 4.3 *SWIFT replacement*

Following agreement by Senior Leadership and OLM, the local implementation of ECLIPSE has been postponed until July 2025. It is anticipated that by this time, OLM will have further developed ECLIPSE into a more complete system for local implementation. Bi-Monthly meetings between OLM and HSCP representatives are now taking place, to ensure we remain in contact and are regularly updated with the ongoing ECLIPSE developments.

## 5.0 PROPOSALS

5.1 Proposals for this paper are contained within the Recommendations at Section 2.0.

## 6.0 IMPLICATIONS

6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	x	
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

### 6.2 Finance

#### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					Details within report

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					Details within report

6.3 **Legal/Risk**

There are no legal implications arising from this report.

6.4 **Human Resources**

There are no human resources implications arising from this report.

6.5 **Strategic**

There are no strategic implications

6.6 **Equalities, Fairer Scotland Duty & Children/Young People**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.  No policy changes/implications

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.  No policy changes/implications

(c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

**6.7 Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

**6.8 Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

**7.0 CONSULTATION**

7.1 There has been no consultation in relation to this report

**8.0 BACKGROUND PAPERS**

8.1 Not applicable

## Social Work

## Budget Movement - 2024-25

Period 3 1 April 2024 -30 June 2024

Service	Approved Budget £000	Movements					Revised Budget £000
		Inflation £000	Virement / Reallocation £000	Supplementary Budgets £000	IJB Funding £000	Transfers (to)/ from Earmarked Reserves £000	
Children & Families	13,517	0	(701)	313	0	0	13,129
Criminal Justice	19	0	(129)	0	0	0	(110)
Older Persons	33,903	0	(2,067)	0	0	0	31,836
Learning Disabilities	10,803	0	598	0	0	0	11,401
Physical & Sensory	3,148	0	312	0	0	0	3,460
Assessment & Care Management	2,749	0	(695)	0	0	0	2,054
Mental Health	1,913	0	(265)	0	0	0	1,648
Alcohol & Drugs Recovery Service	1,164	0	(279)	0	0	0	885
Homelessness	1,203	0	(115)	0	0	0	1,088
Planning, Health Improvement & Commissioning	2,144	0	(62)	0	0	0	2,082
Corporate director (including Business Support)	3,860	0	3,272	0	0	0	7,132
Contribution from General reserves	(709)	0	0	0	0	0	(709)
<b>Totals</b>	<b>73,714</b>	<b>0</b>	<b>(131)</b>	<b>313</b>	<b>0</b>	<b>0</b>	<b>73,896</b>

## Budget Movements Detail

£000

## Inflation

0

## Virements

Information Governance Restructure Funding

(131)

## Supplementary Budgets

Children's Social Care Pay Uplift Redetermination

313

## Social Work

## Revenue Budget Projected Outturn - 2024/25

Period 3 1 April 2024 -30 June 2024

2023/24 Actual Subjective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
38,369 Employee costs	39,111	35,972	36,359	387	1.08
1,678 Property costs	1,154	1,052	1,207	155	14.73
1,412 Supplies & services	1,144	1,144	1,293	149	13.02
343 Transport & plant	312	325	338	13	4.00
973 Administration costs	775	735	779	44	5.99
54,993 Payments to other bodies	54,956	58,835	59,110	275	0.47
(27,668) Income	(23,739)	(24,167)	(24,974)	(807)	3.34
<b>70,100</b>	<b>73,714</b>	<b>73,896</b>	<b>74,112</b>	<b>216</b>	<b>0.29</b>
0 Transfer to Earmarked Reserves	0	0	0	0	0
<b>70,100 Social Work Net Expenditure</b>	<b>73,714</b>	<b>73,896</b>	<b>74,112</b>	<b>216</b>	<b>0.29</b>

2023/24 Actual Objective Analysis £000	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
16,929 Children & Families	13,517	13,129	17,552	4,423	33.69
57 Criminal Justice	19	(110)	(155)	(45)	40.91
29,242 Older Persons	33,903	31,836	30,968	(868)	(2.73)
10,544 Learning Disabilities	10,803	11,401	11,458	57	0.50
3,254 Physical & Sensory	3,148	3,460	3,465	5	0.14
1,847 Assessment & Care Management	2,749	2,054	1,970	(84)	(4.09)
1,396 Mental Health	1,913	1,648	1,512	(136)	(8.25)
706 Alcohol & Drugs Recovery Service	1,164	885	849	(36)	(4.07)
1,504 Homelessness Planning, Health Improvement &	1,203	1,088	1,196	108	9.93
2,361 Commissioning	2,144	2,082	2,104	22	1.06
2,260 Corporate director (incuding Business	3,151	6,423	3,193	(3,230)	(50.29)
<b>70,100</b>	<b>73,714</b>	<b>73,896</b>	<b>74,112</b>	<b>216</b>	<b>0.29</b>
0 Transfer to Earmarked Reserves	0	0	0	0	0
<b>70,100 Social Work Net Expenditure</b>	<b>73,714</b>	<b>73,896</b>	<b>74,112</b>	<b>216</b>	<b>0.29</b>

## Social Work

## Material Variances - 2024/25

Period 3 1 April 2024 -30 June 2024

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of budget £000	Actual to 30/06/23 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
	<b>Employee Costs</b>						
8,006	Children & Families	6,831	1,703	1,471	7,297	466	6.82
1,891	Criminal Justice	1,718	428	363	1,661	(57)	(3.32)
13,226	Older Persons	12,982	3,237	2,853	12,970	(12)	(0.09)
2,898	Learning Disabilities	2,833	706	590	2,692	(141)	(4.98)
1,360	Physical Disabilities	1,287	321	268	1,215	(72)	(5.59)
2,306	Assessment & Care Management	2,200	548	447	2,182	(18)	(0.82)
1,460	Mental Health	1,306	326	255	1,159	(147)	(11.26)
2,081	Planning, Health Improvement & Commissioning	1,837	458	476	1,822	(15)	(0.82)
2,789	Business Support	2,620	653	602	2,644	24	0.92
38,369		33,614	8,380	7,325	33,642	28	0.08
	<b>Non-Employee Costs</b>						
	<b>Children &amp; Families:</b>						
52	Supplies & Services - Champion's Board & Attainment Challenge	0	0	8	168	168	
5,075	PTOB - External residential placements	3,116	779	817	5,405	2,289	73.46
103	PTOB - Supported Living	0	0	40	194	194	
2,416	PTOB - Adoption, Fostering, Kinship and Continuing Care placements	2,246	562	639	2,911	665	29.61
671	PTOB - Home Care, Respite, Direct Payments, Additional Support	204	51	192	1,015	811	397.55
(163)	Income - Champion's Board & Attainment Challenge	0	0	(168)	(168)	(168)	
	<b>Older Persons:</b>						
3,911	PTOB - External Homecare packages	4,955	1,239	593	4,529	(426)	(8.60)
582	PTOB - External Day Services packages	691	173	103	656	(35)	(5.07)
18,631	PTOB - Residential Nursing bed costs	19,044	4,761	4,166	18,744	(300)	(1.58)
653	PTOB - Other Client Commitments	737	184	91	654	(83)	(11.26)
(260)	Income - Community Alarms	(245)	(61)	(61)	(265)	(20)	8.16
	<b>Learning Disabilities:</b>						
11,878	PTOB - External client packages	12,792	3,198	1,577	13,025	233	1.82
	<b>Physical Disabilities:</b>						
2,608	PTOB - External client packages	2,954	739	448	2,997	43	1.46
	<b>Assessment &amp; Care Management:</b>						
185	PTOB - Alternative to Respite / Short breaks commitments	368	92	35	278	(90)	(24.46)
	<b>Alcohol &amp; Drugs Recovery Service:</b>						
297	PTOB - External client packages	452	113	30	419	(33)	(7.30)
	<b>Homelessness:</b>						
5	Property Costs - Security costs	0	0	12	47	47	
206	PTOB - Agency Staffing	0	0	33	60	60	
	<b>Corporate Director (including Business Support)</b>						
0	PTOB - Non-Recurring Pension monies	3,109	777	0	0	(3,109)	(100.00)
46,850		50,423	12,606	8,555	50,669	246	0.49
<b>85,219</b>	<b>Total Material Variances</b>	<b>84,037</b>	<b>20,986</b>	<b>15,880</b>	<b>84,311</b>	<b>274</b>	<b>0.33</b>

## Social Work

### Capital Budget 2023/24

Period 3 1 April 2024 -30 June 2024

Project Name	Est Total Cost	Actual to 31/03/24	Approved Budget	Revised Estimate	Actual to 30/06/2024	Estimate 2025/26	Estimate 2026/27	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Social Work</b>								
New Community Hub	9,507	655	3,447	3,447	12	5,405	0	0
Swift Upgrade	200	0	0	0	0	200	0	0
<b>Social Work Total</b>	<b>9,707</b>	<b>655</b>	<b>3,447</b>	<b>3,447</b>	<b>12</b>	<b>5,605</b>	<b>0</b>	<b>0</b>

0.35% App Budget  
0.35% Rev Est  
0.00% Slippage



**Social Work**  
**Earmarked Reserves - 2024/25**  
**Period 3 1 April 2024 -30 June 2024**

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget P3	P3 Spend	Projected Spend	Amount to be Earmarked for 2024/25 & Beyond	Lead officer Update
		2024/25	2024/25	2024/25	2024/25	2024/25	
		£000	£000	£000	£000	£000	
Tier 2 School Counselling	Jonathan Hinds	229	15	0	60	169	School counselling contract renewed. Commitment held for future years.
Whole Family Wellbeing	Jonathan Hinds	766	120	0	175	591	Spending Plan submitted to SG. Will be fully utilised over the period of the funding currently assuming to
National Trauma Training	Jonathan Hinds	50	0	0	50	0	Anticipated to be fully spent in 24/25.
Refugees	Alan Best	3,073	135	0	823	2,250	For continued support for refugees in Inverclyde area. New Scots Team, third sector support, interpreting, education support etc. Income received to fund planned spend over 23/24 and next 3 financial years at this stage
Autism Friendly	Alan Best	123	12	4	60	63	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Integrated Care Fund	Alan Best	108	0	0	108	0	Fully committed. Ind sector lead costs committed 24/25 and 25/26.
Delayed Discharge	Alan Best	50	0	0	50	0	Fully committed. .
Winter Pressures Care at Home	Alan Best	745	284	1	340	405	Care and support at home review commitments plus ongoing care at home requirements being progressed.Maximising indep/CM work.
Carers	Alan Best	254	0	0	100	154	Consultation with carers being carried out to identify most appropriate use of funds. A range of commitments under way to be incurred in 2024/25 financial year with further developments ongoing.
ADRS fixed term posts	Katrina Phillips	103	0	0	40	63	For continuation of contribution to fixed term MIST posts .
Rapid Rehousing Transition Plan (RRTP)	Alan Best	75	11	4	75	0	Fully committed.
CORRA Resident Rehab	Katrina Phillips	87	12	0	0	87	New Reserve for CORRA Residential Rehab Project. Funds will be utilised over the life of the project in line with the project plan.
Temporary posts	Craig Given	256	45	31	204	52	Will be fully utilised over 24/25 and 25/26.
Welfare	Craig Given	106	25	16	106	0	Fully committed.
<b>Council delegated reserves</b>		<b>6,025</b>	<b>659</b>	<b>56</b>	<b>2,191</b>	<b>3,834</b>	

## Social Work

## Earmarked Reserves - 2024/25

Period 3 1 April 2024 -30 June 2024

Project	Lead Officer/ Responsible Manager	Total Funding	Phased Budget P3	P3 Spend	Projected Spend	Amount to be Earmarked for 2024/25 & Beyond	Lead officer Update
		2024/25	2024/25	2024/25	2024/25	2024/25	
		£000	£000	£000	£000	£000	
Pay contingency	Craig Given	392	20	0	0	392	To address any additional pay award implications for
Client Commitments - general	Kate Rocks	414	21	0	0	414	To address potential demographic pressures.
Adoption/Fostering/Residential Childcare/ Kinship	Jonathan Hinds	466	75	0	0	466	To address in year pressures if required.
Continuing Care	Jonathan Hinds	267	10	0	0	267	To address in year pressures if required.
Residential & Nursing	Alan Best	432	0	0	0	432	To address in year pressures if required.
Learning Disabilities Client Commitments	Alan Best	382	0	0	0	382	To address in year pressures if required.
Learning Disabilities Redesign	Alan Best	500	0	0	100	400	Community Hub non-capital spend reserve.
IJB ADP	Katrina Philips	502	0	0	45	457	Fully committed - remaining balance relates to MIST posts, allowable earmarking for use in 24/25.
IJB Mental Health - Action 15	Katrina Philips	116	0	0	0	116	Fully committed for fixed term posts.
IJB Mental Health Transformation	Katrina Philips	477	25	0	100	377	Fully committed towards ANP service within MH.
IJB Contributions to Partner Capital Projects	Kate Rocks	1,099	0	0	500	599	Community Hub spend reprofiled. £500k contribution likely to be during current financial year.
IJB Primary Care Support & Public Health	Hector McDonald	671	50	50	215	456	A number of initiatives ongoing within these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement.
IJB Prescribing Smoothing Reserve	Alan Best	563	0	0	563	0	Full spend anticipated
IJB Addictions Review	Katrina Philips	272	15	0	60	212	Redesign transition funding including Residential Rehab costs.
IJB Transformation Fund	Kate Rocks	1,226	58	0	251	975	Expenditure on projects approved by the Transformation Board and IJB. Updates reported regularly to both the Transformation Board and IJB. Projects can be Council, Health or Joint.
IJB Community Living Change Fund	Alan Best	101	0	1	101	0	Balance is for ongoing committed posts
IJB Staff L&D Fund	Jonathan Hinds	347	15	6	210	137	Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training.
IJB Homelessness	Alan Best	256	85	83	256	0	Redesign transition funding. Balance committed for continuation of temp posts in 24/25.
IJB Swift	Craig Given	415	0	0	0	415	For project implementation and contingency. Project on hold to July 2025.
IJB WP MDT	Alan Best	134	0	0	81	53	Fully committed - balance to fund costs of committed posts and equipment spend 24/25.
IJB WP HSCW	Laura Moore	331	207	207	279	52	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
IJB Care Home Oversight	Laura Moore	88	0	0	49	39	Any unused funds at year end to be earmarked for continuation of workstreams including Call before you convey.
IJB Digital Strategy	Alan Best	202	50	27	202	0	Analogue to Digital commitments - spending plan
IJB MH Recovery & Renewal	Katrina Philips	360	52	3	52	308	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
IJB LD Health Checks	Alan Best	64	0	0	0	64	To fund central team work re LD Health checks led by East Renfrewshire.
The Lens Project	Jonathan Hinds / Alan Best	132	10	0	132	0	Projects identified to take forward.
IJB Severance Costs Contingency	Kate Rocks	1,492	0	0	0	1,492	New IJB Reserve agreed as part of the 2024-25 budget. No confirmed spend at P3.
IJB Free Reserves	Craig Given	1,561	0	0	709	852	Planned use of Reserves agreed by IJB.
<b>Overall Total</b>		<b>19,287</b>	<b>1,352</b>	<b>433</b>	<b>6,096</b>	<b>13,191</b>	

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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>27 August 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b>	<b>SWSCSP/25/2024/JH</b>
<b>Contact Officer:</b>	<b>Jonathan Hinds Chief Social Work Officer Head of Children &amp; Families and Justice Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715365</b>
<b>Subject:</b>	<b>National Care Service Update</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The purpose of this report is to update members of the Social Work and Social Care Scrutiny Panel regarding the National Care Service (Scotland) Bill and national developments in this regard.
- 1.3 Within the last update report to the Social Work and Social Care Scrutiny Panel on 14 May 2024, members were advised that Stage 2 scrutiny of the Bill had commenced, within which options continued to be explored for children's services and justice social work within the proposed model for the National Care Service (NCS).
- 1.4 National activity has continued to take place, including meetings of COSLA and Scottish Government representatives as well as some updates to the national Chief Social Work Officers Committee.

## **2.0 RECOMMENDATIONS**

- 2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the update on national activity around the proposed National Care Service Bill.

**Kate Rocks  
Chief Officer  
Inverclyde HSCP**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 On 24 June 2024, the Minister for Social Care, Mental Wellbeing and Sport wrote to Parliament to provide further details on the development of the National Care Service. This included a package of documents which sets out the changes to the Bill that the Scottish Government proposes to make at Stage 2.
- 3.2 Formal Stage 2 process is expected to continue until December 2024. This is expected to reflect complex policy commitments including the Promise, embedding Getting it Right for Every Child (GIRFEC) and children’s rights, along with the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 which came into force in July 2024.
- 3.3 A number of areas continue to be identified where further work is required to seek national agreement between Local Government and Scottish Government, including:
- Funding arrangements for reformed integration authorities
  - Whether children’s services would be included in the NCS
  - Whether justice social work would be included in the NCS
  - Powers related to the membership of Integration Authority Boards.
- 3.4 The Health and Sport Committee will take evidence and continue to consult on Stage 2 of the Bill during the remainder of the year.

### 4.0 PROPOSALS

- 4.1 The Chief Social Work Officer, through the national Chief Social Work Officer Committee (Social Work Scotland) shall continue to contribute to ongoing discussions about the proposed National Care Service and National Social Work Agency and the potential implications for provision of quality social work and social care services in Inverclyde.
- 4.2 A further report can be brought to a future meeting of the Social Work and Social Care Scrutiny Panel as appropriate.

### 5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People’s Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

**5.2 Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

**5.3 Legal/Risk**

N/A.

**5.4 Human Resources**

N/A.

**5.5 Strategic**

N/A.

**5.6 Equalities, Fairer Scotland Duty & Children/Young People**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

**5.7 Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

**5.8 Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

**6.0 CONSULTATION**

6.1 N/A.

**7.0 BACKGROUND PAPERS**

7.1 N/A.

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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>27 August 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report</b>	<b>SWSCSP/14/2024/JH</b>
<b>Contact Officer:</b>	<b>Jonathan Hinds Head of Children, Families &amp; Justice Chief Social Work Officer Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715365</b>
<b>Subject:</b>	<b>Inspection of Inverclyde Fostering, Adoption and Continuing Care Services</b>		

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## **1.0 PURPOSE AND SUMMARY**

- 1.1  For Decision  For Information/Noting
- 1.2 The report advises the Social Work and Social Care Scrutiny Panel of the publication of reports by the Care Inspectorate on the recent inspection of adoption, fostering and continuing care services in Inverclyde.
- 1.3 The inspection was undertaken using the Quality Framework for Fostering, Adoption and Adult Placement Services (May 2021) using quality indicators within the following key questions:
- Key Question 1: How well do we support children and young people's wellbeing?
  - Key Question 2: How good is our leadership?
  - Key Question 5: How well is our care and support planned?
- 1.4 The inspection reports were published on 28 June 2024 and included evaluation against the three key areas for each service based on a series of key findings.
- 1.5 A number of improvement actions were already underway within the service, however an improvement plan which reflects the report findings is being developed to support further improvement activity.

## **2.0 RECOMMENDATIONS**

- 2.1 It is recommended that members of the Social Work and Social Care Scrutiny Panel note the publication of the inspection reports and the improvement work that is underway.

**Kate Rocks**  
**Chief Officer**

### 3.0 BACKGROUND AND CONTEXT

3.1 At a meeting on 14 May 2024 the Social Work and Social Care Scrutiny Panel were advised that the Care Inspectorate had commenced an inspection of Inverclyde's fostering, adoption and continuing care services on 22 April 2024.

3.2 Services were inspected in line with the Quality Framework for Fostering, Adoption and Adult Placement Services and considered the following quality indicators:

3.3 Key Question 1: How well do we support children, young people's wellbeing?

- Children, young people, adults and their care giver families experience compassion, dignity and respect.
- Children, young people and adults get the most out of life.
- Children, young people and adults' health and wellbeing benefits from the care and support they receive.
- Children, young people, adults and their care giver families get the service that is right for them.

3.4 Key Question 2: How good is your leadership?

- Quality assurance and improvement is led well.

3.5 Key Question 5: How well is our care and support planned?

- Assessment and care planning reflects the outcomes and wishes of the children, young people and adults.

3.6 The inspection team primarily looked at children and young people's experiences and outcomes over the preceding two years which included a period of the coronavirus pandemic. A particular focus looked at how regulated services promote children's rights to continuing care and how children and young people are helped to understand their rights.

3.7 To inform their evaluations of services, inspectors:

- spoke with foster carers, adopters and continuing care carers
- spoke with children and young people, as well as issuing surveys
- spoke with staff and managers
- observed practice and daily life
- reviewed relevant documents
- spoke with external professionals and a number also responded to a survey.

3.8 The services achieved the following grades for the quality indicators above, using the six-point scale applied by the Care Inspectorate ranging from unsatisfactory to excellent:

	<b>Fostering</b>	<b>Adoption</b>	<b>Continuing Care</b>
How well do we support people's wellbeing	Adequate	Adequate	Good
How good is our leadership	Adequate	Adequate	Good
How well is our care and support planned?	Adequate	Good	Very Good

3.9 Detailed evaluations are included in the individual inspection reports, within which inspectors highlighted a number of key strengths across the service areas:

- Children and young people developed meaningful, affectionate and secure relationships with their caregiver families;



- Siblings have been kept together where possible and the service is committed to supporting these relationships;
- Caregiver families advocate passionately for the children and young people living in their family;
- There is a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result;
- Young people developed meaningful, affectionate and secure relationships with their caregiver families;
- Young people's support from the provider was led by the young people and in line with their needs and wishes;
- There were strong, positive relationships between adoptive parents and their supervising social workers;
- Caregivers advocate passionately for the children and young people in their care.

3.10 Inspectors also identified the following areas for improvement:

- Development of a clear process when foster placements end in an unplanned way including holding unplanned ending meetings in a timely manner and consider whether carers need to be formally reviewed at panel before further children are placed in their care.
- Ensure a consistent approach in training, development and supervision of foster carers. To ensure that children and their adoptive families receive appropriate levels of post adoption support, the provider should record and review post adoption support plans.
- The service should ensure that quality assurance systems are robust and effectively support strategic and practice overview and improvement work.

3.11 The Care Inspectorate have now published their reports which can be found at [www.careinspectorate.com/index.php/inspection](http://www.careinspectorate.com/index.php/inspection) and are also appended to this report.

3.12 Inspectors noted that no complaints for the fostering, adoption or continuing care services had been upheld since the previous inspections. Inspectors also noted that all areas for improvement identified during the previous inspection had been completed and improvement action taken.

## **4.0 PROPOSALS**

4.1 Inspectors noted a requirement to be completed by 31 July 2024, related to completing assessments or reassessments of carers where any significant change of circumstances had taken place. This action has been fully completed and the Care Inspectorate has been advised.

4.2 Other requirements are to be completed by 2 September 2024. These relate to completion of assessments and plans without unnecessary delay; supervision and review arrangements for adoptive or potential adoptive caregivers and improved quality assurance systems. Work to complete these actions within timescales is underway.

- 4.3 As referred to above, a service development and improvement plan was being taken forward prior to inspection. The areas for improvement identified through the inspection process have now been added to this plan and revised timescales for completion are being developed to monitor progress as part of the service's improvement and quality assurance journey.
- 4.4 The updated development plan will be launched at a staff development day and an engagement event will also take place with carers, alongside developing the next training programme with carers based on their training needs.
- 4.5 Meanwhile, targeted activity is continuing to encourage more people in Inverclyde to become foster carers for children or continuing carers for young people. This will be an important aspect of growing capacity in local communities, enabling more children and young people to remain in Inverclyde.
- 4.6 To provide additional management and leadership capacity, a dedicated service manager is learning on the range of service development and improvement activity outlined above. Progress against the actions within the improvement plan, including those identified from inspection, will be monitored by the Children and Justice services clinical and care governance group and reported to the HSCP Clinical and Care Governance Forum.

## 5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

## 5.2 Finance

### One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

### 5.3 Legal/Risk

None.

### 5.4 Human Resources

None.

### 5.5 Strategic

None.

### 5.6 Equalities, Fairer Scotland Duty & Children/Young People

#### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

#### (b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

#### (c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 5.7 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

## 6.0 CONSULTATION

6.1 Throughout the inspection process, staff, managers and carers were consulted and will be consulted in the development of the revised improvement plan.

## 7.0 BACKGROUND PAPERS

7.1 None.

# Inverclyde Council Fostering Service Fostering Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
17 May 2024

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Service no:**  
CS2005087054

## About the service

Inverclyde Council's Fostering Service provides a fostering and family placement service for children and young people aged from birth to 18 years. The service recruits and supports carer families to provide a range of fostering placements including short break, interim, long term and permanent foster carers fostering.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

## About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 17 May 2024. The inspection was carried out by two inspectors 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 10 foster carers and 10 responded to our survey.
- Spoke with four young people using the service and two responded to our survey.
- Spoke with eight staff and management and nine responded to our survey.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Inverclyde Council Adoption Service and Continuing Care Service were inspected at the same time and separate reports are available.

## Key messages

- Children and young people developed meaningful, affectionate and secure relationships with their caregiver families.
- Siblings have been kept together where possible and the provider is committed to supporting these relationships.
- Caregiver families advocated passionately for the children and young people living in their family.
- Children and young people did not always benefit from caregivers having up to date knowledge and training.
- Children experienced delays in permanency planning.
- Children and their caregivers support and plans were impacted by a lack of robust quality assurance within the service.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children and young people developed meaningful, affectionate and secure relationships with their caregiver families. Most experienced stable living situations and relationships were based on empathy, compassion, love and fun. Young people's right to continuing care was promoted and they were fully included in family life and this included going on holiday and caregivers stayed in touch with children once they had moved on.

Children and young people living within caregiver families routinely exercised a high degree of choice in all aspects of their day-to-day lives and children and young people were supported to have time with their birth family. There were positive examples of carers developing relationships with birth families to support young people with their understanding of their identity and life story.

Most young people had developed friendships and had developed positive relationships with the caregivers' wider family. For some this provided a natural short break or support but some children did not have access to a short break with a familiar person. The service recognised that short break provision was an area they were hoping to develop and recruit carers that could provide this.

When children joined the household it was not always evident that decisions were sufficiently focussed on the capacity of the carer and the needs of the young person. This was due to the emergency nature of these referrals. However, this resulted in some negative outcomes for young people when there was also a lack of support network or short breaks in times of crisis.

Children and young people did not always benefit from caregivers having up to date knowledge and training. While the service offered some training and some caregivers carried out their own research, many caregivers had not completed any training for a considerable period of time. A structured and recorded approach to supervision and reflective discussions with carers would also enable the service to know that key knowledge on child protection, attachment, trauma or loss was embedded and confidently being used. (Area for improvement 1)

Caregiver families advocated passionately for the children and young people living in their family. However, some told us that they "don't feel valued" by the provider and that they felt like they were "irrelevant people" in the child's life.

Siblings had been kept together where possible and the provider was committed to supporting these relationships. We noted the positive outcomes for siblings living with foster carers recruited specifically for them.

When young people's living arrangements ended with carers the service did not subsequently hold reflective meetings, which limited learning opportunities for the service, provider and caregivers. However, we did note that there was not a high number of unplanned endings but encouraged the service to strengthen practice in this area. (Area for improvement 2)

Initial assessments of caregivers were comprehensive, however, ongoing assessment of caregivers was compromised due to carers not returning to panel when out with approval or consistently within expected timescales for review. This was coupled with a lack of evidence that caregivers were reassessed when an allegation was made or when a significant life event occurred meant the service could not always be assured that some caregivers were always best placed to meet children's needs. (Requirement 1)

Networks of support for children and young people outside the home were sometimes limited, and did not always provide the additional safeguards required due to placing social workers and health professionals not regularly visiting them at home. When a young person was asked what could be better, they replied, "if social work came to see me more often instead of never coming to see me". While most children and young people had an awareness of who their caregivers supervising social worker was, there was not a sense these were strong relationships that would provide an additional safeguard to the children in the absence of the child's own social worker.

Children had also experienced delays in permanency planning and some young people's reviews were overdue meaning plans could not be progressed timeously. This meant children lived with carers, who were not always appropriately approved, for many years before plans moved on, sometimes resulting in an upsetting experience for the children, caregivers and their families. The service should ensure that they take a pro-active role in monitoring the progress of permanency planning. This should include supervising workers highlighting when children do not have a social worker, workers not visiting or when reviews are overdue. (Requirement 2)



## Requirements

1. By 31 July 2024 the provider must ensure the safety and wellbeing of children and young people through the accurate, prompt and clearly recorded, robust assessment and reassessment of carers and (where necessary) presentation to panel following the identification of any significant changes of circumstances within the caring household.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"If I have a carer, their needs are assessed and support provided." (HSCS 4.26) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

2. By 2 September 2024 the provider must ensure that all children in need of permanent care arrangements have their assessments completed and plans carried out without unnecessary delay.

To do this the provider must, at a minimum, ensure:

- a) All children in need of permanent fostering have their plans reviewed by managers.
- b) Staff within the service recognise, respond to and pursue any delays by clearly communicating these with the area teams.
- c) Managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays.
- d) Assessments are carried out within timescales.

This is in order to ensure that care and support complies with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and is consistent with the Health and Social Care Standards which state that:

"As a child or young person needing permanent alternative care, I experience this without unnecessary delay." (HSCS 1.16)

## Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers.

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)

2. To ensure that children and foster carers are given the best possible chance to succeed, the service should develop and use a clear process when foster placements end in an unplanned way. This should include, but is not limited to, holding unplanned ending meetings in a timely manner and considering whether carers need to be formally reviewed at panel before further children are placed in their care.

This is 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)

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place to monitor aspects of service delivery however these have not been in use for some time and did not provide an assurance of quality within the service.

There was no evidence of audits, no appraisal and very sporadic formal supervision of staff that did not monitor performance. Leaders were not aware of the quality of the recordings written by staff. Although they had a sense of the issues that required to be addressed such as carer training and permanence progression there was no Specific Measurable Achievable Realistic Timebound plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed. (Requirement 1)

There was not a robust culture of reflecting on complaints, concerns and significant events embedded within the service and the lack of reflective meetings after an ending or reassessment after a complaint highlighted that the service was not pro-actively learning from these incidents. (Area for improvement under Key Question 1 "How well do we support people's wellbeing?")

The panel was robust and the role of the Agency Decision Maker (ADM) within this was also clear. There was however uncertainty within the service regarding the role of the ADM when emergency alterations to approval were required and there was not clear process for when these alterations should be presented at panel.

We had some concerns about the capacity to support improvement activities however, leaders were responsive to feedback throughout the inspection and there were some plans in place to improve the capacity of the service. We looked forward to seeing the impact of this at the next inspection.

## Requirements

1. By the 2 September 2024 the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

This is to comply with Regulation 4(1)(a) (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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

## How well is our care and support planned?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Some children and young people did not consistently benefit from timeous reviews of their plan and some children experienced delays in reviews and permanency planning meetings. This meant important decisions could not always be made timeously. (Requirement 2 under Key Question 1 "How well do we support people's wellbeing?"). The fostering team did ensure they attended reviews and their input was an important part of the process.

Individual risk assessment for children living with foster carers were not always completed or reviewed by the service. Although there was a template for this, most young people did not have a recently reviewed risk assessment that took account of life within the fostering household or when out in the community. When this was combined with the emergency nature of children moving into households on an emergency basis there was an increased risk to outcomes. (Area for improvement 1)

The service did make use of safer caring plans and foster carers were aware of these. The quality of these plans varied and without ongoing training and reflective practice relating to safer caring the service was vulnerable to risks to outcomes relating to safer care. (Area for improvement 1)

There was a lack of robust quality assurance. The plans were not dynamic tools to inform care giver families of approaches to care and support. They did not reflect the care and support provided by the caregivers and staff, and experienced by the children. (Requirement 1 under Key Question 2 "How good is our leadership")

## Areas for improvement

1. To ensure children and young people's safety, health and wellbeing are robustly prioritised and confidently responded to by their caregivers through effective use of safer caring plans and risk assessments.

To do this the service should ensure individual safer caring plans and risk assessments are in place for all children and young people, reviewed and updated regularly.

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)

## 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

The service should ensure that they obtain robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within an appropriate timeframe.

**This area for improvement was made on 30 October 2018.**

### Action taken since then

While risk assessments were provided at the start of being matched with carers these were not regularly reviewed and updated and shared with foster carers.

### Previous area for improvement 2

When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.

**This area for improvement was made on 30 October 2018.**

### Action taken since then

While the service received the information they required regarding the children referred there was not always evidence of careful matching with carers whose current circumstances were taken in to account, particularly regarding the length of placement required and what support the carer required to support the child's living arrangements.

### Previous area for improvement 3

The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements

**This area for improvement was made on 30 October 2018.**

**Action taken since then**

The service has recently updated its policy on reviewing unplanned endings and disruptions. There have been relatively few unplanned endings since the last inspection.

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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# Inverclyde Council Adoption Service Adoption Service

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Telephone: 01475 715 020

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
17 May 2024

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Service no:**  
CS2005087048



## About the service

Inverclyde Council Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

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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 four adopters and 10 responded to our survey
- spoke with two children in an adoptive household
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Inverclyde Council Fostering and Continuing Care services were inspected at the same time as this inspection and separate reports are available for those services.

## Key messages

- Children and young people developed meaningful, affectionate and secure relationships within their adoptive families.
- There were strong, positive relationships between adoptive parents and their supervising social workers.
- Caregivers advocated passionately for the children and young people living in their family.
- Children and young people did not always benefit from caregivers having up to date knowledge and training.
- Children experienced delays in permanency planning.
- Children and their caregivers support and plans were impacted by a lack of robust quality assurance within the service.
- Adoption support plans were not featured in practice. There is the need to record, monitor and review the support provided to adoptive caregivers.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children living within adoptive families benefitted from meaningful, affectionate and secure relationships. We saw children very much belonging within their adoptive families and accepted as individuals. Adoptive carers spoke positively about the support that they had received from the service and from their individual supervising social workers. One adopter told us,

"I could not fault the adoption team in Inverclyde from the moment I met with them to the completion of the adoption, they were fantastic.... The support is second to none that you receive."

However, we did not see evidence that adoptive caregivers were provided with learning and development opportunities. Foster carer training, provided by the service, ceased at the start of the pandemic and has only recently been re-established. Therefore, there has been less opportunity for adopters to also benefit from this training. In pre-adoptive households, there was no evidence of caregivers' supervision or reflective discussions taking place. Therefore it was unclear if caregivers had up-to-date knowledge of key issues such as child protection, attachment, trauma or loss (see area for improvement 1).

In recent years there has been greater recognition of the need for the service to support adoptive families at all points in their life and for those families who return for support. We saw some examples of high levels of support being provided by the service in these circumstances. We suggested that the work started by the previous manager should be revisited in order to sustain these changes in practice and consider how the service best responds to this area of need.

Adoptive parents advocated passionately for the children living in their care and worked in partnership with others to ensure that their children's needs were understood and met. This was supported by workers within the adoption service who were also good at building working relationships with partner professionals to help to achieve better outcomes for children and young people.

Children and their adoptive families were supported well by the service to promote and facilitate family relationships. There was a commitment towards ensuring that siblings were living together. However, we were aware that delays in planning for children has had a negative impact and resulted in children having prolonged connections with birth families when this was not in their best interests.

The service has made efforts to work with the wider local authority to improve educational experiences for adopted children and young people. We heard about work undertaken by the previous manager to work with education to ensure there is a better understanding and earlier access of adoption support. This work has stalled due to management changes and we would stress the need to continue this momentum, strengthen links and build on the work started. We could see the potential for this to make a positive difference to outcomes.

We saw individual examples of education being well supported by adoptive parents and the service. Adoptive families have made use of the attainment fund to provide additional resources to families. We saw adopters and the service's role in promoting and advocating for children within education and plans.

Networks of support for children outside their household was sometimes limited. Children's social workers did not always visit regularly and children's relationship with their social worker had been adversely affected by multiple changes of social workers. We heard that this made children less likely to invest in these relationships. This creates challenges in safeguarding and ensuring children's rights are promoted and protected.

Children's experience of being supported to understand their history and life story was mixed in practice. We saw the role of the service in undertaking this work when the child's placing social worker was unavailable. However, we also found examples of delays in this taking place and adopters who felt ill-equipped to undertake their part in this, due to not having all the necessary information. There is the need to ensure adopters are confident in being able to share information sensitively and creatively to help children develop a clear sense of self.

Children's health and wellbeing was supported well by adopters and the service. Adopters were proactive in seeking out support and access to specialist services when this was needed.

We were encouraged to learn about the new role of the specialist Children and Adolescent Mental Health (CAMHs) Nurse for care experienced children and young people and look forward to seeing how this develops.

We found that the standard of assessment of prospective adopters was consistently very high and that prospective adopters were involved and well supported throughout this process. We saw positive practice around the matching of children with prospective adopters.

Children who were identified as in need of adoption experienced significant delays in their assessments and planning. One carer told us " young children are being left in foster care for 3 plus years". We saw various examples when these delays had a significant impact on outcomes and risk to future outcomes. There has been a lack of management overview of permanency and tracking of children's plans. The service have taken some steps to overcome some of the barriers. However we found that divisions and a poor culture of collaborative working between the service and the practice social work team have had an impact on outcomes. We were encouraged to hear of future plans to relocate both teams to one office space. The service should ensure that they take a pro-active role in monitoring the progress of permanency planning (see requirement 1)

Pre-adoptive parents, who had not yet had their child secured by an adoption order, were not being supported in line with good practice and fostering regulations. These pre-adoptive parents remained registered foster carers within the service. However, we found that safer caring, supervision, training and timely review at panel were not taking place . The service need to ensure that they are adhering to fostering regulations for adopters at all stages (see requirement 2).

## Requirements

1. By 2 September 2024 the provider must ensure that all children in need of permanent care arrangements have their assessments completed and plans carried out without unnecessary delay.

To do this the provider must, at a minimum, ensure:

- a) all children in need of permanent fostering have their plans reviewed by managers
- b) staff within the service recognise, respond to and pursue any delays by clearly communicating these with the area teams
- c) managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays
- d) assessments are carried out within timescales.

This is in order to ensure that care and support complies with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and is consistent with the Health and Social Care Standards which state that:

"As a child or young person needing permanent alternative care, I experience this without unnecessary delay." (HSCS 1.16)

2. By 2 September 2024 the provider must ensure that all adoptive or potential adoptive caregivers are supported, supervised and reviewed in accordance with statutory regulations.

To do this the provider must, at a minimum, ensure:

- a) that there is clarity and understanding about the status of caregivers who have been approved as adopters and who care for children in 'pre-adoptive' households
- b) managers audit the panel reviews for all pre-adoptive caregivers and any delays in presentation at panel to be progressed timeously
- c) managers review the support and supervision of this group of caregivers to ensure that the service's role is in line with best practice and fostering regulations.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"If I have a carer, their needs are assessed and support provided." (HSCS 4.26) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

## Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers and prospective adopters.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers and prospective adopters.

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)

## How good is our leadership?

**3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place to monitor aspects of service delivery however these have not been in use for some time and did not provide an assurance of quality within the service.

There was no evidence of audits, appraisals and very sporadic formal supervision of staff. Therefore, there was no monitoring of staff performance, training or development needs.

Indeed, roles within the adoption service have become blurred with practitioners developing a high level of responsibility. Although leaders had a sense of the issues that required to be addressed such as adoption support plans and permanence progression, there was no Specific Measurable Achievable Realistic Timebound (SMART) plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed (see requirement 3).

There has been various changes and gaps to the management structure of the fostering and adoption services in recent years, it is evident that this has had a detrimental impact on quality assurance, management overview and leadership. Adoptive parents also reflected that the changes to management have created uncertainty about leadership.

We have concerns about capacity for improvement given the large remit of the current registered manager for all services and the intention not to fill the vacant adoption manager's post as part of a service redesign. We considered there to be a gap in managerial skills and experience in relation to adoption and the specific needs and duties of this service. Within the service, there is great uncertainty about what the service will look like going forward. We were not aware of any consultation with staff about the service redesign.

The service is considered relatively fragile and there is a lack of resilience within the structure of the team. Adoptive families require access to flexible and timely support at all points of the adoption journey and is anticipated this will create greater future demand and duties of the service. There is the need to review how the service prioritises their duties and functions within this context.

We have considered that the service were responsive to feedback on these issues and were aware of the areas highlighted. There are some plans in place to improve the capacity of the service. We look forward to seeing the impact of this at the next inspection.

## Requirements

1. By the 2 September 2024 the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

To do this, the provider must as a minimum:

- a) implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings
- b) ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance
- c) ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

This is to comply with Regulation 4(1)(a) (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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, meaning that there were important strengths with some areas for improvement.

The service was an effective partner in planning for the support needs of adopted children and young people and children who remained subject to looked after procedure. We heard that adopters valued the support provided by the service at different stages in their adoption journey.

We saw examples of high level and quality support being provided to adoptive families, particularly when the role of the service mitigated the absence of other agencies' support within the child's plan. This contributed to better outcomes for children and young people.

Adoption or post-adoption support plans were not undertaken by the service. Therefore, we did not see adopters being supported in a proactive way that identified current needs or anticipated future supports at different times. The child's plan was the only record that contained some of what support adopters required. The adopters we spoke to did not have an understanding or awareness of their adoption support plan. One adoptive parent commented, "Although we have always been well supported I am unaware of what our actual plan is and involves."

There was a lack of robust quality assurance of adoption and post-adoption support planning. The absence of adoption support plans meant that the support provided was not captured and potentially reactive to events. We did not see the potential need for longer term support throughout a child's life being fully considered or reflected. We discussed this with the service who were aware that this is an area for development (see area for improvement 2).

Individual risk assessments and safer caring plans for children living in pre-adoptive (where adopters remained registered foster carers) households were not completed or reviewed by the service. The service should ensure that they are supporting and supervising adopters in line with good practice and fostering regulations (see requirement 2 under Key Question 1).

### Areas for improvement

1. To ensure that children and their adoptive families are receiving appropriate levels of post-adoption support, the provider should record and review post-adoption support plans. This should take a Specific, Measurable, Achievable, Relevant and Time-bound (SMART) approach.

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 my 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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# Inverclyde Council Continuing Care Service Adult Placement Service

Lomond View Academy  
Ingelston Street  
Greenock  
PA15 4UQ

Telephone: 01475 715365

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
17 May 2024

**Service provided by:**  
Inverclyde Council

**Service provider number:**  
SP2003000212

**Service no:**  
CS2018371472

## About the service

Inverclyde's Continuing Care Service was registered with the Care Inspectorate in 2018. The service is provided to young adults age 18 years or over and allows young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The service recognises the council's continuing responsibility to support care experienced young people leaving foster care. Support is provided to the young person by their social worker or after care worker and the fostering service continues to support the carer.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

This report should be read in conjunction with the inspection report for Inverclyde Council Fostering Service, which was inspected alongside this inspection.

## About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 17 May 2024. The inspection was carried out by two inspectors 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 three continuing care carers and two responded to our survey.

Spoke with two young people using the service and two responded to our survey.

Spoke with eight staff and management and nine responded to our survey.

Observed practice and daily life.

Reviewed documents.

Spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

## Key messages

- There was a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result.
- Young people developed meaningful, affectionate and secure relationships with their caregiver families.
- Young people did not always benefit from caregivers having up to date knowledge and training.
- With the support of their caregiver families, at the right time, young people developed a wide range of life skills.
- Young people's support from the provider was led by the young people and in line with their needs and wishes.
- We encouraged the service to develop a service development plan specifically for continuing care.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people developed meaningful, affectionate and secure relationships with their caregiver families. Relationships were based on empathy, compassion, love and fun. Young people in the fostering and continuing care services told us about feeling part of the family and feeling secure that they would be part of the family for a long time. There was a clear ethos in the local authority that young people were encouraged to stay and those carers providing continuing care were approved at panel to do so.

There was some uncertainty in the team regarding when carers approval should be changed to continuing care and we asked the service to ensure all staff have an understanding of the legislation in relation to this.

Young people living within caregiver families routinely exercised a high degree of choice in all aspects of their day-to-day lives and young people were supported to have time with their birth family. There were nice examples of carers developing relationships with birth families to support young people with their understanding of their identity and life story.

Young people did not always benefit from caregivers having up to date knowledge and training. While the service offered some training and some caregivers carried out their own research, many caregivers had not completed any training for a significant period of time. A structured and recorded approach to supervision and reflective discussions with carers would also enable the service to know that key knowledge on adult protection, attachment, trauma or loss was embedded and confidently being used. (Area for improvement 1)

With the support of their caregiver families, at the right time and pace, young people developed a wide range of life skills. These promoted confidence and help them to get the most out of life.

Caregiver families supported the young people to be well-informed about how to lead a healthy lifestyle. They were enabled and encouraged to make informed health and lifestyle choices by adults who were positive role models.

Young people's support from the provider was led by the young people. This sometimes meant there was infrequent involvement. We asked the service to ensure that regular supervision of the caregivers took place to provide a safeguard and clear communication with the provider if the young people's circumstances changed.

### Areas for improvement

1. For children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers.

The training for adult placement caregivers should include Adult Support and Protection.

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)

### How good is our leadership?

**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

There was a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result.

There were some systems in place to monitor aspects of service delivery however these had not been in use for some time and did not provide an assurance of quality within the service. We encouraged the service to develop a service development plan specifically for continuing care that includes a clear learning and development plan for caregivers transitioning to this role.

There was no evidence of audits or appraisals and there was very sporadic formal supervision of staff that did not monitor performance. Leaders were not aware of the quality of the supervision records or recordings written by staff and although they had a sense of the issues that required to be addressed such as carer training there was no Specific Measurable Achievable Realistic Timebound plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed. (Area For improvement 1)

We had some concerns about the capacity to support improvement activities. However, leaders were responsive to feedback throughout the inspection and there were some plans in place to improve the capacity of the service. We looked forward to seeing the impact of this at the next inspection.

## Areas for improvement

1. To promote positive outcomes for young people and their caregivers the service should ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

This should include but is not limited to:

- a) Implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

This is 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) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated this key question as very good.



Young people in continuing care had recent reviews of their plans and the levels of support were in line with their needs and wishes. Young people were supported to communicate what their outcomes should be and their voice was captured in the plans. We encouraged the service to be pro-active in ensuring that their plans continue to be reviewed timeously to ensure young people always know how to access support.

The Going Forward reports written for the young people in continuing care were good and provided a good level of risk assessment. We encouraged the provider to enhance these by being explicit that they include the Welfare Assessment.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>27 August 2024</b>
<b>Report By:</b>	<b>Kate Rocks Chief Officer Inverclyde HSCP</b>	<b>Report No:</b>	<b>SWSCSP/23/2024/JH</b>
<b>Contact Officer:</b>	<b>Jonathan Hinds Chief Social Work Officer Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715282</b>
<b>Subject:</b>	<b>National Review of Social Work Governance and Assurance</b>		

---

## 1.0 PURPOSE AND SUMMARY

- 1.1  For Decision  For Information/Noting
- 1.2 This report advises the Social Work and Social Care Scrutiny Panel about the Care Inspectorate's intention to undertake a national review of social work governance and assurance.
- 1.3 This review will take place between July and December 2024 with the aim of adding to the understanding of the role, remit, effectiveness and the current challenges facing social work services. The Care Inspectorate will do this by exploring the impact of governance and assurance arrangements in each local authority area.
- 1.4 Inverclyde Council was notified of this Review on 15 July 2024 and Laura Ritchie has been nominated as the co-ordinator for Inverclyde.

## 2.0 RECOMMENDATIONS

- 2.1 The Social Work and Social Care Scrutiny Panel is asked to note the planned review of social work governance and assurance.

**Kate Rocks  
Chief Officer  
Inverclyde HSCP**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 Within their notification letter (Appendix 1), the Care Inspectorate has advised that the aim of the national review of social work governance and assurance is to gain a national overview of governance and assurance arrangements in local authority areas that provides assurance that social work duties are being appropriately discharged. The review encompasses the full range of social work duties, including adults, children and justice and is being carried out under Section 53 of the Public Services Reform (Scotland) Act 2010.
- 3.2 The purpose of the review is to add to the understanding of the role, remit, effectiveness and current challenges facing social work services and will:
- highlight the areas of influence for chief social worker officers, principal social workers and other key social work leaders as they provide governance and assurance
  - explore the support and assistance provided by leaders and managers to encourage staff to uphold social work values in practice
  - identify and disseminate information about what is working well
  - recognise the challenges faced by local leaders and staff across the country and identify areas where improvement is required.
- 3.3 The review will include consideration of how staff are supported to fulfil their roles and how social work leaders are able to influence decision making as well as having strategic oversight of significant risk relating to the statutory duties within legislation.
- 3.4 The Care Inspectorate have advised that the review has been designed to reflect the current pressures experienced by the sector and seeks to be mindful of the impact on those leading and working in social work services.

### 4.0 PROPOSALS

- 4.1 The timeline for the review is as follows:

5 to 16 August 2024	briefing sessions for co-ordinators
19 August to 4 October 2024	staff survey to be issued for all frontline social work staff and first line managers.
27 August 2024	relevant documents to be submitted.
30 September to 1 November 2024	structured interviews with a small number of core staff including Chief Social Work Officers. Local managers will also participate in themed focus groups.
17 March 2025	publication date for the national review report. In addition, a local staff survey report will be provided to each area after publication. Further opportunities to discuss findings will be arranged, including webinars.

- 4.2 As a national review, the Care Inspectorate team will not evaluate the performance of individual partnerships but expect to identify what is working well nationally and areas to consider for improvement.
- 4.3 A further report can be provided to the Social Work and Social Care Scrutiny Panel following publication of the national review report.

### 5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

## 5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (if Applicable)	Other Comments
N/A					

## 5.3 Legal/Risk

None.

## 5.4 Human Resources

Staff time to participate in the areas of this review.

## 5.5 Strategic

None.

## 5.6 Equalities, Fairer Scotland Duty & Children/Young People

None.

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

(b) Fairer Scotland Duty

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty.

(c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

**5.7 Environmental/Sustainability**

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

**5.8 Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

**6.0 CONSULTATION**

6.1 The review will involve a staff survey of all social work staff and managers. A number of managers will also participate in focus groups and interviews with the review team.

**7.0 BACKGROUND PAPERS**

7.1 None.



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Our Ref: KM/TW/AM  
Date: 15 July 2024

Dear colleagues

### **Review of social work governance and assurance**

Further to my letter of 24 May 2024 to advise of our intention to undertake a review of social work governance and assurance. I am now writing to notify you formally that we are undertaking this review.

As noted previously, the aim is to gain a national overview of approaches to ensuring governance and assurance arrangements are in place in order to provide public assurance that social work duties are being appropriately discharged. This review will also explore how staff are supported to carry out their roles and broach any concerns.

The review will consider the extent to which social work leaders meaningfully influence decision making and have strategic oversight of significant risk relating to key areas of legislative responsibility. This will span the full range of social work, including adults, children and justice.

This review is being carried out under Section 53 of the Public Services Reform (Scotland) Act 2010. Our work commences on 15 July 2024 and will conclude on 20 December 2024.

### **Approach**

The approach will involve the following activities:

- A national staff survey, focussing on community based front line social work staff and their first line managers. We will provide each local authority with a copy of the staff survey results from their area to support any local improvement activity,
- The review of some core documents that can demonstrate governance and assurance approaches in local authority areas,
- A structured interview with a few core staff from each local authority area, including Chief Social Work Officers,
- Three themed focus groups, where each local authority will be invited to send two middle or senior managers to each session.

The approach taken will be proportionate, mindful of the impact on partnership areas.

Further information about the review can be found on our dedicated [webpage](#) and also from the briefing attached to this email.





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**2/  
Review of social work governance and assurance**

**Reporting**

We will produce a single national report in spring 2025. While we will not be evaluating partnerships on their performance, we will report on what is working well across Scotland. We will also identify any potential areas for improvement for consideration.

**Ask of local authorities**

At this stage, we ask that all 32 local authorities provide us with the name and email address of a co-ordinator for the review **by noon Friday 19 July 2024**. The person identified should possess a strong understanding of social work governance and assurance arrangements across the local authority and HSCP area. Once identified, we will contact them with further information to support the completion of the national staff survey, provide a small number of documents and facilitate staff members to attend the structured interview and focus groups. This information will be issued on 22 July 2024.

We plan to hold briefing sessions for co-ordinators in August 2024 to answer questions and provide some further context for the review.

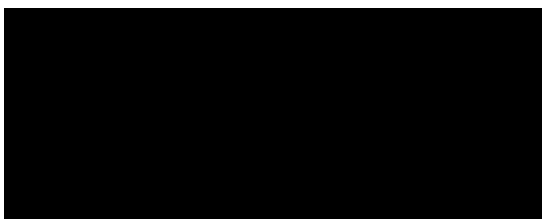
The inspection lead for this review is Tim Ward and he is supported by Ashley Martin, Strategic Support Officer.

If you or any of your colleagues have any questions or require clarification at this stage, please contact Tim Ward, lead inspector via email: [ciswg@careinspectorate.gov.uk](mailto:ciswg@careinspectorate.gov.uk).

Please use this email address to advise us of your nominated individual who will act as our key point of contact for this review by noon on Friday 19 July 2024.

Thank you in advance for your support.

Yours sincerely



Kevin Mitchell  
Executive Director of Scrutiny & Assurance

Enclosed: *review information document*

CC: A copy of this letter has been issued to chief executives of local authorities, chief social work officers and chief officers of health and social care partnerships.

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<b>Report To:</b>	<b>Social Work &amp; Social Care Scrutiny Panel</b>	<b>Date:</b>	<b>27 August 2024</b>
<b>Report By:</b>	<b>Kate Rocks, Chief Officer, Inverclyde HSCP</b>	<b>Report No:</b>	<b>SWSCSP/24/2024/AB</b>
<b>Contact Officer:</b>	<b>Alan Best, Head of Health &amp; Community Care, Inverclyde HSCP</b>	<b>Contact No:</b>	<b>01475 715949</b>
<b>Subject:</b>	<b>Supported Living Service Care Inspectorate Inspection - 8 May 2024</b>		

---

## 1.0 PURPOSE AND SUMMARY

1.1  For Decision  For Information/Noting

1.2 This report provides an update to the Social Work and Social Care Scrutiny Panel on the recent inspection of Inverclyde's Supported Living Team and Care at Home Service (for Learning Disability) carried out by the Care Inspectorate.

1.3 The Supported Living Team and Care at Home Service for adults with Learning Disability had an unannounced inspection on 8 May 2024 which was carried out over 4 days concluding on the 15 May. Inspectors spent most of their visit at James Watt Court on Holmscroft Street but also met with Supported Living (outreach) staff based at the Fitzgerald Centre.

The inspection consisted of one inspector and one senior inspector to carry out observations of staff at James Watt Court, discuss the quality of service with service users and to ensure that the appropriate documents were within the service user Support Plan files.

The inspectors spoke with eleven people using the service and had contact with eight of their relatives, spoke with fourteen staff and management and looked at documents including the files of three tenants.

The Service received a draft inspection report on 5<sup>th</sup> June to view and agree to the content. The Inspection report was published on the Care Inspectorate website on the 28<sup>th</sup> of June 2024.

1.4 Key messages from the inspection:

- Management and staff were very good at developing meaningful relationships with people.
- People were supported to participate in a wide range of community activities.
- Management and staff have developed relationships with external health professionals, enhancing the health and wellbeing of people.
- Support plans and risk assessments did not always guide staff on people's current support needs.
- The management team require to improve systems around medication support and recording.
- Quality audits were not used to good effect and therefore did not inform improvement.

The Care Inspectorate use a six-point scale where 1 is unsatisfactory and 6 is excellent. The gradings received were:

How well do we support people's wellbeing	3 (adequate)
How good is our leadership	3 (adequate)
How good is our staff team	3 (adequate)
How well is our care and support planned	3 (adequate)

Within the key area 'how well do we support people's wellbeing' there are sections where the service was graded 4 (good); these areas are: people experience compassion, dignity and respect and people get the most out of life.

- 1.5 Inverclyde HSCP Chief Officer has recently visited staff and service users at the Supported Living service and was reassured by the high quality of supportive relationships displayed by staff and service users. The Chief officer directly met with service users and was encouraged by the service user's experiences in the support in achieving independent living in their local community.

## **2.0 RECOMMENDATIONS**

- 2.1 The Social Work and Social Care Scrutiny Panel is asked to note the recent Care Inspectorate inspection of the Supported Living Team and Care at Home (Adult Learning Disability) services.
- 2.2 The Social Work and Social Care Scrutiny Panel is asked to note the contents of the improvement plan and the improvement actions that will be completed within the agreed timescales.

**Kate Rocks**  
**Chief Officer**  
**Inverclyde HSCP**

### 3.0 BACKGROUND AND CONTEXT

- 3.1 Inverclyde Learning Disability Support and Care at Home Service enable people with learning disabilities to live in their own homes throughout Inverclyde. The service is operated on a 24/7 basis. There are three elements within the service, including two supported living services and a dispersed service supporting people in their individual tenancies across the local area. At the time of the inspection 23 people were supported. The registered manager was supported by a senior co-ordinator, four senior support workers and a team of social support workers.
- 3.2 The Health and Care Staffing (Scotland Act) 2019 which was paused during the Covid-19 pandemic was enacted on the 1<sup>st</sup> April 2024. The guiding principles of the Act states staffing for health care and care services is to be arranged while taking account of the particular needs, abilities, characteristics and circumstances of different service users and being open with staff and service users about decisions on staffing. The Act also places a duty on care service providers to ensure appropriate staffing.

### 4.0 PROPOSALS

- 4.1 The Improvement Plan that has been developed is robust and can be viewed at **Appendix 1**.

Since the inspection was carried out, the service has been working on their Improvement Plan, progressing all the actions following recommendations made by the Care Inspectorate and these actions are on track to meet the timeline set by the Care Inspectorate.

There will also be an easy-read version of the improvement plan produced so all tenants in the service can participate in the completion of the action plan.

The Chief Social Work Officer and Head of Health & Community Care will meet on a regular basis to review the progress of the actions to meet the recommendations with regard to:

#### **Medication** - Improvements to be made by 2<sup>nd</sup> July '24 – Actioned

- Assessed medication levels for each tenant is detailed, accurate and directly linked to need and support requirements.
- Medication records for each person are accurate, up to date and clearly reflect the medication prescribed and administered (including creams).

#### **Staffing** - Improvements to be made by 2<sup>nd</sup> July '24 – Actioned

- Staffing assessment and planning is transparent.
- Staff deployment and skills mix are based on people's outcomes and needs.

#### **Restrictive Practices** - Improvements to be made by 26<sup>th</sup> November '24

- Restrictions are subject to regular review, to assess effectiveness and any changes required.
- Legal powers in place, are sufficient for any restrictive practices implemented.

#### **Quality Assurance** - Improvements to be made by 26<sup>th</sup> November '24

- The registered manager utilising a quality assurance framework to ensure complete oversight of the service and ongoing key activities, including information in relation to legal powers.

- Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service.

### Support Planning - Improvements to be made by 26<sup>th</sup> November '24

- Each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs.
- Support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified.

## 5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		X
Legal/Risk		X
Human Resources		X
Strategic (Partnership Plan/Council Plan)		X
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

### 5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (if Applicable)	Other Comments
N/A					

### 5.3 Legal/Risk

None. The service still meets the level of grading where social work can place new tenants in the service.

### 5.4 Human Resources

See above – one Senior Coordinator post to be filled. Support with SSSC and other training requirements of staff to be supported.

## 5.5 Strategic

None.

## 5.6 Equalities, Fairer Scotland Duty & Children/Young People

None. The service exists to increase housing and support options for adults affected by Learning Disabilities.

### (a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

### (b) Fairer Scotland Duty

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty.

### (c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

## 5.7 Environmental/Sustainability

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

## 5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.  The proposal to import spreadsheets of SSSC registration is additional data, but this information is already available on a public website.

## 6.0 CONSULTATION

6.1 All tenants and families of the tenants have been contacted since the Inspection Report was published and invited to come in and participate in the Improvement Plan.

## 7.0 BACKGROUND PAPERS

7.1 Improvement Plan – attached.

## Improvement Plan - Requirements & Recommendations

### Medication

<b>Outcome</b> What do we want to achieve?	<b>Actions</b> How are we going to do it?	<b>Timeframe</b> When do we want this to be completed or next reviewed?	<b>Person responsible</b> Who is doing each action or responsible for ensuring it gets completed?	<b>Where are we now?</b> What have we achieved, and what has prevented us from doing what we wanted?	<b>RAG</b>
Assessed medication levels for each tenant is detailed, accurate and directly linked to need and support requirements.	We will review each tenant's current medication, seek further advice from GP and complete a medication assessment form for each tenant which will clearly identify support requirements.	No later than 2 <sup>nd</sup> July 2024	<b>Registered Manager</b> – monitoring completion <b>Senior Coordinator &amp; Senior Support Workers</b> – Supporting completion. <b>Keyworkers</b> – Discussing with GP's and completing medication assessment paperwork	<b>Completed</b> Keyworkers have contacted GPs. All medication levels are now accurate on MAR. Medication assessment forms have been completed with full participation of tenants with their preferences being taken into account.	<b>GREEN</b>
Medication records for each person are accurate, up to date and clearly reflect the medication prescribed and administered (including creams).	We will introduce an audit for all medication records for all tenants, we will review medications and seek further advice from GP and Community Pharmacist lead regarding administration of creams, including times of administration	No later than 2 <sup>nd</sup> July 2024	<b>Keyworkers</b> – Contact GP to ensure that prescribing labels and MAR sheet labels reflect the medication requirements, including creams. <b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – Develop and introduce a robust medication audit system that is reflected within the medication policy for the service, with advice from M Maskrey, Lead Pharmacist HSCP.	<b>Completed</b> Medication Audit process has commenced. One outcome that has been highlighted is excess medication which has been returned to pharmacy. Thereafter monthly audits carried out for each tenant by seniors/senior coordinator. Registered Manager will complete a further audit twice yearly to quality assure process.	<b>GREEN</b>



## Improvement Plan - Requirements & Recommendations

<p>Detailed as required protocols are in place for each medication that has been prescribed "as and when required". They should include information on when it has to be given, intended outcome and thresholds for further action.</p>	<p>'As and when' will be implemented for all tenants that have 'as and when required' medications prescribed. The protocol where appropriate have been agreed by the GP or tenant's legal guardian.</p>	<p>No later than 2<sup>nd</sup> July 2024</p>	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – To review all as and when required medications and support keyworkers to implement protocols.  <b>Keyworkers</b> – To implement 'as and when required' protocols and where possible, get sign off from GP.</p>	<p><b>Completed</b>                  All as and when required medication has been reviewed, surplus medications have been returned to pharmacy and return slips have been signed.                   All 'as and when required' medications have a protocol clearly detailing when it has to be given, the intended outcome and thresholds for further action. Protocols, where possible, have been signed and stamped by individuals GP's.</p>	<p><b>GREEN</b></p>
<p>Staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication.</p>	<p>We will discuss with staff at each team meeting, and this has become a standard agenda item at 1:1 supervision.                   We will utilise the existing HSCP medication training for staff team and senior managers and manager.</p>	<p>No later than 2<sup>nd</sup> July 2024                   No later than 2<sup>nd</sup> July to get dates confirmed.</p>	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – Add to agenda for each staff meeting and add to 1:1 supervision agenda.   <b>Registered Manager</b>– Arrange for further training to be delivered.</p>	<p><b>Completed</b>                  Medication is a standard agenda item at team meetings. Our audit and quality assurance will incorporate staff observations on a twice-yearly basis.                   Training dates have been scheduled for all staff, training to be delivered on 22<sup>nd</sup>, 29<sup>th</sup> and 31<sup>st</sup> July 2024. Training is being delivered by HSCP Interface Pharmacist and is aligned to</p>	<p><b>GREEN</b></p>

## Improvement Plan - Requirements & Recommendations

Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.	We will develop and implement a robust medication audit system that is in line with current good practice guidance.	No later than 2 <sup>nd</sup> July 2024	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – Develop and introduce a robust medication audit system that is reflected within the medication policy for the service.</p> <p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – Review current medication procedures to ensure that they include the requirements for tenants' medication audits.</p>	<p>overarching HSCP Adult Medication Support Policy.</p> <p><b>Completed</b>                  Medication audit has been developed, agreed and is now used for all tenants. This will be monitored via the overarching management audit tool.</p> <p>Medication policy has been reviewed to include the newly introduced medication audit system and will be reviewed twice yearly within the management audit tool.</p>	<b>GREEN</b>
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## Staffing

<p><b>Outcome</b>                  What do we want to achieve?</p> <p>Staffing assessment and planning is transparent.</p>	<p><b>Actions</b>                  How are we going to do it?</p> <p>Assessment of staffing requires continuous review of tenant's needs in partnership with care management. These will be</p>	<p><b>Timeframe</b>                  When do we want this to be completed or next reviewed?</p> <p>No later than 2<sup>nd</sup> July 2024</p>	<p><b>Person responsible</b>                  Who is doing each action or responsible for ensuring it gets completed?</p> <p><b>Care Management</b> – To provide the service with the professionally assessed need for each tenant, staff team will</p>	<p><b>Where are we now?</b>                  What have we achieved, and what has prevented us from doing what we wanted?</p> <p><b>Completed</b>                  Each tenant has assessed hours of support detailed on support plans on SWIFT.</p>	<b>RAG</b>
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## Improvement Plan - Requirements & Recommendations

<p>Staff deployment and skills mix are based on people's outcomes and needs.</p>	<p>discussed and agreed at 6 monthly reviews. We will ensure that these support hours are clearly detailed within tenant's support plans.</p> <p>Staffing assessment and the requirements are based on minimum safe care and support for each individual tenant.</p> <p>In order to ensure safe levels of staffing our staff assessment tool will be used alongside our mandatory training records, safe recruitment, robust induction, learning and development, supervision, competencies and skills mix.</p>		<p>support this to provide up to date, accurate information.</p> <p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – To add assessed support hours to review paperwork which will be discussed with care management at reviews.</p>	<p>Each tenant's support hours are detailed within their support plan.</p> <p>Support hours have been added to review template - further reviews are being arranged with Care Management input.</p> <p>Staffing assessment tool has been developed and complements the support needs assessments.</p> <p>We ensure safe levels of staffing through our staff assessment tool is used alongside our mandatory training records, safe recruitment, robust induction, learning and development, supervision, competencies and skills mix.</p> <p>Professional competencies through observation concerning staff learning needs will also be utilised.</p>	<p><b>GREEN</b></p>
<p>Assessment and planning for tenants is based on current</p>	<p>Staffing assessment tool has been developed and used in conjunction with tenants' assessment of needs,</p>	<p>No later than 2<sup>nd</sup> July 2024 to Implement, 6</p>	<p><b>LD Strategic Lead &amp; Registered Manager</b> – Staffing assessment</p>	<p><b>Completed</b>          Assessed hours are detailed within tenant's support plans</p>	<p><b>GREEN</b></p>

## Improvement Plan - Requirements & Recommendations

<p>guidance and take into account a variety of meaningful measurements including people's assessed needs and support preferences.</p> <p>Staff deployment and skills mix will reflect gender preferences and needs of residents.</p>	<p>that will inform the preparation of the 6 weekly staff rotas. Where possible we will ensure that tenants preferences and choice around who is supporting them is taken into consideration.</p> <p>For example: Male support/Female support/Keyworker on shift working with key person.</p> <p>This practice will be aligned to 'Care Inspectorate Guidance for Providers on the assessment of staffing levels in premises-based care services' 2022.</p> <p>The supported living management team will review, 6 weekly, the assessed hours, any changing needs and staffing levels when developing the 6 weekly staffing rotas. This will allow the manager to undertake capacity planning and identify any increase required to meet changing need and discuss with care manager. To respond in a flexible and responsive way.</p> <p>We will ensure that assessed support hours are clearly detailed within tenant's support plans and are</p>	<p>weekly reviews following this date when preparing staffing rota.</p>	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – to use tenants needs assessment tool and staffing assessment tool when developing rotas.</p>	<p>and support hours has been added as an agenda item on tenant's review template.</p> <p>Staffing assessment tool has been developed and used in conjunction with tenants needs assessment tool which informs the preparation of the 6 weekly staff rotas.</p>	<p><b>GREEN</b></p>
<p>We will ensure that assessed support hours are clearly detailed within tenant's support plans and are</p>	<p>The supported living management team will review, 6 weekly, the assessed hours, any changing needs and staffing levels when developing the 6 weekly staffing rotas. This will allow the manager to undertake capacity planning and identify any increase required to meet changing need and discuss with care manager. To respond in a flexible and responsive way.</p> <p>We will ensure that assessed support hours are clearly detailed within tenant's support plans and are</p>	<p>No later than 2<sup>nd</sup> July 2024</p>	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – to use tenants needs assessment tool and staffing assessment tool when developing rotas.</p>	<p>We, where practical, ensure that tenants preferences and choice around who is supporting them is taken into consideration when rota planning.</p> <p>We discuss individual tenants changing need at team meetings and 1:1 supervision, these are then highlighted to the management team and at</p>	<p><b>GREEN</b></p>

## Improvement Plan - Requirements & Recommendations

	<p>reviewed 6 monthly or sooner if needs change.</p>			<p>reviews or sooner if required involving tenants and their families.</p> <p>Any changing needs are highlighted to the care management team.</p>	
<p>The service must ensure all staff are appropriately registered with their regulating body</p>	<p>SSSC Registrations will comply to the SSSC requirements regarding dual registration.</p> <p>We will implement a new process where the endorser (LP) will have access to SSSC site to view the service, the staff registered within the service and their renewal dates.</p>	<p>No later than 2<sup>nd</sup> July 2024</p> <p>No later than 2<sup>nd</sup> July 2024</p> <p>No later than 29th July 2024</p>	<p><b>Service Manager, Registered Manager, Senior Coordinator</b> - To gather initial evidence of registration via SSSC.</p> <p><b>Service Manager &amp; Endorser with SSSC</b> – to extract data monthly from SSSC onto an excel document then forward to <b>Registered Manager, Senior Coordinator</b></p> <p><b>Registered Manager, Senior Coordinator</b> – To oversee monthly, notify staff when nearing declarations, end of registration date or conditions attached to registration.</p> <p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – To implement, review &amp; update management audit tool.</p>	<p><b>Completed</b>          We have reviewed all our staffing lists against the SSSC register and where there is requirements to review registration staff have been notified for this to be completed by Monday 1st July 2024. To date this has been completed.</p> <p>Registered manager and senior coordinator now have oversight of current workforce registrations on a monthly basis.</p> <p>The registered manager also overviews the endorser process and regularly discusses compliance for registration with the endorser, on a four-weekly oversight.</p>	<p><b>GREEN</b></p>

## Improvement Plan - Requirements & Recommendations

					Staff are being reminded at team meetings and 1:1's about their duty to maintain and update their own registration as a contractual duty.

### Promoting Positive Behaviours (Restrictive Practices in Place)

<b>Outcome</b> What do we want to achieve?	<b>Actions</b> How are we going to do it?	<b>Timeframe</b> When do we want this to be completed or next reviewed?	<b>Person responsible</b> Who is doing each action or responsible for ensuring it gets completed?	<b>Where are we now?</b> What have we achieved, and what has prevented us from doing what we wanted?	<b>RAG</b>
Restrictions are subject to regular review, to assess effectiveness and any changes required	We will ensure that there is a clear focus on any restrictions, and this will be discussed at 6 monthly reviews. We will continue to focus on strength-based interventions that promote positive behaviors, whilst recognising the need for restrictions. We will involve the person, their legal guardian and any other professional involved in their care, such as social worker or MHO.  We have commenced the implementation and that this will be	By 26 November 2024	<b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – To ensure that restrictive practices are discussed at reviews with all parties	<b>Completed</b> Been added to the upcoming review template, recent reviews for 2 tenants that have restrictive practice in place are taking place in July 2024.  Other reviews are being arranged.	<b>GREEN</b>

## Improvement Plan - Requirements & Recommendations

<p>Legal powers in place, are sufficient for any restrictive practices implemented.</p>	<p>a standard agenda item for tenant's reviews.                  We will review legal powers in place along with MHO to ensure that the service has legal powers to implement restrictive practice, whilst ensuring it is compliant with the principles of minimal intervention, consistent with AWI legislation. This has been implemented and will remain a standard agenda item for tenant's reviews.                   Progress of restrictions will be discussed openly and transparently, focusing on a strength-based decision making, at 6 monthly reviews with input from the individual, legal guardian, MHO, care manager and support team.                   Reference will be made to <a href="https://www.mwscot.org.uk/RightsRisksAndLimitsToFreedomMarch2021.pdf">RightsRisksAndLimitsToFreedom March2021.pdf (mwscot.org.uk)</a></p>	<p>By 26 November 2024</p>	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – To ensure that restrictive practices are discussed at reviews with all parties.</p>	<p>Been added to the upcoming review template for 2 tenants that have legal powers in place as of 1<sup>st</sup> July 2024.</p>	<p><b>GREEN</b></p>
<p>A promoting positive behaviours log (restrictive practice) is kept for the service detailing an overview of restrictions, dates of review, legal</p>	<p>A restrictive practice log will be developed for the service to include review dates and will be audited monthly.</p>	<p>By 26 November 2024</p>	<p><b>Registered Manager</b> – To develop a restrictive practice log.  <b>Registered Manager, Senior Coordinator</b> - To ensure the restrictive log is reviewed and updated.</p>	<p>Work is underway to develop this.                   Legal powers &amp; AWI paperwork have been updated – 7<sup>th</sup> June '24</p>	<p><b>GREEN</b></p>



## Improvement Plan - Requirements & Recommendations

<p>powers in place with review dates.                  All staff have a clear understanding of the term restrictive practice and how these impact on support provision within the context of delivering person centred care.</p>	<p>We will deliver training for the team on restrictive practices and restraint.                   We will discuss this at team meetings and 1:1 supervision</p>	<p>By 26 November 2024</p>	<p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – Source training   <b>Registered Manager, Senior Coordinator and Senior Support Workers</b> – Discuss at team meetings and 1:1's</p>	<p>MHO from CLDT has been approached to deliver appropriate training.                   We discuss restrictive practices at team meetings and 1:1 supervision.                  The HSCP training section is currently developing guidance which will be rolled out to the SLS staff Team and training provided along with information sessions for Tenants and representatives.                   LD Trauma informed Practice training currently being rolled out incrementally to staff, this will become part of the LD mandatory training programme.                   PPB training is mandatory for all staff, all staff have completed this in 2024.</p>	<p><b>GREEN</b></p>
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## Improvement Plan - Requirements & Recommendations

### Quality Assurance & Audits

<b>Outcome</b> What do we want to achieve?	<b>Actions</b> How are we going to do it?	<b>Timeframe</b> When do we want this to be completed or next reviewed?	<b>Person responsible</b> Who is doing each action or responsible for ensuring it gets completed?	<b>Where are we now?</b> What have we achieved, and what has prevented us from doing what we wanted?	<b>RAG</b>
The registered manager utilising a quality assurance framework to ensure complete oversight of the service and ongoing key activities, including information in relation to legal powers.	We will implement a revised service audit tool that will be completed on a monthly basis by the registered manager and senior coordinator.	By 26 November 2024	<b>Registered Manager</b> – To revise audit tool and review monthly. <b>Senior Coordinator</b> – To have lead responsibility for the co-ordination of the audit and to carry this out in the absence of the registered manager.	Management audit tool is being revised and will be submitted to the CSWO for approval. On target for 29 <sup>th</sup> July 2024.	<b>GREEN</b>
Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service	Quality assurance processes will also involve tenants, staff, families and other professionals. The outputs from this activity will be reflected into the service development plan.	By 26 November 2024	<b>Registered Manager, Senior Coordinator</b> who will implement learning for service and advise CSWO of the improvements.	Focusing on best practice across the HSCP and learning from the other quality assurance processes, reporting mechanisms that are in situ or other HSCP registered services.	<b>GREEN</b>
Quality audits including care planning, finance and medication must be fit for purpose and used consistently across the service. Audits must be accurate, up to	All audits currently used will be reviewed and improvements put in place, if required, (direct observations, weekly medication counts, supervision, medication audits and reviewing) Audits will be used consistently across the service.	By 26 November 2024	<b>Registered Manager, Senior Coordinator and Senior Support Workers</b>	As above	<b>GREEN</b>

## Improvement Plan - Requirements & Recommendations

date and ensure they lead to the necessary action to achieve improvements without delay.					
Service management have a clear overview of staff SSSC registration and training including identified gaps.	Registration and renewal dates will feature within the quality assurance and audit tools.  Training audits will be carried out and aligned to registration and renewal dates for registered workers. Individual training plans will be reviewed regularly at 1:1 supervision. Training needs analysis for the service will be shared at the HSCP training board that is chaired by the CSWO.	By 26 November 2024	<b>Service Manager</b> who is endorser for SSSC will be responsible for overseeing quality assurance and audit and advising CSWO of the outputs with a focus on improvement and learning.	Training needs analysis will be reported by the Service Manager to the CSWO, at the HSCP training board.	<b>GREEN</b>

## Support Planning

<b>Outcome</b> What do we want to achieve?	<b>Actions</b> How are we going to do it?	<b>Timeframe</b> When do we want this to be completed or next reviewed?	<b>Person responsible</b> Who is doing each action or responsible for ensuring it gets completed?	<b>Where are we now?</b> What have we achieved, and what has prevented us from doing what we wanted?	<b>RAG</b>
Each person has a detailed support plan which reflects a	We will review tenants support plans via audit tool to ensure that they are outcome focused and person	By 26 November 2024	<b>Registered Manager, Social Workers, Senior Coordinator and Senior Support Workers</b>	Support plan audits have commenced, and seniors are supporting keyworkers to look	<b>GREEN</b>

## Improvement Plan - Requirements & Recommendations

<p>person centred and outcome focused approach directing staff on how to meet people's care and support needs</p>	<p>centered. This will be carried out in conjunction with the allocated social worker.</p> <p>We are piloting new approaches to ensure that support planning is accessible, participative and improves meaningful engagement of residents, in developing and directing their support through the implementation of the '1 Plan It' app.</p>			<p>at support plans in detail with tenants, families and other professionals. Further discussion is required with allocated social workers to ensure wider participation.</p> <p>Funding for the new tablet computers and app has already been approved. We are currently training staff that will be involved in using them. Our residents have already participated in the initial use of the app and initial findings and feedback is very positive.</p>	
<p>Support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified</p>	<p>We will audit support plans and risk assessments to ensure that any identified risk is well managed contemporaneous, and actions mitigate impact for residents.</p> <p>Risk assessments will be led by the allocated social worker and the service involving tenants, families, care manager, other health professionals and MHO if required.</p>	<p>By 26 November 2024</p>	<p><b>Allocated Social Worker, Registered Manager, Senior Coordinator, Senior Support Workers and keyworkers</b></p>	<p>To be progressed by deadline</p>	
<p>Future needs are anticipated, documented and reviewed.</p>	<p>Future needs planning will be a feature of the revised review processes and risk assessment. This will be considered a priority, in</p>	<p>By 26 November 2024</p>	<p><b>Allocated Social Worker, Registered Manager, Senior Coordinator and Senior Support Workers</b></p>	<p>To be progressed by deadline</p>	

## Improvement Plan - Requirements & Recommendations

<p>Support plans are regularly reviewed and updated with involvement from people, relatives and advocates.</p>	<p>recognition of the age, gender balance and likelihood of increased dependencies and support provision for residents. We will involve tenants and families.</p> <p>We will work in partnership with the allocated social worker and continue to arrange reviews 6 monthly for tenants, ensuring that there is involvement from people, relatives and advocates (where appropriate).</p>	<p>By 26 November 2024</p>	<p><b>Keyworkers with oversight by seniors and registered manager.</b></p>	<p>Tenant's reviews are ongoing, 6 monthly, as current practice, however where there are significant changes or increase in complexity of needs and / or risk, regularity of reviews will reflect this.</p>	
<p>Detailed care reviews are undertaken regularly which reflects people's care needs and preferences</p>	<p>New '1 Plan It' app will facilitate clear recording of people's outcomes and needs, including their individual preferences about how support is delivered.</p> <p>Regularity, timeliness and quality of reviews will be a feature of quality assurance audit processes.</p>	<p>By 26 November 2024</p>	<p><b>Registered Manager, Senior Coordinator</b> – to order the new software and get staff trained in how to use this with tenants</p> <p><b>Registered Manager, Senior Coordinator and Senior Support Workers</b></p>	<p>Funding for the '1 Plan It' app and tablet computers has been secured, along with funding for additional training to use this application.</p> <p>Tenant's reviews continue as per 6 monthly guidance but will be more regular where there is significant changes or risks identified for the resident.</p>	

## Improvement Plan - Requirements & Recommendations

### Recommendations

#### Care Inspectorate Recommendation. 1

The safety and wellbeing of people and delivery of a quality service to people is ensured by good communication with people in relation to support provided. This will include provision of an individual schedule detailing who will be visiting, when and the support to be provided and this will be in a format that is accessible or an individual's communication needs.

#### **Inverclyde HSCP's Response:**

Please refer to actions and improvement detailed in the attached plan.

All actions will include an inclusive, and easy read/pictorial planner/schedule within each tenant flat (who wish this) detailing daily/weekly allocated staff member/activities and timings /appointments/meetings. This will be discussed with Key Worker and tenant on a weekly basis and any issues with who is delivering support explored and any conflict resolution implemented, and any changes agreed and actioned as appropriate.

It's important to be mindful of the day-to-day life of any adult where flexibility and choice and personal and organisational circumstances may require said schedule to change. Changes will also be communicated to tenants.

This information and communication may be incorporated into the Pilot '1 Plan 'App.

#### Care Inspectorate Recommendation. 2

Seeking opportunities to increase people's independence and

development of their daily living skills will continue to be good practice, and people will be enabled to make choices in their day to day lives, even when there are restrictions in place to promote health and wellbeing

## Improvement Plan - Requirements & Recommendations

### **Inverclyde HSCP's Response:**

Please refer to actions and improvement detailed in the attached plan.

Restrictive practices will be used to respond to risk and safety and ensure that an individual leads a full and meaningful life. Practice will be trauma informed where all staff will be trained in this model of practice.

Tenants will be supported to understand, using appropriate and accessible communication, any decisions made about restrictions and interventions, and staff will use the least restrictive option for the shortest time possible if PPB plan is required.

Staff will continue to work hard to support all tenants, inclusive of those who have interventions, to develop connections and access activities within the local community to promote wellbeing and support good mental health.

People will continue to be supported with a range of health and wellbeing initiatives in support of positive

health. More planned health focussed projects for example, the "March into March" which promoted walking amongst staff and Tenants, will be planned and support will continue to be person centred and outcome focussed.

Staff will continue to access a range of health care professionals for advice and support when required as noted by the Care Inspectorate, building on the relationship with external professionals who advise that staff are responsive to their advice and guidance. This has a positive impact on people's health needs and of equal importance we are invested in proactively improving people's health.

Where there are restrictive practices in place, we will always start from a strength based and will be mindful of the minimal intervention threshold outlined in national policy and legislation. Our approach will be to promote positive behaviours understanding that trauma will be a contributory feature of risk and that all interventions are required to be proportionate whilst mitigating the necessity to implement restrictive practices in the tenant's lives. Where this is to be implemented this will be reviewed on a four weekly basis involving the resident, their family, and any other professionals who may have an informed view. This review will be led by service and the allocated social worker.

PPB Training is mandatory as is refresher training and observations around staff capability and competence and records kept of this.