
Report To:	Social Work & Social Care Scrutiny Panel	Date:	11 March 2025
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	SWSCSP/41/2025/JH
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Subject:	Inspection of Children’s Residential Houses		

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 of the inspection completed by the Care Inspectorate in respect of The View children’s house in January 2025.
- 1.3 This was an unannounced inspection which took place on 7 and 8 January 2025. The service was evaluated against the key question ‘How well do we support children and young people’s rights and wellbeing?’
- 1.4 Within this, the following quality indicator evaluated was ‘children and young people are safe, feel loved and get the most out of life’.
- 1.5 The report of the inspection and evaluation is available on the Care Inspectorate website at the following link:
<https://careinspectorate.com/berengCareservices/html/reports/getPdfBlob.php?id=322074>
- 1.6 This outcome of the inspection was that The View was awarded a grade of 5: ‘very good’, on the six-point scale used by the Care Inspectorate, ranging from 1: unsatisfactory to 6: excellent.

2.0 RECOMMENDATIONS

- 2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the outcome of the inspection and the improvement activity action plan at Appendix 1.

**Kate Rocks
Chief Officer
Inverclyde HSCP**

3.0 BACKGROUND AND CONTEXT

- 3.1 Social work and social care services are subject to a range of audit and scrutiny activities to ensure that they undertake statutory duties and provide appropriate care and support to vulnerable individuals and groups. The View children's house is a regulated service, registered with the Care Inspectorate and therefore subject to regular inspection. Typically, residential facilities are subject to one inspection per year which will be unannounced. An unannounced inspection of The View was undertaken on the 7th and 8th of January 2025.
- 3.2 The Care Inspectorate utilises the following gradings within its inspection activity:
- 1: unsatisfactory
 - 2: weak
 - 3: adequate
 - 4: good
 - 5: very good
 - 6: excellent.
- 3.3 During the last inspection in October 2022 The View was graded as 4: 'good'.
- 3.4 During this inspection, the Care Inspectorate gathered a range of evidence including speaking with staff, other professionals, young people and parents. They also reviewed relevant written information including care plans. The outcome of the inspection was that the services was graded as 5: 'very good'.
- 3.5 The inspection report includes a number of key inspection findings:
- Young people were cared for by a committed staff team who knew them well.
 - Positive relationships had been established between adults and young people. These were based on trust, understanding and genuine care.
 - A consistent staff team had contributed to the stability of the home. This could be strengthened by formalising assessment of staffing arrangements to support continued stability.
 - There was lots of fun and laughter in the home which contributed to a welcoming, relaxed and homely atmosphere.
 - Young people experienced a variety of opportunities such as holidays abroad, parties and days out which were based on their individual interests.
 - Young people's risk assessments should be viewed to ensure they accurately reflect current circumstances.
- 3.6 The inspection found that young people were listened to and supported to share their views through access to advocacy. Advocacy workers visited the house on a regular basis, on both a formal and informal basis, which contributed to the development of positive relationships between staff and young people.
- 3.7 The inspection found that young people experienced therapeutic and stable care, which supported their emotional wellbeing. Staff were found to have a good understanding of trauma, recognising the impact young people's experiences may have upon them. In addition, young people's physical and mental health were given priority by staff.
- 3.8 Inspectors noted that all young people who live in The View were attending some form of education, with some also having part-time jobs. Young people had individually tailored support which helped them engage in education to the best of their ability. It was recognised that staff work hard to achieve a balance of encouraging young people whilst not overwhelming them.

3.9 Importantly, young people who lived in The View told how they enjoyed warm, trusting and nurturing relationships with those caring for them, with one young person commenting that 'it's like a family here'.

3.10 Finally, no complaints have been upheld since the last inspection.

4.0 PROPOSALS

4.1 A strength identified during the inspection was that a commitment to continuing care was evident in day-to-day practice and was included in related policy. Inspectors added that practice would be strengthened by developing a specific Continuing Care policy. A draft policy has subsequently been developed for approval by the Senior Management Team.

4.2 An ongoing area of improvement was the mechanism to report events to the Care Inspectorate. Improvement activity in relation to this is already underway, including additional staff training as well as taking practical steps to reduce any barriers to reporting incidents within timescales.

4.3 A clear strength of the service is a consistent staff team, although the inspection report noted that, a robust staffing needs assessment would help to ensure that young people receive the right support. This has been implemented in consultation with the Care Inspectorate who are confident that this area of improvement has now been met.

5.0 IMPLICATIONS

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

SUBJECT	YES	NO	N/A
Financial			✓
Legal/Risk			✓
Human Resources			✓
Strategic (LOIP/Corporate Plan)			✓
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

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

No Implications.

5.4 Human Resources

No Implications.

5.5 Strategic

No Implications.

5.6 Equalities and Fairer Scotland Duty

(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.
✓	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.
✓	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.

5.7 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.
✓	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.

5.8 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.
✓	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.

5.9 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.
✓	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 None.

Inverclyde HSCP

Residential Services – Improvement Plan 2025-2026

Outcome What do we want to achieve	Actions How are we going to do it?	Timeframe When do we want this to be completed or next reviewed?	Person responsible Who is doing each action or responsible for ensuring it gets completed?	Where are we now? What have we achieved, and what has prevented us from doing what we wanted?	RAG
1. My needs are met by the right number of people.	The service will develop a robust staffing needs assessment. This should include a continuous overview of staff skills and the number of staff required to provide the service.	1 March 2025	Residential Team Lead	In progress. A staffing needs assessment has been designed in consultation with Care Inspectorate and House Managers. Will now be implemented.	Amber
2. 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	To ensure that the service notifies the Care Inspectorate of incidents within statutory timescales we will: - Organise training with the Care Inspectorate. - Identify any challenges / priority areas for training. - Ensure that additional staff have access the Care Inspectorate notification portal.	1 June 2025	Residential Team Lead House Managers	In progress	Amber
3. Practice will be strengthened by developing a specific policy relating to continuing care practice.	A specific policy relating to Continuing Care Practice will be developed.	1 June 2025	Residential Team Lead	In progress. Policy will be taken to the Senior Management Team before implementation.	Amber