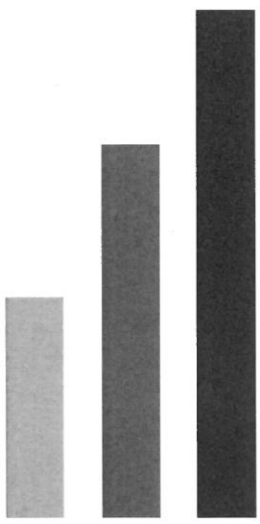
Inverclyde council

Agenda 2014

Inverclyde Community Health & Care Partnership Sub-Committee

For meeting on:

28	August	2014



PLEASE NOTE TIME OF MEETING

Inverclyde council
Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 14 August 2014

A meeting of the Inverclyde Community Health & Care Partnership Sub-Committee will be held on Thursday 28 August 2014 at 1pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal & Property Services

BUSINESS

**** copy to follow**

1. **Apologies, Substitutions and Declarations of Interest**

PERFORMANCE MANAGEMENT

2. **Community Health & Care Partnership - Financial Report Outturn 2013/14 and 2014/15 as at Period 3 to 30 June 2014**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

3. **Integrated Performance Improvement Exceptions Report**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

4. **Preparation for the Joint Inspection of Children's Services by the Care Inspectorate**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

5. **Learning Disability Day Opportunities, Outreach and Community Supports**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

6. **Learning Disability Care and Support at Home**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

7. **Inspection of Homelessness Services**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

8. **Inspection of Inverclyde Residential Childcare Services**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

9. **Quality Assurance Inspection of Inverclyde CHCP SQA Centre**
   Report by Corporate Director Inverclyde Community Health & Care Partnership

10. **Complaints Annual Report 2013-2014**
    Report by Corporate Director Inverclyde Community Health & Care Partnership

11. **Inverclyde CHCP Freedom of Information Annual Report**
    Report by Corporate Director Inverclyde Community Health & Care Partnership

12. **Review of Inverclyde Carers Strategy 2012-15**
Report by Corporate Director Inverclyde Community Health & Care Partnership

NEW BUSINESS

13. **Scottish Government Proposals to Redesign the Community Justice System**
Report by Corporate Director Inverclyde Community Health & Care Partnership

14. **Consultation on Draft Regulations to Public Bodies (Joint Working) (Scotland) Act 2014**
Report by Corporate Director Inverclyde Community Health & Care Partnership

15. **Report of Social Work Complaints Review Committee of 28 July 2014**
** Report by Social Work Complaints Review Committee

The documentation relative to the following item 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 paragraph 6 of Part I of Schedule 7(A) of the Act

PERFORMANCE MANAGEMENT

16. **Governance of CHCP Commissioned External Organisations**
Report by Corporate Director Inverclyde Community Health & Care Partnership providing information relating to the CHCP governance process for externally commissioned services

Enquiries to - **Sharon Lang** - Tel 01475 712112

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 2

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date: 28 August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/35/2014/LB**
Contact Officer:	**Lesley Bairden**	**Contact No: 01475 712257**
Subject:	**Community Health & Care Partnership – Financial Report Outturn 2013/14 and 2014/15 as at Period 3 to 30 June 2014.**	

1.0 PURPOSE

1.1 The purpose of this report is to advise the Inverclyde CHCP Sub-Committee of the 2013/14 Revenue Outturn position and of the Revenue and Capital Budget current year position as at Period 3 to 30 June 2014.

2.0 SUMMARY

REVENUE OUTTURN 2013/14

2.1 The total Health and Community Care Partnership revenue budget for 2013/14 was £119,106,000 with a final underspend of £80,000 being 0.07% of the budget.

2.2 The Social Work revenue budget was £47,932,000 with a final underspend of £61,000 (0.13%). The main items contributing to the Social Work underspend were:

- Turnover savings of £518,000, which partly offset an overspend within external homecare
- Early achievement of savings £242,000
- Client Commitment costs within Learning Disabilities of £331,000, addressed in 2014/15 by additional pressure funding.
- Client Commitment costs with Older People of £448,000 relating to homecare and residential and nursing care services. This position within Older People's Services reflects the national position for 2013/14.

2.3 This was a further underspend of £41,000 since last reported to the Sub-Committee at period 11 to 28 February 2014. This movement was due to a further increase in costs for Older People's Homecare and Residential Care (£125,000) offset by reductions in Mental Health client costs along with a number of reductions in costs in operational budgets.

2.4 The Health budget was £71,094,000 with a final underspend of £19,000 (0.03%). The main issues remained an overspend within Children and Families £79,000 (2.58%) due to supplies and impact of the CAHMS RAM adjustment. This overspend was offset by underspends within a number of services, none of which are material.

2.5 This was a minor increase in costs of £8,000 since last reported to the CHCP Sub-Committee.

REVENUE PROJECTION 2014/15

2.6 The total Health and Community Care Partnership revenue budget for 2014/15 is £119,481,000 with a projected overspend of £164,000 being 0.14% of the revised budget.

2.7 The Social Work revised budget is £49,185,000 with a projected overspend of £164,000 (0.33%). This is primarily due to current client commitment costs within Older People's Services, offset in part by turnover and running cost savings. This overspend is net of Residential Childcare, Fostering and Adoption as any under / over spend is managed through the approved earmarked reserve. At period 3, it is projected that there will be a transfer of £703,000 to the reserve at 31 March 2015; however this will be subject to the CHCP containing the Older Peoples cost pressures within budget.

2.8 It should be noted that the 2014/15 budget includes agreed savings for the year of £1,732,000 with a projected over recovery of £77,000 from early implementation.

2.9 The Health revenue budget is £70,296,000 and is currently projected to budget. There remains a pressure within Children & Families due to historic supplies pressures and impacts of the CAMHS RAM, in line with 2013/14. This is offset by vacancy and increment savings, mainly within Addictions.

2.10 The Health budget for 2014/15 includes £179,000 local savings, currently projected to be achieved in full.

2.11 Prescribing is projected to budget, and given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols.

CAPITAL 2014/15

2.12 The total Health and Community Care Partnership approved capital budget for 2014/15 is £335,000 and is projected on budget.

2.13 The Social Work capital budget is £195,000 of which £115,000 relates to Kylemore retentions, with any subsequent underspend on completion to be returned to the Council's capital programme. £80,000 relates to the expansion of the Hillend Respite Unit from 3 to 4 beds.

2.14 The CHCP Sub-Committee agreed to the replacement of Neil Street and Crosshill Children's Homes at its meeting on 24 April 2014. The replacement programme is funded through a contribution from the Residential Childcare, Adoption & Fostering earmarked reserve and prudential borrowing. The project planning phase is April 2014 to May 2015, with build work to commence 2015/16.

2.15 The Health capital budget is provisional at £140,000 which will be confirmed by the Board in August. In addition to the capital allocation a further £65,000 works will be funded from within revenue maintenance budgets.

EARMARKED RESERVES 2014/15

2.16 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,619,000 projected to be spent in the current financial year. To date £481,000 spend has been incurred which is 18% of the projected 2014/15 spend. The spend to date per profiling was expected to be £256,000 therefore projects advanced equate to £225,000 (188%).

It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

3.0 RECOMMENDATIONS

3.1 The Sub-Committee note the 2013/14 year revenue budget underspend of £80,000 as at 31 March 2014.

3.2 The Sub-Committee note the current year revenue budget and projected overspend of £164,000 for 2014/15 as at 30 June 2014.

3.3 The Sub-Committee note that the CHCP Director will work to contain the projected overspend within the overall Social Work budget for the year.

3.4 The Sub-Committee note the current projected capital position:

- Social Work capital projected to budget at £238,000 in the current year and on target over the life of the projects.
- Replacement Children's Homes to be added at period 5.
- Health capital projected to budget at £138,000.

3.5 The Sub-Committee note the current Earmarked Reserves position.

3.6 The Sub-Committee note the position on Prescribing.

3.7 The Sub-Committee approve the Social Work budget virements as detailed at Appendix 7.

3.8 The Sub-Committee note the NHS approved budget for 2014/15.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 The purpose of the report is to advise the Sub-Committee of the 2013/14 revenue outturn position, the current position of the 2014/15 CHCP revenue and capital budget and to highlight the main issues contributing to the 2014/15 £164,000 projected revenue over spend and the current capital programme position.

4.2 The current year consolidated revenue summary position is detailed in Appendix 1, with the individual elements of the Partnership detailed in Appendices 2 and 3, Social Work and Health respectively. Appendix 4 shows the year to date position for both elements of the Partnership. Appendix 5 provides the capital position. Appendix 6 provides detail of earmarked reserves. Appendix 7 details budget virements. Appendix 8 provides detail of the employee cost variance by service.

5.0 2013/14 REVENUE OUTTURN: £80,000 UNDERSPEND

5.1 The tables below set out the 2013/14 outturn to budget and the movement in projected spend since last reported to the CHCP Sub-Committee, as at Period 11 to 28 February 2014, for both Social Work and Health components of the budget.

5.2 SOCIAL WORK £61,000 UNDERSPEND

	Revised Budget 2013/14	Outturn 2013/14	Variance to Budget		Movement since Period 11
	£'000	£'000	£'000	%	£'000
Strategy	2,048	2,005	(43)	(2.10%)	44
Older People	21,103	21,541	438	2.08%	115
Learning Disabilities	5,892	6,159	267	4.53%	(54)
Mental Health	1,412	1,308	(104)	(7.37%)	(83)
Children & Families	9,418	9,070	(348)	(3.70%)	(75)
Physical & Sensory	2,366	2,465	99	4.18%	(18)
Addictions / Substance Misuse	1,237	1,033	(204)	(16.49%)	2
Support / Management	2,238	2,128	(110)	(4.92%)	(12)
Assessment & Care Management	1,646	1,576	(70)	(4.25%)	(19)
Criminal Justice	0	0	0	0	0
Homelessness	633	647	14	2.21%	60
Total	47,993	47,932	(61)	(0.13%)	(40)

5.3 The key reasons for the underspend and movements since last reported are:

a. **Strategy: £43,000 (2.10%) underspend**

The underspend was mainly due to vacancy and secondment savings, with the reduction in underspend a result of budget transfer to Welfare Reform.

b. **Older Persons: £483,000 (2.08%) overspend**

The overspend was mainly a result of Homecare which overspent by £332,000. There was also an overspend of £62,000 within Residential and Nursing purchased places, per the number of clients receiving care, net of additional charging order income of £64,000.

The increase in spend of £115,000 was predominantly due to the current Homecare and Nursing & Residential client costs, reflecting the increasing trend reported during 2013/14.

c. **Learning Disabilities: £267,000 (4.53%) overspend**

This remained primarily due to the costs of client residential and daycare packages as reported. The reduction in costs of £54,000 related to a number of minor movements across all care categories.

d. **Mental Health: £104,000 (7.37%) underspend**

This reflects the previously reported legal costs of £30,000 relating to guardianship issues, along with client package underspends, vacancy savings offset by premises costs.

This reduction in costs of £83,000 was due to an adjustment to the contract costs of one supplier combined with further reduction in client package costs.

e. **Children & Families: £348,000 (3.70%) underspend**

The main reason for the underspend remains as previously reported: slippage in filling vacant posts combined with projected savings in overtime and sessional staff costs.

The reduction in costs of £75,000 was due to £33,000 of employee costs previously projected being met from reserves, further vacancy slippage and a number of minor movements within running costs.

The underspend within residential childcare, adoption and fostering of £789,000 was transferred to the earmarked reserve set up to smooth budgetary pressures. This was a reduction of £21,000 to that projected at period 11.

f. **Physical & Sensory: £99,000 (4.18%) overspend**

The overspend was primarily due to client commitment costs and was a reduction £18,000.

g. **Addictions / Substance Misuse: £204,000 (16.49%) underspend**

The underspend was due to:

- £120,000 employee cost vacancy savings, net of sessional backfill costs.
- £25,000 running costs, in part due to level of vacancies.
- £60,000 underspend on client commitment costs based on the current cost of packages.

This was a minor cost increase of £2,000.

h. **Support / Management: £110,000 (4.92%) underspend**

The projected underspend was a result of turnover as previously reported with a minor movement of £12,000 since last reported.

i. **Assessment & Care Management: £70,000 (4.25%) underspend**

The underspend mainly related to vacancies as previously reported. This was a further underspend of £19,000 from further turnover and associated running costs.

j. **Homelessness: £14,000 (2.21%) overspend**

The overspend was due to costs of conversion of the additional two rooms, along with the increased costs of Housing Support as reported. The conversion costs are also the reason for the movement in spend.

5.4 HEALTH £19,000 UNDERSPEND

	Revised Budget 2013/14	Outturn 2013/14	Variance to Budget		Movement since Period 11
	£'000	£'000	£'000	%	£'000
Children & Families	3,065	3,144	79	2.58%	1
Health & Community Care	3,783	3,755	(28)	(0.74%)	30
Management & Admin	2,007	2,040	33	1.64%	(28)
Learning Disabilities	568	540	(28)	(4.93%)	6
Addictions	1,931	1,900	(31)	(1.61%)	5
Mental Health Communities	2,350	2,283	(67)	(2.85%)	(42)
Mental Health Inpatient Services	9,504	9,516	12	0.13%	26
Planning & Health Improvement	1,064	1,070	6	0.56%	5
Change Fund	1,223	1,228	5	0.41%	5
Family Health Services	20,717	20,717	0	0	0
Prescribing	16,038	16,038	0	0	0
Resource Transfer	8,863	8,863	0	0	0
Total	71,113	71,094	(19)	(0.03%)	(8)

5.5 The key reasons for the underspend and movements since last reported are:

a. **Children & Families: £79,000 (2.58%) overspend**

The overspend was due to supply pressures within CAMHS of £35,000 along with salary overspends within CAMHS due to RAM adjustments.

b. **Health & Community Care: £28,000 (0.74%) underspend**

The underspend related to vacancy savings of £74,000 partly offset by drugs and supplies costs. The increase in costs related to a transfer from Mental Health Communities.

c. **Management and Administration: £33,000 (1.64%) overspend**

The overspend was due to employee costs as reported, with the reduction in costs of £28,000 due to a number of small movements within supplies and running costs.

d. **Learning Disability: £28,000 (4.93%) underspend**

The underspend was mainly due to turnover, primarily in nursing costs, with a minor increase in costs of £6,000.

e. **Addictions: £31,000 (1.61%) underspend**

The underspend was due to turnover with a minor cost increase of £5,000.

f. **Mental Health Communities: £67,000 (2.85%) underspend**

The underspend was mainly due to turnover, of £90,000 offset in part by pharmacy costs. The increase in underspend was due to a transfer of costs to Health & Community Care.

g. **Prescribing: £nil variance**

Whilst Prescribing is shown as on budget for the year this includes the adjustment to reflect risk sharing across all Community Partnerships within NHSGGC. Inverclyde CHCP budget was increased by £126,000 at year end to eliminate the local overspend.

6.0 2014/15 CURRENT REVENUE POSITION: £164,000 PROJECTED OVERSPEND

6.1 SOCIAL WORK £164,000 PROJECTED OVERSPEND

The projected overspend of £164,000 (0.33%) for the current financial year is predominantly due to client commitment cost within Older Person's Services offset, in part, by turnover, both within Internal Homecare and other Services. The material projected variances are identified, per service, below:

a. **Older Persons: Projected £354,000 (1.66%) overspend**

The projected overspend is mainly a result of continued increasing costs in Homecare which is projected to overspend by £228,000. There is a projected overspend of £103,000 within Residential and Nursing purchased places, per the current number of clients receiving care.

This reflects the continued increasing trend from 2013/14 and is representative of the national position. A budget pressure paper will be presented to the Council's Corporate Management Team in August identifying the current and future projected pressures.

b. **Learning Disabilities: Projected £45,000 (0.71%) overspend**

The projected overspend relates to turnover a number of running cost budgets, including transport, offset in part by turnover savings. It should be noted that the current year budget includes £350,000 pressure funding of which £130,000 is projected to be spent in full but not yet committed as this relates to a client who is expected to transition to the Service later in the year.

There is a further budget increase of £200,000 in 2015/16 reflecting the pressures expected within this service

c. **Mental Health: Projected £48,000 (3.74%) underspend**

The projected underspend is primarily due to turnover of £62,000, of which £32,000 relates to early achievement of a saving.

d. **Children & Families: Projected £31,000 (0.30%) underspend**

The main reason for the underspend is turnover of £58,000 offset in part by a number of minor overspends in running cost budgets.

There is a significant projected underspend within residential childcare, adoption and fostering of £703,000, however given the volatile nature of the service and the high cost implications this is impossible to predict and, in line with the agreed strategy, the under or over spend at year end will be transferred to or from the earmarked reserve set up to smooth budgetary pressures. This will be subject to the containment of cost pressures with Older Peoples Services.

It should be noted that a one off contribution from this reserve has been agreed as part of the funding structure on the Reprovision of Children's Homes. This funding structure also includes permanent virement from the Residential Schools budget to fund the annual cost of loans charges in financial years 2015/16 and 2016/17.

e. **Addictions / Substance Misuse: Projected £74,000 (6.53%) underspend**

The projected underspend is due to £39,000 employee cost vacancy savings along with a projected underspend in client package costs, in line with 2013/14.

f. **Assessment & Care Management: Projected £78,000 (4.64%) underspend**

The projected underspend mainly relates to turnover from vacancies along with a projected £19,000 underspend on respite provision in line with 2013/14 costs.

6.2 HEALTH £nil PROJECTED VARIANCE

The Health budget is £70,296,000 and is currently projected to budget. Whilst a number of non-recurring funds for various initiatives are not yet included this will not have a material impact. The significant projected variances, per service, are identified below.

a. **Children & Families: Projected £214,000 (7.66%) overspend**

There remain historic supply pressures within CAMHS of £35,000 along with salary overspends within CAMHS due to RAM adjustments and this pressure will exist until the staff cohort changes over time to reflect the RAM. This has been further compounded in 2014/15 by a budget reduction of £27,000 for system wide savings. It should be noted that this pressure will reduce by £75,000 in 2015/16 due to changes in consultant and work is ongoing to find solutions for supernumerary employees.

At this stage non recurring funding has not been applied as the CHCP are containing these cost pressures within the overall position and work remains ongoing to establish a recurring solution.

b. **Learning Disabilities: Projected £80,000 (13.75%) underspend**

The projected underspend is mainly due to turnover, primarily in nursing costs. This includes a non-recurring underspend of £11,000 relating to a refund of prior year agency costs.

c. **Addictions: Projected £100,000 (5.19%) underspend**
There remain high turnover and vacancy savings with the Community Addictions Team, mainly within nursing and is a continuation of the 2013/14 trend. This has been projected on the current staffing level so may reduce as the year progresses.

d. **Mental Health Communities: Projected £64,000 (2.65%) underspend**

This is a result of turnover within nursing staff costs, including maternity leave, offsetting a projected overspend within pharmacy costs, which is in line with the previous year.

e. **Planning & Health Improvement: Projected £54,000 (6.68%) overspend**

Projected overspend relates to both pay and non-pay based on costs to date. The projected overspend assumes that costs will be at the current level for the remainder of the year, however the service will review and take action to bring costs into line with budget.

f. **Prescribing: Nil Variance**

Prescribing is projected to budget, and given the volatility of prescribing forecasts, a cost neutral position is being reported within GG&C, reflecting the established risk sharing protocols. Individual GP prescribing budgets will be confirmed at period 4 and the current year actuals to date will be reported from period 5.

6.3 Per Health reporting conventions there is a requirement that the Sub-Committee note the major movements from the 2013/14 budget to the current year original budget of £70,088,000:

	£'000
Original Budget 2013/14	70,020
Pay & Inflation	194
Change Fund – Year 4 reduction	(175)
Family Health Services	331
Prescribing	(326)
Resource Transfer / Delayed Discharge	178
Local and System Wide Savings	(206)
Other	72
Original Budget 2014/15	70,088

7.0 CHANGE FUND

7.1 The original allocation over service areas for 2014/15 is:

Service Area Budget 2014/15	£'000	
Acute – Health	202	13%
CHCP – Health	123	8%
CHCP – Council	830	55%
Community Capacity - Health	11	1%
Community Capacity - Council	356	23%
Grand Total	**1,522**	100%
Funded By:		
Change Fund Allocation	1,228	
Slippage brought forward from 2013/14	294	
Total Funding	**1,522**	

7.2 The Change Fund Executive Group meet on a regular basis and review all projects in detail. The latest current year position is:

Service Area Budget 2014/15	Current Budget £'000	Projected Outturn £000	Projected Variance £000
Acute – Health	202	202	0
CHCP – Health	123	123	0
CHCP – Council	830	966	136
Community Capacity - Health	11	11	0
Community Capacity - Council	356	356	0
Grand Total	**1,522**	**1,658**	**136**
Projected Over Commitment / (Slippage) at 30 June 2014			**136**

The current projection shows an over commitment in costs of £136,000 however it should be noted that this is a deliberate strategy, as given the scope of projects and the final year of funding there will be slippage incurred. The costs will be managed within the available resources.

8.0 2014/15 CURRENT CAPITAL POSITION – £nil Variance

8.1 The Social Work capital budget is £4,831,000 over the life of the projects with £195,000 for 2014/15, comprising:

- £115,000 for Kylemore Children's Home retentions, with any final underspend being returned to the Council's Capital Programme.
- £80,000 to expand the Hillend respite unit.

8.2 The CHCP Sub-Committee agreed to the replacement of Neil Street and Crosshill Children's Homes at its meeting on 24 April 2014. The replacement programme is funded through a contribution from the Residential Childcare, Adoption & Fostering earmarked reserve and prudential borrowing. The project planning phase is April 2014 to May 2015, with build work to commence 2015/16.

8.3 The Health capital budget of £140,000 is a provisional allocation and will be confirmed in August. The proposed spend is per the prioritised schedule of works maintained by Estates and will fund:

- £50,000 asbestos encapsulation work within Port Glasgow and Greenock Health Centres.
- £40,000 roof repairs at the Cathcart Centre.
- £50,000 to meet Fire Advisor recommendations for the fire alarm system at Greenock Health Centre.

8.4 In addition to the Health capital funding a further £65,000 works will be funded from revenue maintenance:

- £23,000 Gourock Health Centre reception upgrade.
- £12,000 Gourock Health Centre Fire Alarm system.
- £30,000 Port Glasgow Health Centre Fire Alarm system

8.5 Appendix 5 details capital budgets and progress by individual project.

8.6 Work remains ongoing with the development of the CHCP Asset Management Plan.

9.0 EARMARKED RESERVES

9.1 The Social Work Earmarked Reserves for 2014/15 total £3,005,000 with £2,619,000 projected to be spent in the current financial year. To date £481,000 spend has been incurred which is 18% of the projected 2014/15 spend. The spend to date per profiling was expected to be £256,000 therefore projects advanced equate to £225,000 (188%).

It should be noted that the reserves reported exclude those earmarked reserves that relate to cash flow smoothing, namely:

- Children's Residential Care, Adoption & Fostering
- Deferred Income.

10.0 VIREMENT

10.1 Appendix 7 details the virements that the CHCP Sub-Committee is requested to approve. The impact of all requested virements is reflected within this report.

11.0 IMPLICATIONS

11.1 **Finance**

All financial implications are discussed in detail within the report above.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

11.2 **Legal**
There are no specific legal implications arising from this report.

11.3 **Human Resources**
There are no specific human resources implications arising from this report

11.4 **Equalities**
There are no equality issues within this report.

11.5 **Repopulation**
There are no repopulation issues within this report.

12.0 CONSULTATION

11.1 This report has been prepared by the Corporate Director, Inverclyde Community Health & Care Partnership and relevant officers within Partnership Finance have been consulted.

13.0 BACKGROUND PAPERS

13.1 There are no background papers for this report.

APPENDIX 1

INVERCLYDE CHCP

REVENUE BUDGET PROJECTED POSITION

PERIOD 3: 1 April 2014 - 30 June 2014

SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
Employee Costs	46,703	46,976	46,225	(751)	(1.60%)
Property Costs	2,971	3,005	2,956	(49)	(1.63%)
Supplies & Services	59,463	59,704	60,708	1,004	1.68%
Prescribing	15,912	15,912	15,912	0	0.00%
Resource Transfer (Health)	9,041	9,041	9,041	0	0.00%
Income	(14,940)	(15,157)	(15,197)	(40)	0.26%
Contribution to Reserves	0	0	0	0	0.00%
	119,150	**119,481**	**119,645**	**164**	**0.14%**

OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
Strategy / Planning & Health Improvement	2,822	2,861	2,911	50	1.75%
Older Persons	20,971	21,277	21,631	354	1.66%
Learning Disabilities	6,804	6,885	6,850	(35)	(0.51%)
Mental Health - Communities	3,793	3,695	3,583	(112)	(3.03%)
Mental Health - Inpatient Services	9,228	9,182	9,176	(6)	(0.07%)
Children & Families	12,948	12,968	13,151	183	1.41%
Physical & Sensory	2,272	2,253	2,254	1	0.04%
Addiction / Substance Misuse	3,111	3,062	2,888	(174)	(5.68%)
Assessment & Care Management / Health & Community Care	5,268	5,226	5,157	(69)	(1.32%)
Support / Management / Admin	4,170	4,318	4,279	(39)	(0.90%)
Criminal Justice / Prison Service **	0	0	0	0	0.00%
Homelessness	743	739	754	15	2.03%
Family Health Services	21,039	20,900	20,900	0	0.00%
Prescribing	15,912	15,912	15,912	0	0.00%
Resource Transfer	9,041	9,041	9,041	0	0.00%
Change Fund	1,028	1,162	1,158	(4)	(0.34%)
Contribution to Reserves	0	0	0	0	0.00%
CHCP NET EXPENDITURE	**119,150**	**119,481**	**119,645**	**164**	**0.14%**

** Fully funded from external income hence nil bottom line position.

PARTNERSHIP ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
NHS	70,088	70,296	70,296	0	0.00%
Council	49,062	49,185	49,349	164	0.33%
CHCP NET EXPENDITURE	**119,150**	**119,481**	**119,645**	**164**	**0.14%**

( ) denotes an underspend per Council reporting coventions

** £2.3 million externally funded

APPENDIX 2

SOCIAL WORK

REVENUE BUDGET PROJECTED POSITION

PERIOD 3: 1 April 2014 - 30 June 2014

2013/14 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,250	Employee Costs	25,976	26,042	25,375	(667)	(2.56%)
1,431	Property costs	1,453	1,453	1,468	15	1.03%
919	Supplies and Services	808	808	933	125	15.47%
482	Transport and Plant	366	384	453	69	17.97%
1,021	Administration Costs	879	878	950	72	8.20%
32,751	Payments to Other Bodies	33,457	33,681	34,271	590	1.75%
(13,922)	Income	(13,877)	(14,061)	(14,101)	(40)	0.28%
	Contribution to Earmarked Reserves				0	
47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,185**	**49,349**	**164**	**0.33%**

	2013/14 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over / (Under) Spend £000	Percentage Variance
		SOCIAL WORK					
	2,005	Strategy	2,112	2,071	2,067	(4)	(0.19%)
	21,541	Older Persons	20,971	21,277	21,631	354	1.66%
	6,159	Learning Disabilities	6,251	6,303	6,348	45	0.71%
	1,308	Mental Health	1,382	1,284	1,236	(48)	(3.74%)
3	9,070	Children & Families	10,228	10,174	10,143	(31)	(0.30%)
	2,465	Physical & Sensory	2,272	2,253	2,254	1	0.04%
	1,033	Addiction / Substance Misuse	1,193	1,134	1,060	(74)	(6.53%)
	2,128	Support / Management	2,220	2,269	2,253	(16)	(0.71%)
	1,576	Assessment & Care Management	1,690	1,681	1,603	(78)	(4.64%)
1	0	Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
2	0	Change Fund	0	0	0	0	0.00%
	647	Homelessness	743	739	754	15	2.03%
		Contribution to Earmarked Reserves				0	0.00%
	47,932	**SOCIAL WORK NET EXPENDITURE**	**49,062**	**49,185**	**49,349**	**164**	**0.33%**

( ) denotes an underspend per Council reporting coventions

1 £1.9m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.
2 Change Fund Expenditure of £1.2 million fully funded from income.
3 Children & Families outturn includes £703k to be transferred to the earmarked reserve at year end 2014/15
4 £9 million Resource Transfer / Delayed Discharge expenditure and income included above.

5 Original Budget 2014/15	49,062
Pay & Infaltion	123
Revised Budget 2014/15	49,185

6 There are curently 5 clients receiving Self Directed Support care packages.

APPENDIX 3

HEALTH

REVENUE BUDGET PROJECTED POSITION

PERIOD 3: 1 April 2014 - 30 June 2014

2013/14 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
21,319	Employee Costs	20,727	20,934	20,850	(84)	(0.40%)
1,083	Property	1,518	1,552	1,488	(64)	(4.12%)
4,320	Supplies & Services	2,914	3,053	3,201	148	4.85%
20,717	Family Health Services (net)	21,039	20,900	20,900	0	0.00%
16,038	Prescribing (net)	15,912	15,912	15,912	0	0.00%
8,863	Resource Transfer	9,041	9,041	9,041	0	0.00%
(1,246)	Income	(1,063)	(1,096)	(1,096)	0	0.00%
71,094	**HEALTH NET EXPENDITURE**	**70,088**	**70,296**	**70,296**	**0**	**0.00%**

2013/14 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2014/15 £000	Revised Budget 2014/15 £000	Projected Out-turn 2014/15 £000	Projected Over/(Under) Spend £000	Percentage Variance
	HEALTH					
3,144	Children & Families	2,720	2,794	3,008	214	7.66%
3,755	Health & Community Care	3,578	3,545	3,554	9	0.25%
2,040	Management & Admin	1,950	2,049	2,026	(23)	(1.12%)
540	Learning Disabilities	553	582	502	(80)	(13.75%)
1,900	Addictions	1,918	1,928	1,828	(100)	(5.19%)
2,283	Mental Health - Communities	2,411	2,411	2,347	(64)	(2.65%)
9,516	Mental Health - Inpatient Services	9,228	9,182	9,176	(6)	(0.07%)
1,070	Planning & Health Improvement	710	790	844	54	6.84%
1 1,228	Change Fund	1,028	1,162	1,158	(4)	(0.34%)
20,717	Family Health Services	21,039	20,900	20,900	0	0.00%
16,038	Prescribing	15,912	15,912	15,912	0	0.00%
8,863	Resource Transfer	9,041	9,041	9,041	0	0.00%
71,094	**HEALTH NET EXPENDITURE**	**70,088**	**70,296**	**70,296**	**0**	**0.00%**

( ) denotes an underspend per Council reporting coventions

1	Change Fund Allocation to CHCP 2014/15	1,228
	Add: Transitional Funding	135
	Less: Transfer to Acute Projects:	
	Stroke Outreach Team	(52)
	AHP Weekend Working	(83)
	Rapid Assessment Team	(41)
	Palliative Care CNS 0.5wte	(25)
		1,162

2	Original Budget 2014/15	70,088
	Pay & Inflation	116
	Keepwell	91
	GMS Cross Charge	(140)
	Transitional Funding - Integration	135
	Other	6
	Revised Budget 2014/15	70,296

APPENDIX 4

REVENUE BUDGET YEAR TO DATE

PERIOD 3: 1 April 2014 - 30 June 2014

SOCIAL WORK SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
SOCIAL WORK				
Employee Costs	6,966	6,798	(168)	(2.41%)
Property costs	409	411	2	0.49%
Supplies and Services	258	286	28	10.85%
Transport and Plant	80	98	18	22.50%
Administration Costs	160	175	15	9.38%
Payments to Other Bodies	6,096	6,246	150	2.46%
Income	(2,951)	(2,961)	(10)	0.34%
SOCIAL WORK NET EXPENDITURE	**11,018**	**11,053**	**35**	**0.32%**

HEALTH SUBJECTIVE ANALYSIS	Budget to Date £000	Actual to Date £000	Variance to Date £000	Percentage Variance
HEALTH				
Employee Costs	4,997	4,956	(41)	(0.82%)
Property Costs	376	186	(190)	(50.53%)
Supplies	461	518	57	12.36%
Family Health Services (net)	5,028	5,028	0	0.00%
Prescribing (net)	3,960	3,960	0	0.00%
Resource Transfer	2,260	2,260	0	0.00%
Income	(717)	(717)	0	0.00%
HEALTH NET EXPENDITURE	**16,365**	**16,191**	**(174)**	**(1.06%)**

( ) denotes an underspend per Council reporting coventions

APPENDIX 5

INVERCLYDE CHCP - CAPITAL BUDGET 2014/15

Period 3: 1 April 2014 to 30 June 2014

Project Name	Est Total Cost	Actual to 31/3/14	Approved Budget 2014/15	Revised Est 2014/15	Actual to 30/06/14	Est 2015/16	Est 2016/17	Future Years	Start Date	Original Completion Date	Current Completion Date	Status
	£000	£000	£000	£000	£000	£000	£000	£000				
SOCIAL WORK												
Kylemore Childrens Home	1,244	1,129	115	115	0	0	0	0	01/10/11	30/06/12	19/03/13	The budget for 2014/15 relates to retentions and any underspend will be returned to the Council's capital programme.
SWIFT Finance Module	27	27	0	0	0	0	0	0	03/09/12		31/08/14	Budget allocated for Development and Implementation of SWIFT Finance module. No further capital costs expected.
Hillend Respite Unit (note 1)	80	0	80	80	0	0	0	0	28/05/14		02/09/14	Increase of one bed within respite unit. Final costs and phasing subject to tender.
Neil Street Childrens Home Replacement	1,858	0	0	0	0	1,775	83	0	01/04/14	31/03/16		Planning phase April 2014 to May 2015.
Crosshill Childrens Home Replacement	1,622	0	0	0	0		1,622	0	01/04/14	31/03/17		Planning phase April 2014 to May 2015.
Social Work Total	**4,831**	**1,156**	**195**	**195**	**0**	**1,775**	**1,705**	**0**				
HEALTH												
CHCP Formula Allocation 2014-15 (see 2 below) - awaiting confirmation												
Port Glasgow & Greenock Health Centres - Asbestos Issues	50		50	50	0	0	0	0	tbc	by 31/03/15	31/03/15	Encapsulation work
Cathcart Centre Roofing Works	40		40	40	0	0	0	0	tbc	by 31/03/15	31/03/15	Repair leaks to mezzanine level
Greenock Health Centre Fire Alarm	50		50	50	0	0	0	0	tbc	by 31/03/15	31/03/15	Fire Advisor recommendation
Health Total	140	0	140	140	0	0	0	0				
Grand Total CHCP	**4,971**	**1,156**	**335**	**335**	**0**	**1,775**	**1,705**	**0**				

Note:

1. The expansion of the service is funded from a contribution from revenue reserves, as agreed by Policy & Resources Committee 24/09/13. The final total is subject to confirmation.

2. Funding assumed at £138k local formula capital allocation / capital backlog maintenance - to be confirmed
Once allocation confirmed any additional funding will be allocated per prioritised schedule of works.

A further £65k of works will be funded through revenue maintenance:	£000
Gourock Health Centre Reception Upgrade	23
Gourock Health Centre Fire Alarm	12
Port Glasgow Health Centre Fire Alarm	30
	65

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 6
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 3 2014/15 £000	Actual To Period 3 2014/15 £000	Projected Spend 2014/15 £000	Amount to be Earmarked for 2015/16 & Beyond £000	Lead Officer Update
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	407	71	55	200	207	SDS project and SWIFT financial module. Spend plans are currently being reviewed.
Growth Fund - Loan Default Write Off	Helen Watson	28	0	1	3	25	Loans administered on behalf of DWP by the credit union and the Council has responsibility for paying any delinquent debt. This requires to be kept until all loans are repaid and no debts exist.
Change Fund - Older People	Brian Moore	1,422	42	278	1,422	0	Brought forward reflects Council elements of NHS Change Fund. Detailed costs by project are reviewed on a regular basis by the Change Fund Executive Group and position is reported to the CHCP sub committee as an integral part of the financial report. The New Funding of £1.128m has reduced by £100k as the agreed contribution to Caladh House has been transferred to the specific reserve.
Support all Aspects of Independent Living	Brian Moore	403	89	101	403	0	There are plans in place to spend the £403k, including a contribution to the 2014/15 Sheltered Wardens' saving of £70k, along with a £70k spend on the Dementia Strategy. The agreed £48k for Caladh House Renovations has now been transferred to the specific Caladh House reserve.
Information Governance Policy Officer	Helen Watson	57	15	10	41	16	The spend relates to the Council's Information Governance Officer.
Joint Equipment Store	Beth Culshaw	50	0	0	50	0	This reserve is to fund a range of equipment to meet the emerging demand linked to increasing frailty of older people and increased incidence of dementia.
Support for Young Carers	Sharon McAlees	65	17	5	40	25	This reserve is for an 18 month period to enable the implementation of a family pathway approach to young carers, which will aim to develop a sustainable service to young carers and their families. The recruitment process took longer than anticipated, hence slippage against profiled spend.

EARMARKED RESERVES POSITION STATEMENT — APPENDIX 6
CHCP SUB COMMITTEE

Project	Lead Officer/ Responsible Manager	Total Funding 2014/15 £000	Phased Budget To Period 3 2014/15 £000	Actual To Period 3 2014/15 £000	Projected Spend 2014/15 £000	Amount to be Earmarked for 2015/16 & Beyond £000	Lead Officer Update
Caladh House Renovations	Beth Culshaw	475	0	0	375	100	This reserve has been created to contribute to the costs of the Caladh House renovation works. The reserve was established at the end of 2013/14 from a £145k revenue budget early savings, £112k from CHCP inflation, £118k from existing CHCP Earmarked Reserves and £100k from the Change Fund. A start date has not yet been agreed and as the contribution from the Change Fund will be utilised first, it is considered prudent at this stage to allow for a carry over of £100k into the 2015/16 financial year. This assumption will be reviewed when more information is available regarding the start date for the project.
Making Advice Work	Helen Watson	38	10	9	25	13	This reserve is to fund an18 month project to pilot the effectiveness of a telephone triage financial advice service for Inverclyde wide clients with the funding coming from Scottish Legal Aid Board.
Stress Management Services	Helen Watson	10	0	10	10	0	Funding has been received from the Health Board for a contract with Inverclyde Physiotherapy to provide stress management services.
Welfare Reform - CHCP	Andrina Hunter	50	12	12	50	0	This reserve is to fund expenditure on Welfare Reform within the CHCP.
Total		**3,005**	**256**	**481**	**2,619**	**386**	

APPENDIX 7

CHCP - HEALTH & SOCIAL CARE

VIREMENT REQUESTS

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1.Older People - Homecare External	180	
1. Director - Inflation		(180)
2. Older People - Residential & Nursing	121	
2. Corporate Inflation		(121)
3. Learning Disabilities - Employee Costs	54	
3. Learning Disabilities - Payments to Other Bodies		(54)
4. Older People - External Homecare	54	
4. Children & Families - Residential Care		(54)
5. Older People - External Homecare	50	
5. Mental Health - Payments to Other Bodies		(25)
5. Addiction/Substance Misuse - Payments to Other Bodies		(25)
6. Support Management - Employee Costs	36	
6. Strategy - Employee Costs		(36)
	495	**(495)**

Notes

1. Allocation from Directorate inflation, £50k relates to 2% uplift tied to CM2000 and £130k to address current cost pressures .
2. National Care Home Contract annual inflation.
3. Reallocation of budget as additional one to one support being provided by temporary employees.
4. Reallocation of commissioning saving to include Children & Families service, previously excluded from original review.
5. Reallocation of budget to relieve a budget pressure
6. Reallocation to reflect transfer of 2 employees

APPENDIX 8

EMPLOYEE COST VARIANCES

PERIOD 3: 1 April 2014 - 30 June 2014

	ANALYSIS OF EMPLOYEE COST VARIANCES	Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
	SOCIAL WORK			
1	Strategy	0	(4)	(4)
2	Older Persons	0	(372)	(372)
3	Learning Disabilities	(12)	(35)	(47)
4	Mental Health	(32)	(30)	(62)
5	Children & Families	0	(58)	(58)
6	Physical & Sensory	0	2	2
7	Addiction / Substance Misuse	0	(39)	(39)
8	Support / Management	0	(16)	(16)
9	Assessment & Care Management	0	(64)	(64)
10	Criminal Justice / Scottish Prison Service	0	(8)	(8)
11	Homelessness	0	1	1
	SOCIAL WORK EMPLOYEE UNDERSPEND	**(44)**	**(623)**	**(667)**
	HEALTH			
12	Children & Families		148	148
13	Health & Community Care		(76)	(76)
14	Management & Admin		44	44
15	Learning Disabilities		(80)	(80)
16	Addictions		(24)	(24)
17	Mental Health - Communities		(96)	(96)
	Mental Health - Inpatient Services		0	0
	Planning & Health Improvement		0	0
	HEALTH EMPLOYEE UNDERSPEND		**(84)**	**(84)**
	TOTAL EMPLOYEE UNDERSPEND	**(44)**	**(707)**	**(751)**

1 Underspend arising from turnover
2 Currently 29 vacancies along with maternity leave savings - NB offset by external costs
3 Early achievement of saving on 1 post. Currently 5 vacancies which are in the process of being filled
4 Early achievement of saving on 1 post. Currently 2 vacancies which are in the process of being filled
5 Currently 5 vacancies along with maternity leave savings
6 Variance not significant
7 Currently 5 vacancies which are in the process of being filled
8 Currently 3 vacancies
9 Currently 3.5 vacancies along with maternity leave savings
10 Underspend arising from turnover
11 Variance not significant
12 Ongong impacts of RAM and supernumary employee
13 Nursing turnover and agency refunds
14 Nursing turnover
15 Nursing turnover and agency refunds
16 Turnover within Community Addictions Team
17 Nursing turnover amd maternity leave

Inverclyde council

AGENDA ITEM NO: 3

NHS Greater Glasgow and Clyde

Report To:	**Community Health and Care Partnership Sub-Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/37/2014/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Integrated Performance Improvement Exceptions Report**		

1.0 PURPOSE

1.1 The purpose of this report is to present a sample of integrated performance exceptions data to the Community Health and Care Partnership Sub-Committee which reflects a balanced view of performance across the four Heads of Service areas of the CHCP as well as providing a picture of how people in Inverclyde experience Health and Social Care Services as shown through the wellbeing indicators.

2.0 SUMMARY

2.1 The measures have been carefully selected from our ongoing quarterly service performance reviews, to evidence areas of positive and negative performance and to highlight the remedial actions we plan to put in place in order to improve performance in those areas. The measures consist of health and social care delivery and span the "Nurturing Inverclyde" model of wellbeing categories which include: safe, healthy, achieving, nurtured, active, respected and responsible and included.

2.2 Our previous performance report presented to the CHCP Sub-Committee on 9th January 2014 provided the first of such reports where members were asked to consider the content, relevance, usefulness and structure of our performance exceptions report and we have taken on board the feedback from that meeting which has assisted us in improving the quality of reporting going forward.

3.0 RECOMMENDATIONS

3.1 Members are asked to note performance within the report along with the remedial actions suggested where performance is below the standard that we would expect, and to provide any relevant comments to assist in ongoing performance and reporting of such to committees.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The CHCP Sub-Committee has a scrutiny function in terms of performance, and our performance management structure ensures that our efforts are focused on improving performance at the front line of service delivery, in line with our key commitments, as agreed through the CHCP Sub-Committee.

4.2 Our fully integrated system and process for the management of performance in the form of quarterly performance services reviews (QPSR) and its reporting structure is now well embedded into our performance reporting, management and improvement framework and has already proven to be successful in assisting the service with the demands of all our local and national reporting requirements.

5.0 PROPOSALS

5.1 None

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 There are no legal implications in respect of this report.

Human Resources

6.3 There are no human resources implications in respect of this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or

	strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 There are no repopulation implications in respect of this report.

7.0 CONSULTATIONS

7.1 None

8.0 CONCLUSIONS

8.1 N/A

9.0 LIST OF BACKGROUND PAPERS

9.1 N/A

Appendix 1

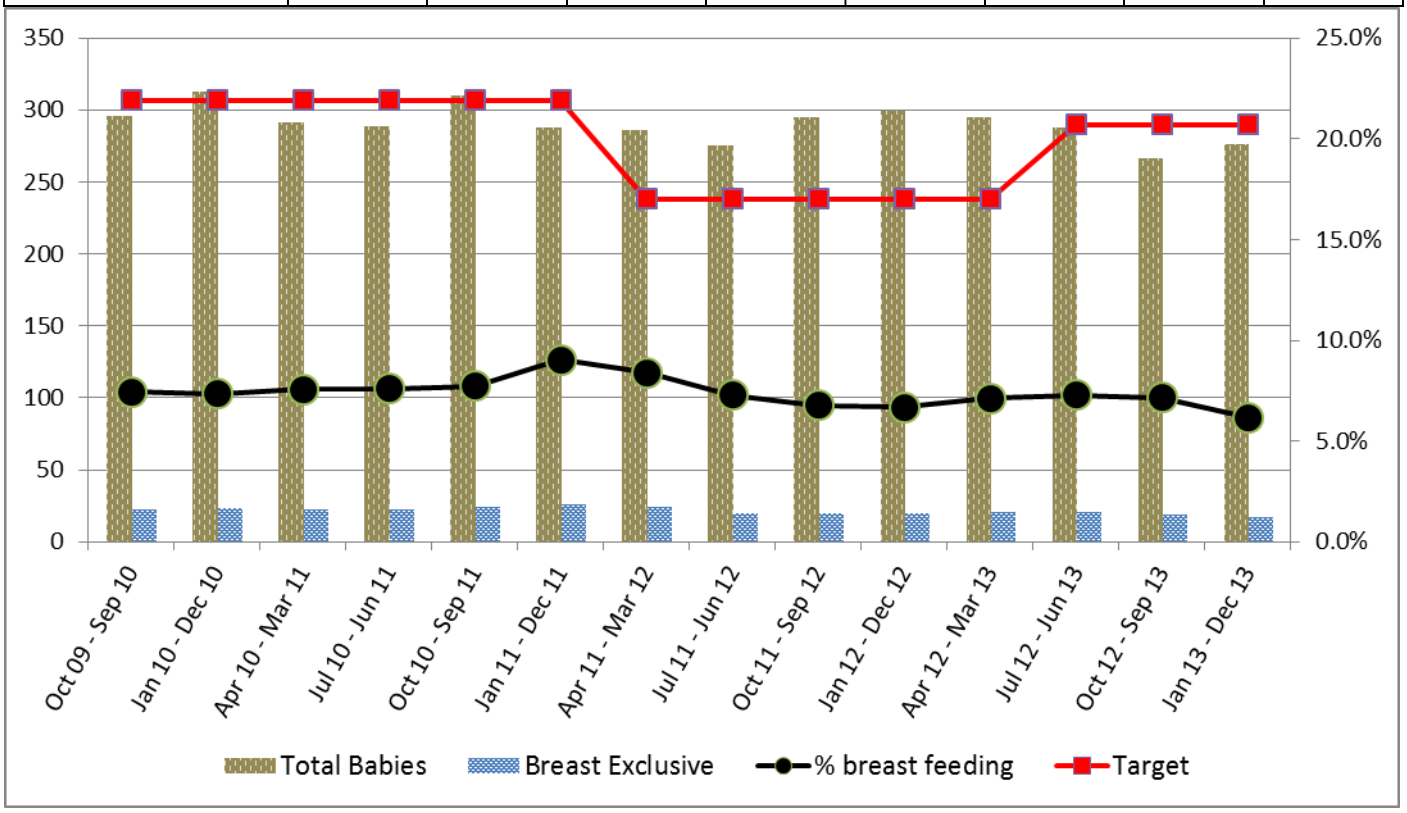
Performance Improvement Exceptions Report July 2014

Table of Contents

Breastfeeding

Objective	Babies achieve the best nutritional start in life through being breast fed.
Wellbeing	**Healthy**
Measure	Increase Breastfeeding Rates in 15% Most Deprived Areas (6-8 weeks)
Current Performance	6.2% - Jan to Dec 2013

INVERCLYDE	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13
Total babies	286	275	295	299	295	288	266	276
Breast Exclusive (n)	24	20	20	20	21	21	19	17
% Breast Feeding	8.4%	7.3%	6.8%	6.7%	7.1%	7.3%	7.1%	6.2%
Target	17.0%	17.0%	17.0%	17.0%	17.0%	20.7%	20.7%	20.7%



Commentary

The service has acknowledged low breastfeeding rates in Inverclyde for some time. This is a well-documented national problem. From the chart above it is clear that we are falling below the target of 20.7% of babies within our 15% most deprived areas being exclusively breastfed.

For the 15% most deprived areas, comparator figures from across NHS GG&C at the latest reporting period, range from low (5.4%, South Lanarkshire) to high (32.6%, East Renfrewshire). Inverclyde sits at 6.2% which places us second bottom of this table and well below the NHS GG&C average of 23%.

Breastfeeding figures generally at 6-8 weeks, compared to other areas within NHS GG&C, range from

low (14.6%, Inverclyde) to high (32.6%, East Renfrewshire) placing us at the bottom of this table and well below the NHS GG&C average of 23%.

Drop off rates: Inverclyde fares better in comparison to the NHS Board-wide drop off rates, which range from low (4.1%, Inverclyde) to high (10.0%, South Lanarkshire) and the NHS GG&C average of 6.1%. It should be noted that Inverclyde has the lowest % drop off from Health visitor first visit to 6-8 weeks. This has been consistent over the previous 2 years, meaning that although our breastfeeding rates are low, when women choose to breastfeed, we are successfully supporting them to continue.

The service lost a breastfeeding dedicated Health Visitor post (0.6) during this reporting year, which has impacted on the level of support now available locally.

Actions

- Performance is routinely monitored and scrutinised at regular quarterly performance management information reviews (QPSR).

- A test of change is currently underway locally around improving breastfeeding rates. This work is being undertaken in collaboration with Inverclyde CHCP Health Visitors, supported by the Early Years Collaborative Project. Six mothers have been identified by Health Visitors targeting women who are breastfeeding at 10 days and following them through to the 6-8 week period. Data will be captured daily by each mother via diary entries. At any given point when a mother decides to stop breastfeeding between 10 days and 6-8 weeks, a questionnaire has been designed to capture the reasons for stopping.

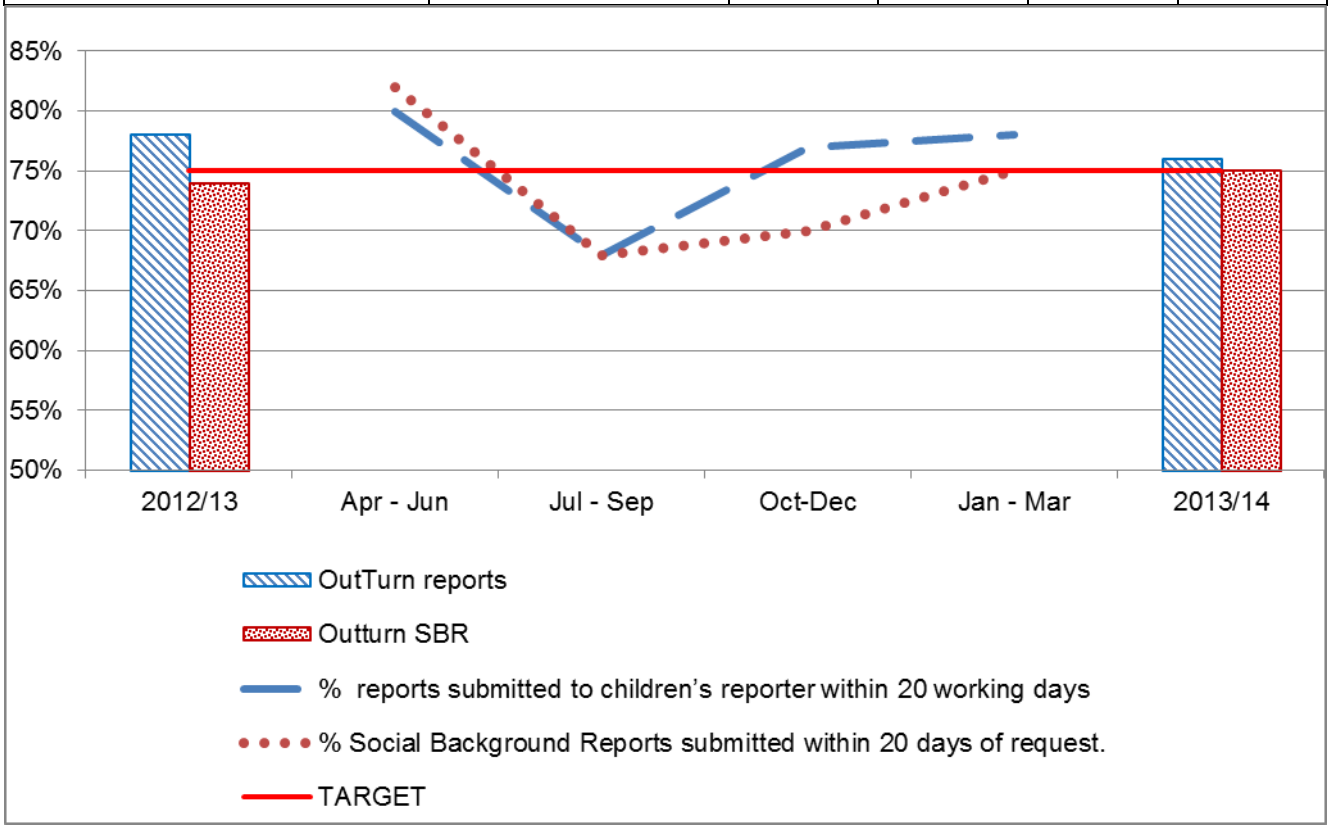
- Also the CHCP Health Improvement Team has been distributing copies of a newsletter 'Dad's News' throughout Inverclyde in an effort to tackle the cultural issues around the promotion of breastfeeding.

- New UNICEF standards will be introduced and a training programme will be implemented for all staff.

Children's Hearings

Objective	We make the best possible decisions in respect of our most vulnerable children.
Wellbeing	**Respected & Responsible**
Measure	% reports submitted to children's reporter within 20 working days % Social Background Reports submitted within 20 days of request.
Current Performance	78% & 75% at Jan-Mar 2014

	2012/13	Apr - Jun	Jul - Sep	Oct-Dec	Jan - Mar	**2013/14**
% reports submitted to children's reporter within 20 working days	**78%**	80%	68%	77%	78%	**76%**
% Social Background Reports submitted within 20 days of request.	**74%**	82%	68%	70%	75%	**75%**
TARGET	**75%**	75%	75%	75%	75%	**75%**



Commentary

A Children's Hearing report, if requested by the Reporter, will be used in assisting decision making about a child or young person's needs in relation to their care or protection. The information contained within such reports will often contain a range of details depending on the complexity of the circumstances of the child and his or her family. It is imperative that timeous submission of such reports are with the Reporter's Office to allow these to be carefully read and considered in advance of any decision to ensure that the outcome of the hearing is in the best interests of the child and his or her family. Both measures illustrated above are designed to allow us to monitor our performance in this respect and to ensure that reports are submitted by the social worker within

20 working days of the Children's Hearing date.

The data charted above illustrates that performance has steadily improved for both of these indicators. The data show that the target of 75% was exceeded or met in both the first and the final quarters of 2013-14. These indicators are also reported as annual corporate Key Performance Indicators to 'Inverclyde Performs' and although annual comparisons show a small decrease in overall outturn reports from 78% to 76% in 2013-14, this is still within the target range. The annual SBR figure has shown a slight increase in 2013-14 reaching the target level of 75%.

Actions

- Performance is routinely monitored and scrutinised at regular quarterly performance management information reviews (QPSR).
- The training programme for the new Children's Hearing Legislation has been completed for all front line practitioners and managers. Training was delivered in three ways:

    1. Awareness Training was delivered by the CHCP giving staff an initial grounding prior to the implementation of the Act.

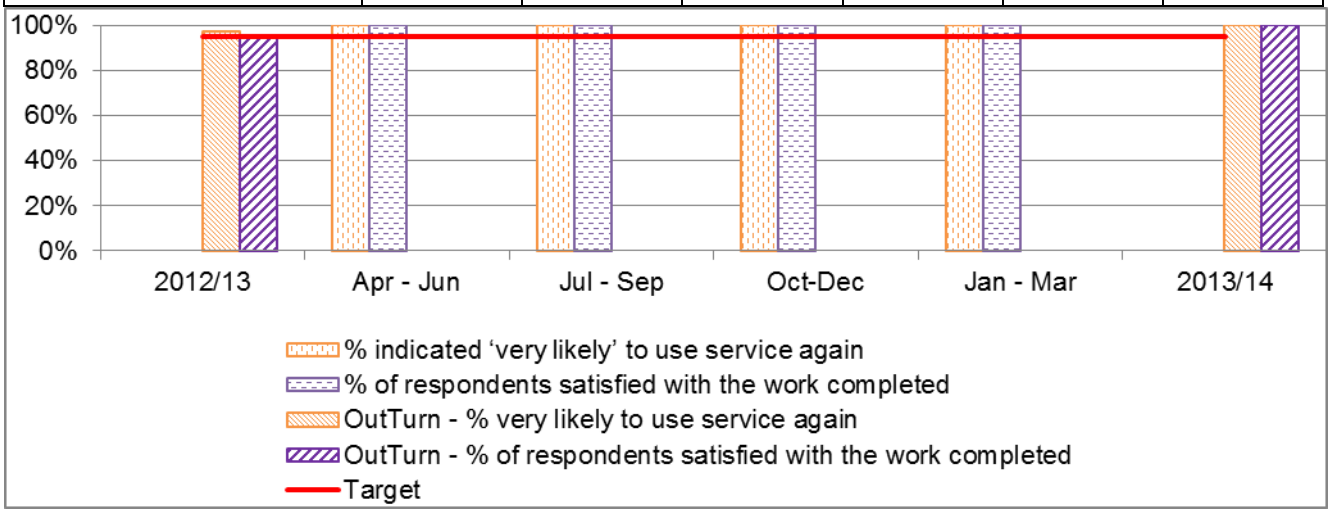
    2. We commissioned CLAN to deliver National Training at local venues.

    3. We commissioned an Academic Professor to deliver specialist training, offering places to Scottish Children's Reporter Administration (SCRA) to build shared local knowledge.

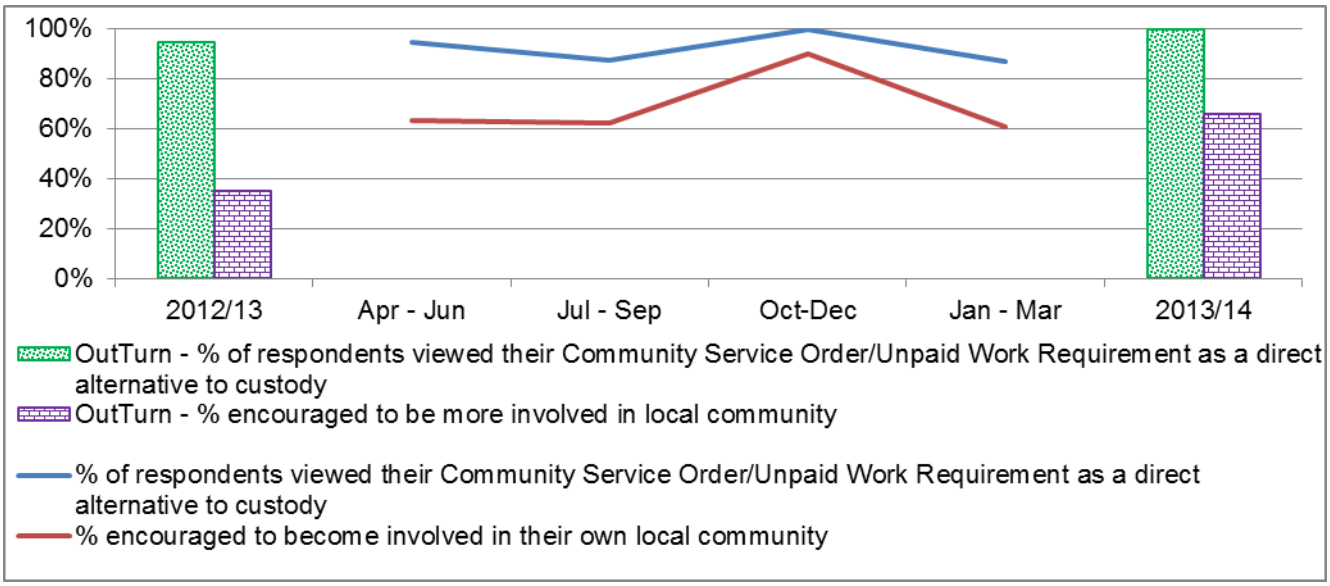
Criminal Justice Service User Feedback

Objective	To use feedback from Service Users to help improve the quality of Criminal Justice services.
Wellbeing	**Respected and Responsible**
Measure	Service User Feedback
Current Performance	100% (Recipients) and 66% (Offender) at March 2014

Recipient Views	2012/13	Apr - Jun	Jul - Sep	Oct-Dec	Jan - Mar	2013/14
% indicated 'very likely' to use service again	97%	100%	100%	100%	100%	100%
% of respondents satisfied with the work completed	95%	100%	100%	100%	100%	100%
Target	95%	95%	95%	95%	95%	95%



Offenders Views	2012/13	Apr - Jun	Jul - Sep	Oct-Dec	Jan - Mar	2013/14
% of respondents viewed their Community Service Order/Unpaid Work Requirement as a direct alternative to custody	95%	94.74%	87.50%	100%	86.95%	100%
% encouraged to become involved in their own local community	35%	63.16%	62.50%	90.00%	60.87%	66%



Commentary

Inverclyde Criminal Justice Unpaid Work Services routinely seeks feedback from both those ***sentenced*** to Unpaid Work (service users) and the ***beneficiaries*** (recipients) about the impact of the unpaid work on them and/or the community. In 2013-14 this feedback indicated that:

Recipient Feedback

- **100%** of respondents in receipt of a community service during 2013-14 indicated that they were 'very likely' to use the service again, an increase from 97% in 2012-13 (Local Target 95%).
- **100**% of respondents in receipt of a community service during 2013-14 indicated that they were satisfied with the work completed, an increase from 95% during 2012-13. (Local Target 95%).

Some individual comments were:

- "I was unwell following a trauma, and was happy to get the painting done; it let me settle in my home again. (Staff) and the boys were very understanding and helpful to me, they do a great job for the community and pensioners like me. Thank you"
- "The team who worked at (the project) were all well-mannered and happy to do the work. We are very happy with all the work and would definitely contact the team again if we need work done. Thank you to all"

Service User Feedback

- **100%** of respondents subject to a community sentence during 2013-14 viewed their Community Service Order/Unpaid Work Requirement experience as a 'direct alternative to custody' an increase from 95% in 2012-13.

- **66%** of respondents subject to a community sentence during 2013-14 indicated that their experience of Community Service/Unpaid Work had 'encouraged them to become involved in their own local community', an increase from 35% in 2012-13.

Some individual comments were:

- "In general it (Unpaid Work) made me think about everything I do in life."
- "I was impressed with the way my supervisor communicated with his squad. My supervisor

was very patient and was easy to communicate and learn from. I have learned a lot from this experience."

- "Although prison might have been quicker Community Service reminded you every week why you were there."

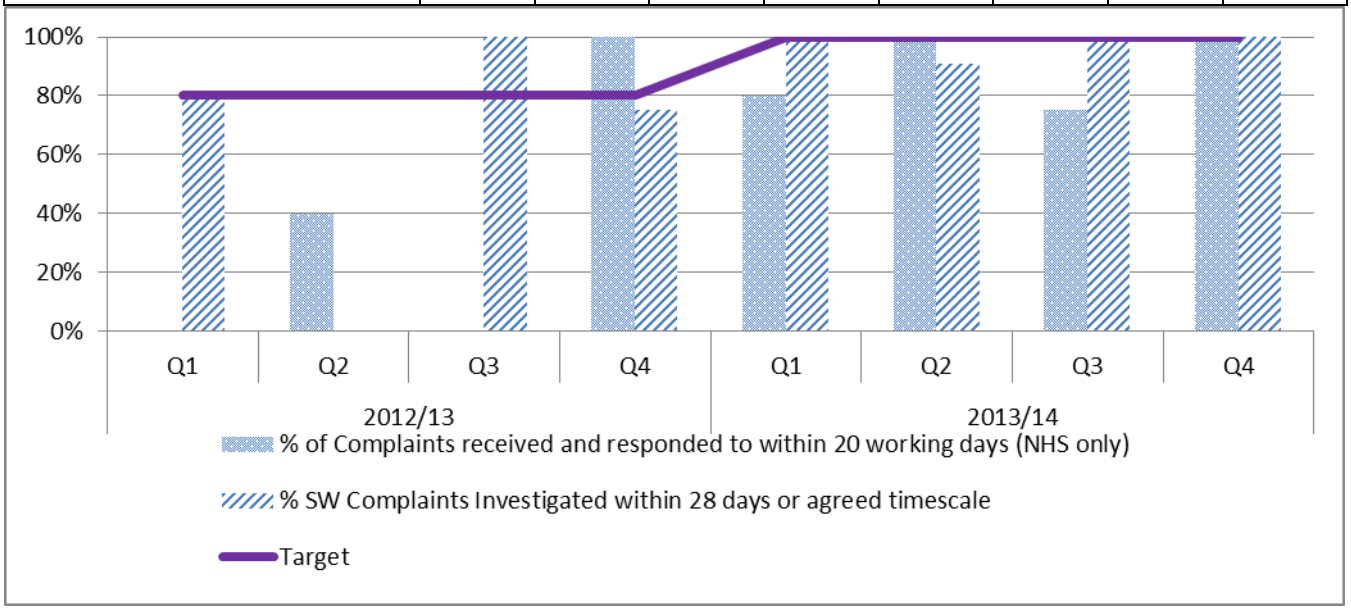
Actions

- To look to extend the processes for service user feedback to all those subject to community social work disposals from the Court.
- To take account of such feedback in service planning and development.
- To continue to monitor performance through the quarterly QPSR framework to ensure standards and agreed targets are met.

Complaints

Objective	We use complaints as a valuable feedback to improve service standards
Wellbeing	**Respected and Responsible**
Measure	% of complaints received & investigated within timescales
Current Performance	100% March 2014

	2012/13				2013/14			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% of NHS Complaints received and responded to within 20 working days	none	40%	none	100%	80%	100%	75%	100%
% of SW Complaints Investigated within 28 days or agreed timescale	80%	ina	100%	75%	100%	91%	100%	100%
Target	80%	80%	80%	80%	100%	100%	100%	100%



Commentary

The target for both of these measures increased in 2013-14 to 100% from 80% the previous year. The data charted shows that the percentage of complaints received and responded to within 20 working days for NHS improved to 100% thus meeting the target in the final quarter of 2013-14. This performance is mirrored for Social Work complaints that were investigated within 28 working days or agreed timescale for the same period. Responding to complaints within timescales is an important measure of performance; however we also take account of themes of complaints and the learning derived from them. We report more fully on these dimensions every year in our Annual Complaints Report.

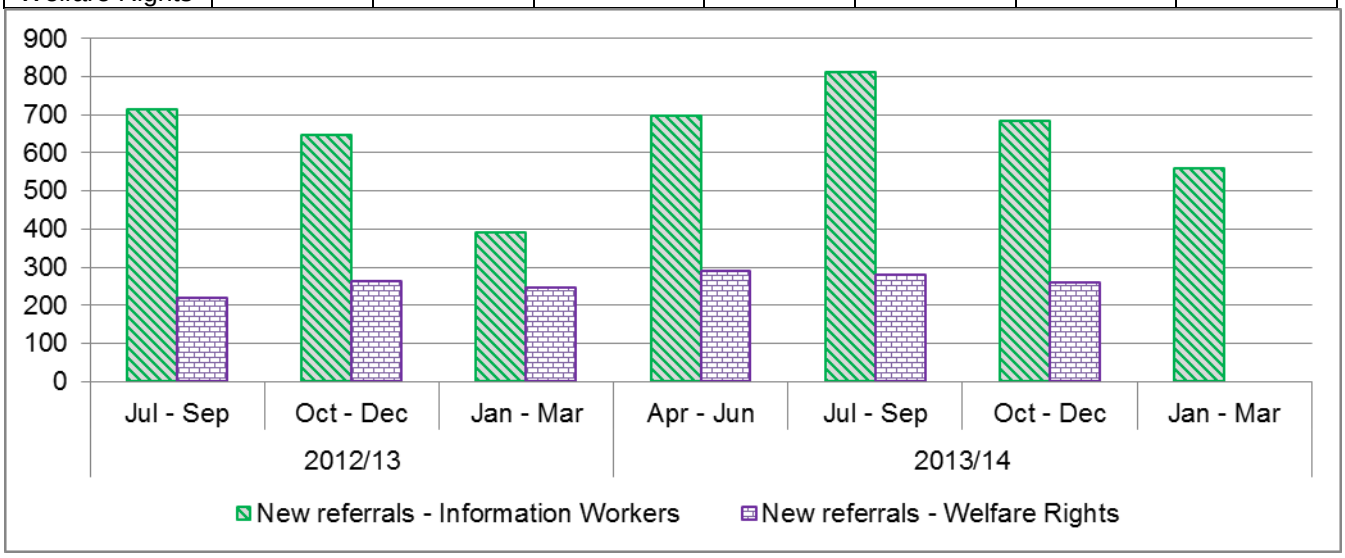
Actions

- Performance for complaints is routinely monitored and scrutinised at regular quarterly performance management information reviews (QPSR) within all service areas. In addition management information complaints reports are provided to service managers on a weekly basis and to the Clinical and Care Governance Committee on a quarterly basis.
- An Annual Complaints Report for the period 2013-14 has recently been completed and outlines how the service plans to progress further integration of processes.
- A recent staff engagement session focused on complaints, and we are working with the Scottish Public Services Ombudsman (SPSO) to develop local training to help staff with complaints handling and investigation skills.

Advice Services

Objective	To provide robust advice services for people who are experiencing financial difficulties.
Wellbeing	**Included**
Measure	New referrals
Current Performance	559 Information referrals at March 2014 261 Welfare referrals at December 2013

	2012/13			2013/14			
	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
New referrals - Information Workers	714	647	392	698	811	684	559
New referrals - Welfare Rights	220	263	248	292	279	261	ina



Commentary

The average number of information worker referrals per quarter rose from 584 in 2012/13 to 688 in 2013/14 (17.8% increase)

The average number of welfare rights referrals per quarter rose from 243 in 2012/13 to 277 in 2013/14 (14% increase)

Welfare reform has impacted on the advice services team with clients presenting with a more complex range of issues looking for advice and support. The Advice First telephone triage project funded by the Scottish Legal Aid Board (SLAB) has been operating since March 2014 and to date has received over 500 calls for advice and information. Clients are either supported by telephone or if required, offered an appointment with an advice worker to ensure a full benefit/income maximisation check is undertaken.

The case management system (Bright Office) has now been procured and the team are working with the provider to develop a bespoke system that can be accessed by members of the Financial Inclusion Partnership, with an anticipated go-live date in September.

Conditionality and sanctions are now a major concern and work is required to scope why people are not challenging the sanctions imposed by Department of Work and Pensions (DWP).

Actions

- The development and testing of the case management system is a key priority and will further improve the service we deliver.

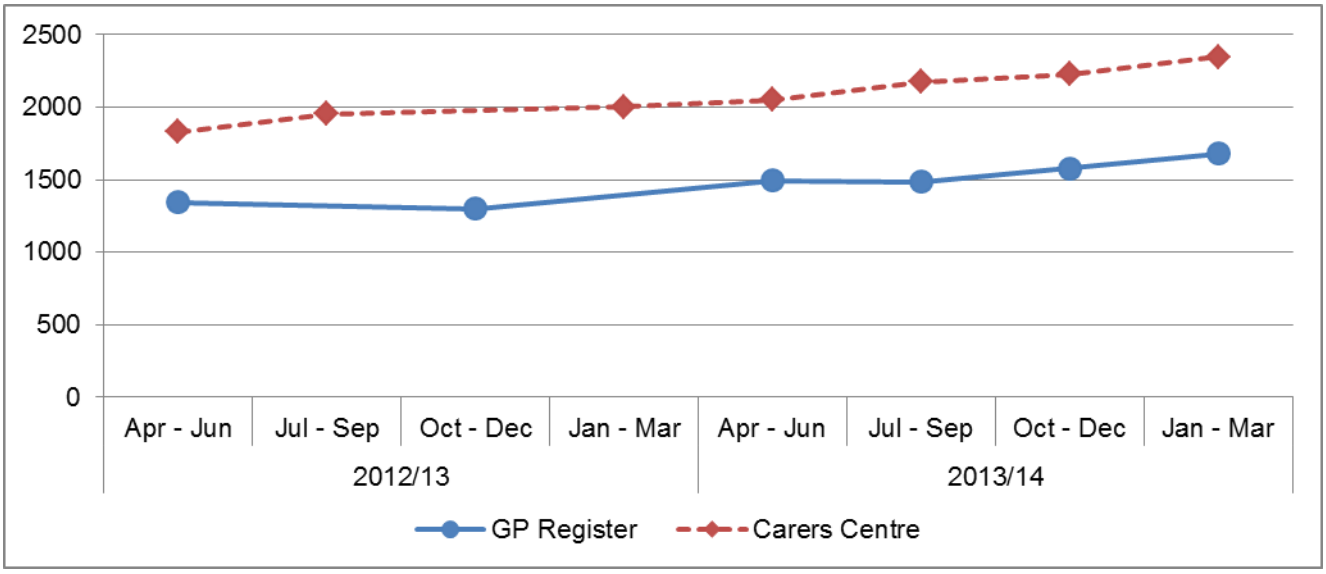
- We plan to develop a media campaign including leaflets to highlight sanctions and the support we can offer to challenge these.

- We will develop resources for staff and clients to use, particularly around Personal Independence Payments (PIP) and the move to Universal Credit.

Carers

Objective	Carers feel supported and valued as equal partners
Wellbeing	**Included**
Measure	Number of Carers Registered
Current Performance	2347 registered with Carers Centre and 1679 with GPs at March 2014

	2012/13				2013/14			
	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar
GP Register	1342		1299		1496	1487	1578	1679
Carers Centre	1829	1955		2002	2049	2176	2227	2347



Commentary

The data shows a gradual increase of registered carers with GPs and with the Inverclyde Carers' Centre. Carers Registered with GP practices increased from 1496 at Q1 to 1679 in Q4 of 2013-14. Carers registered with the Inverclyde Carers' Centre increased from 2049 at Q1 to 2347 at Q4 for the same reporting period.

The CHCP aims to ensure that staff are recognising carers as equal partners in the planning and delivery of care, which should therefore enable carers to feel involved and supported in their caring roles. Inverclyde CHCP participated in a pilot project organised by Scottish Council of Social Services and NES Health Education Scotland to offer training to staff around the principles of recognising carers as Equal Partners in Care (EPiC). We established a partnership approach to this involving carers through drama presentations, members of the Carers' Centre and young carers' worker.

We trained over 120 staff employed in frontline services within GP and social care settings, who come into direct contact with carers. We encouraged staff to have the conversation with carers, make them aware of the Self-Assessment tool and refer them to the Carers' Centre for further support.

We plan to roll this training out to all staff within the CHCP to ensure that we are reaching more

carers and offering more opportunities for assessment and support to carers in their own right.

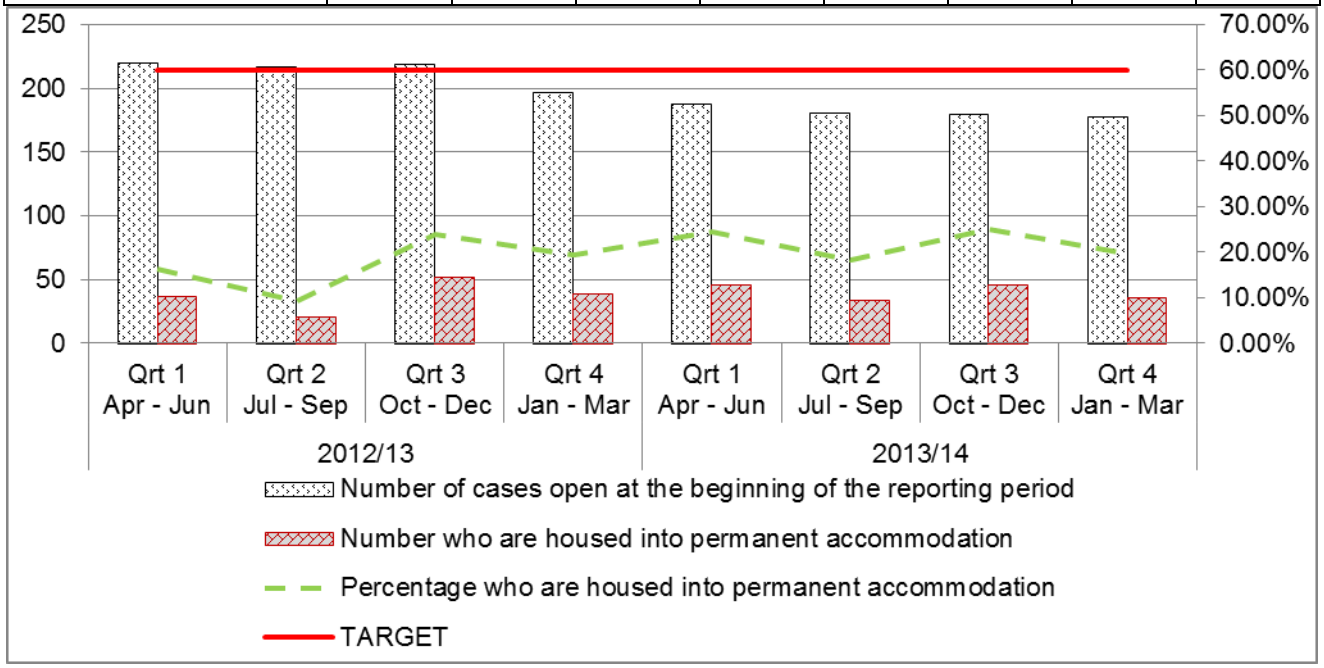
Actions

- Ensure the EPiC training is incorporated into the CHCP Learning and Development Plan and rolled out to staff across all services.
- Ensure that staff are aware of and promoting the self-assessment tool to carers.
- Encourage carers to return the self-assessment tool to Carers' Centre for follow up support.
- Monitor the outcomes from self-assessments completed, ensuring that these inform future planning.

Homelessness

Objective	We anticipate and prevent homelessness whenever possible
Wellbeing	**Nurtured**
Measure	Number and percentage of homeless people or families who are housed into permanent accommodation
Current Performance	**35 (19.77%)** as at March 2014

	2012/13				2013/14			
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2	Qrt 3	Qrt 4
Number of cases open at the beginning of the reporting period	219	216	218	196	187	180	179	177
Number who are housed into permanent accommodation	36	20	51	38	45	33	45	35
Percentage who are housed into permanent accommodation	16.40%	9.26%	23.90%	19.39%	24.60%	18.33%	25.14%	19.77%
TARGET	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%	60.00%



Commentary

It is a key priority in Inverclyde to tackle and prevent homelessness and to ensure vital prevention activity continues to result in many more people avoiding the misery of homelessness.

Homelessness affects a wide diversity of households with a range of needs. It can affect those who have suffered a disaster (such as a fire or flood), people with debt problems, people with unresolved health or addiction problems, those who have experienced abuse, family breakdown and a whole range of other circumstances. Very often a homeless person may be affected simultaneously by a number of different but interrelated issues. Homelessness affects families with children, childless

couples, same sex couples, single people (both men and women), and single parents, all ethnic groups including gypsy travellers and refugees, and all age groups.

The implementation of Housing Options and the work with the one stop shop (operating from Oak Tree Housing Association's premises) has seen a fall in homelessness assessments. Housing Options assesses each client's housing needs and provides them with information and opportunities which support them to make informed choices on how to address that need.

The implementation of choice-based letting, common allocation policy and the one stop shop approach has seen an increase in homelessness being resolved without the use of Section 5 referral - a situation the Homelessness Service will monitor and discuss with the Registered Social Landlords (RSL) at our regular meetings.

Welfare Reform is still presenting some challenges in relation to access to housing for single people, however work is in progress with colleagues regarding Discretionary Housing Payment (DHP) which may assist in improving access to the private rented sector.

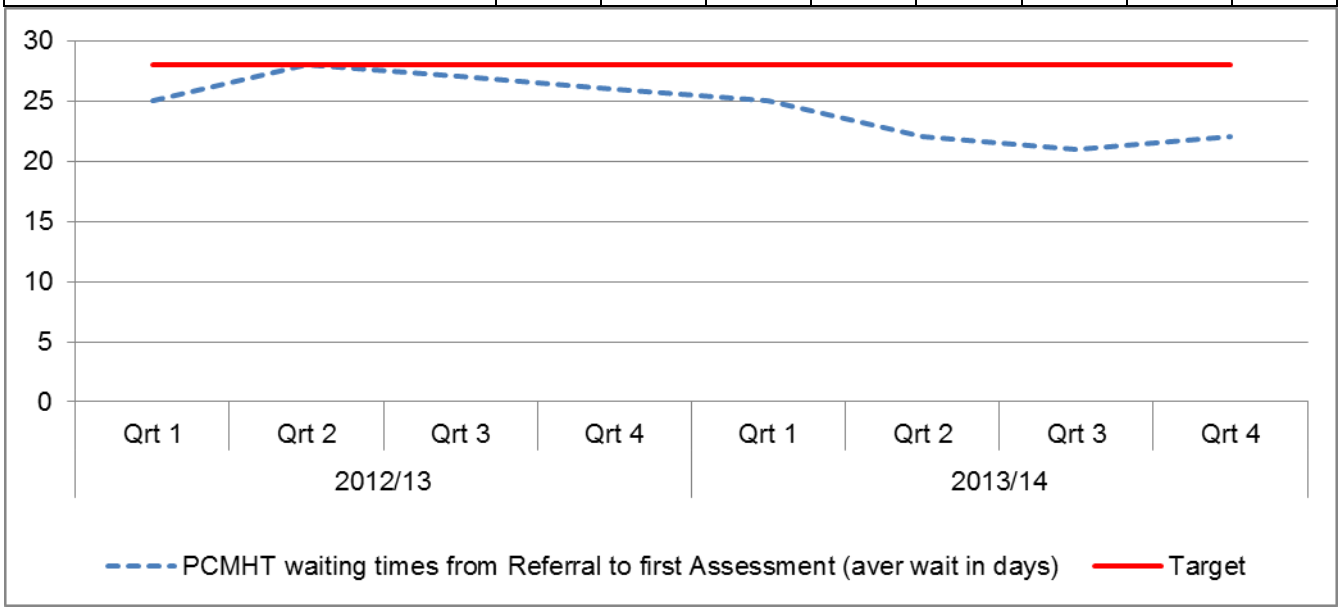
Actions

- Continue to work with RSL partners to improve the options available to homeless people through Section 5 referrals and through direct applications for housing.
- Continue to monitor performance on a regular basis through the new reporting framework of the Quarterly Performance Service Review.
- Continue to work with colleagues, in the use of DHP to assist in access to the private rented sector.
- Continue to work with RSL partners to minimise the impact of the suspension of the one stop shop and to continue to work toward a more satisfactory outcome.

Primary Care Mental Health Team

Objective	People who need mental health support get it at a time when it will be most effective for them.
Wellbeing	**Healthy**
Measure	Waiting times from Referral to first Assessment (average wait in days)
Current Performance	22 days as at March 2014

	2012/13				2013/14			
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2	Qrt 3	Qrt 4
PCMHT waiting times from Referral to first Assessment (aver wait in days)	25	28	27	26	25	22	21	22
Target	28	28	28	28	28	28	28	28



Commentary

The Inverclyde Primary Care Mental Health Team (IPCMHT) consists of 12 Community Mental Health Nurses who are based in Crown House and operate as part of integrated Community Mental Health Services providing a primary care mental health service to the 16 GP practices in Inverclyde, from Kilmacolm to Wemyss Bay. The team are supported by multidisciplinary colleagues in the provision of this service. The IPCMHT provide comprehensive mental health assessment and where appropriate, offer brief psychological therapy follow up sessions (e.g. CBT approaches, behavioural activation approaches, psycho education, assessing and managing risk and safe planning, education on concordance with medication, education on the effects of alcohol and or illicit drugs on mental health etc).

The team also runs a behavioural activation group for depression and an anxiety management group, as well as offering support for appropriate management of Anxiety, Depression Adjustment Disorders, Obsessive Compulsive Disorder and Post Traumatic Stress Disorder (common mental health problems). Access to the service is formally for those aged 18-64, although as part of local service re-designs, older adults have been able to access the service since 2013. The team also provide

consultation and guidance to GPs regarding signposting to the most appropriate mental health service and community resources within the integrated care pathway.

Referral to the service is electronic and is currently available to the following professionals: GPs, practice nurses, health visitors and colleagues in secondary mental health services. Our current performance highlights that 70% of patients (122 referrals) were seen within 28 days with 99% of our referred cases seen and in psychological therapy treatment within 9 weeks. The 1% represents those who have chosen to wait for their own reasons. Since the beginning of February 2014 we have been operating a self-referral process running CPN self-referral triage telephone clinics every day. Currently our self-referral rate is running at 11% of all referrals received.

Actions

Continue to monitor performance on a regular basis by:

- Data exploration and feedback discussions at monthly meetings with colleagues and Team Leads from GG&C Primary Care Teams.
- Local KPI report information is shared at operational team meetings every month.
- Continue to review analysis of referrals and waiting lists involving Demand Capacity Queue Indicator Audit (DCQIA) and process mapping and mental health activity tracking.
- Use text messaging reminders for patients who have mobile phones to improve attendance and reduce Did Not Attend (DNA) rates.
- Ensure the Team adhere to the guidelines set down in the standardised operational policy for all Primary Care Teams in NHS GG&C.
- Use clinical outcome measures as routine with every patient at every session and explore data report quality.

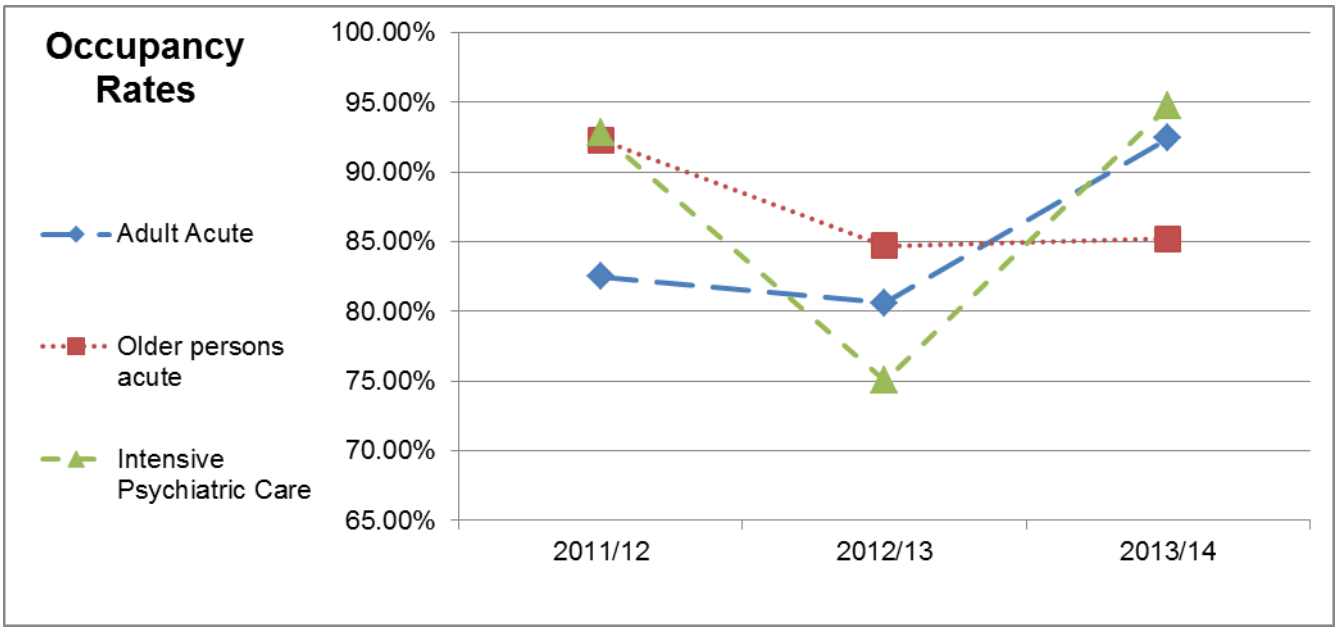
In-patient Mental Health Services

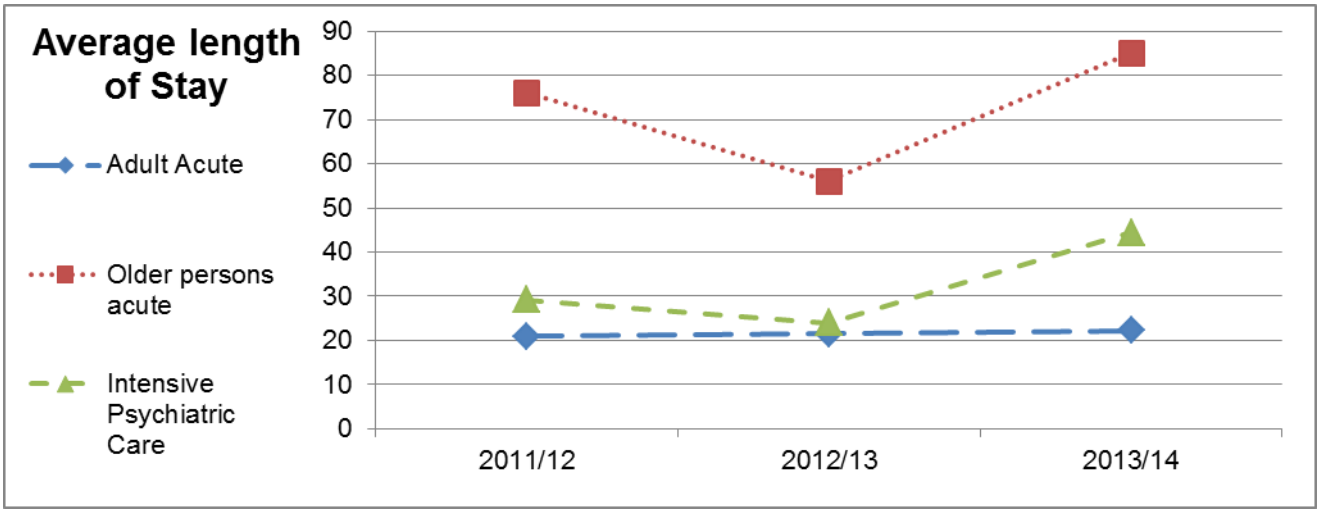
Objective	Inpatient beds are used appropriately so that those who need them can access them.
Wellbeing	**Healthy**
Measure	Acute admission ward activity data.
Current Performance	See various charts below

	Adult Acute					
	Beds	% Occupancy	Average length of Stay	Re admissions	One to One observation Hours	Admitted outwith Inverclyde
2011/12	20	82.50%	21	0	10007	0
2012/13	20	80.00%	21.5	0	1488	0
2013/14	20	92.40%	22.2	0	1300	5

	Older persons acute					
	Beds	% Occupancy	Average length of Stay	Re admissions	One to One observation Hours	Admitted outwith Inverclyde
2011/12	20	92.30%	76	0	4278	0
2012/13	20	84.70%	56	0	3488	0
2013/14	20	85.20%	85	0	4292	0

	Intensive Psychiatric Care					
	Beds	% Occupancy	Average length of Stay	Re admissions	One to One observation Hours	Admitted outwith Inverclyde
2011/12	8	92.80%	29.2	0	6961	0
2012/13	8	75.01%	24	0	13547	0
2013/14	8	94.70%	44.4	0	5190	0





Commentary

The charts above show the average activity of the in-patient admission areas over the last 3 years. We continue to perform well in terms of psychiatric re-admissions within 7 days of discharge.

There has been a significant decrease in the level of intensive or one to one level of observation within the Adult acute areas. This is likely to be a consequence of the redesigned accommodation at Langhill Clinic which has reduced challenging behaviours and the introduction of revised operational procedures.

There has been a significant increase in lengths of stay in both the older person's admissions wards and the Intensive Psychiatric Care Unit (IPCU). A relatively small number of exceptionally long in-patient stays have increased the average. In all cases these have been among older people with significantly challenging behaviour for whom no alternative accommodation has been available.

One effect of this increased occupancy and length of stay is that 5 individuals have been admitted outwith Inverclyde for emergency psychiatric care in the period 2013/2014.

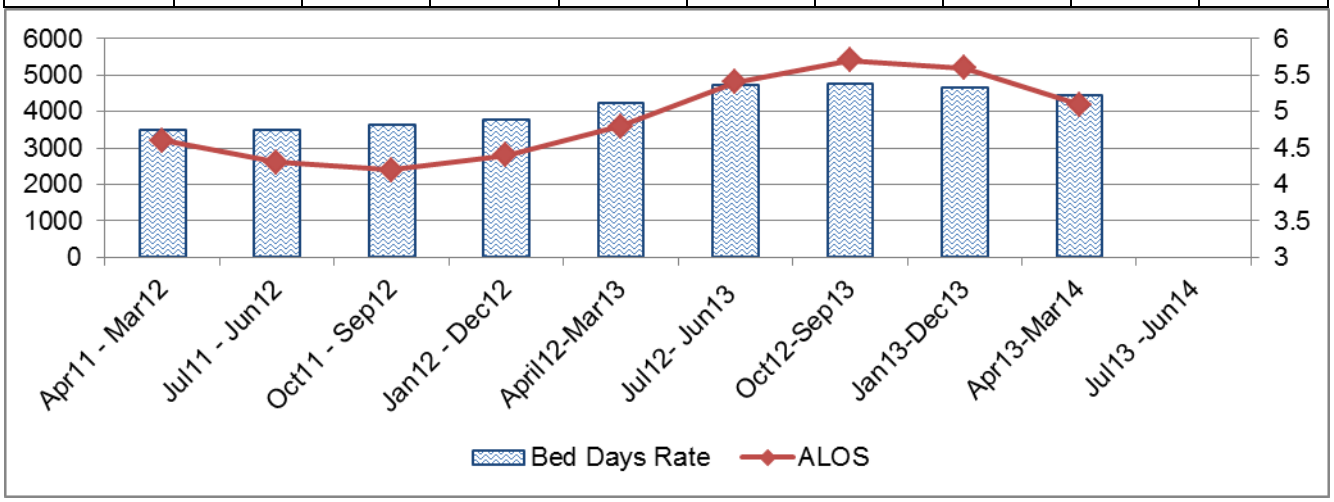
Actions

- Continue the process of reviewing all patients with in-patient stays longer than 12 weeks.
- Implementation of community response and out of hours services.
- Implementation of the Scottish Patient Safety Programme: Dynamic Risk Assessment.

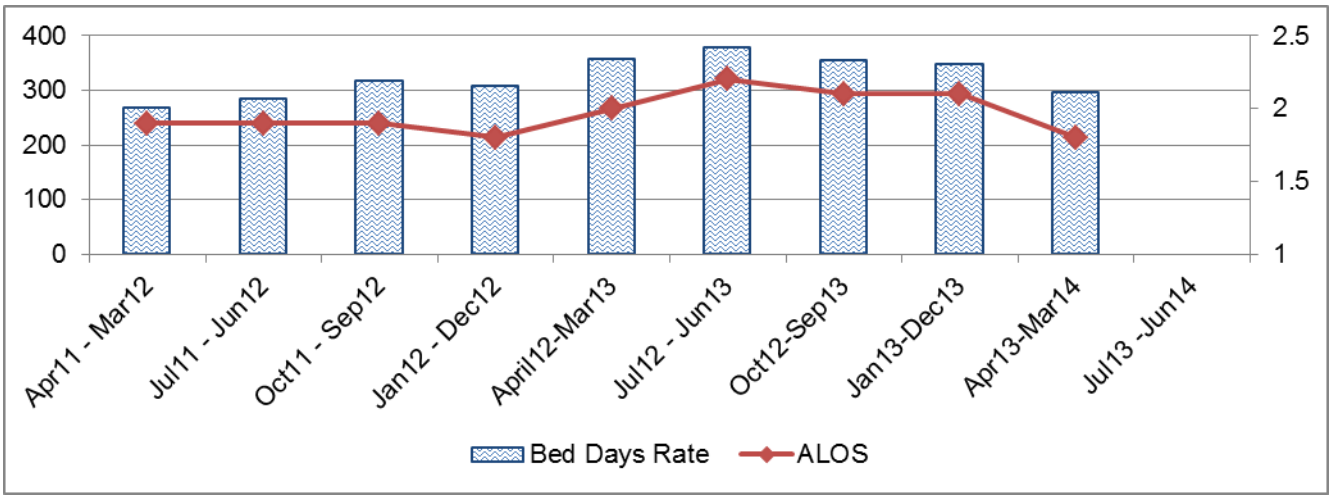
Long Term Conditions

Objective	Ensure people with LTC are not unnecessarily admitted to hospital
Wellbeing	**Healthy**
Measure	Reduce the number of acute bed days consumed by each LTC (Crude bed day's rate per 100,000 bed days): (rolling year periods).
Current Performance	Various see charts

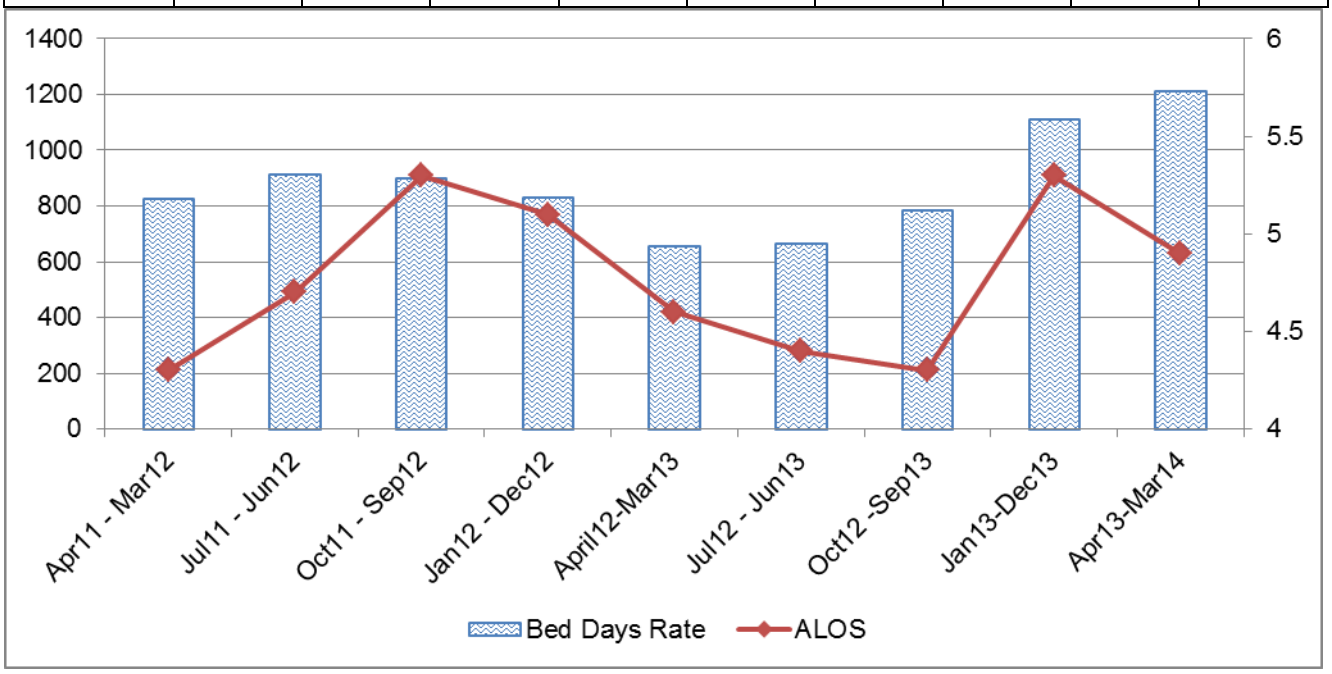
Chronic Obstructive Pulmonary Disease (COPD)									
	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12-Mar13	Jul12-Jun13	Oct12-Sep13	Jan13-Dec13	Apr13-Mar14
Bed Days Rate	3491.8	3491.8	3628.4	3795.2	4250.1	4736	4765.7	4644.3	4464.6
ALOS	4.6	4.3	4.2	4.4	4.8	5.4	5.7	5.6	5.1



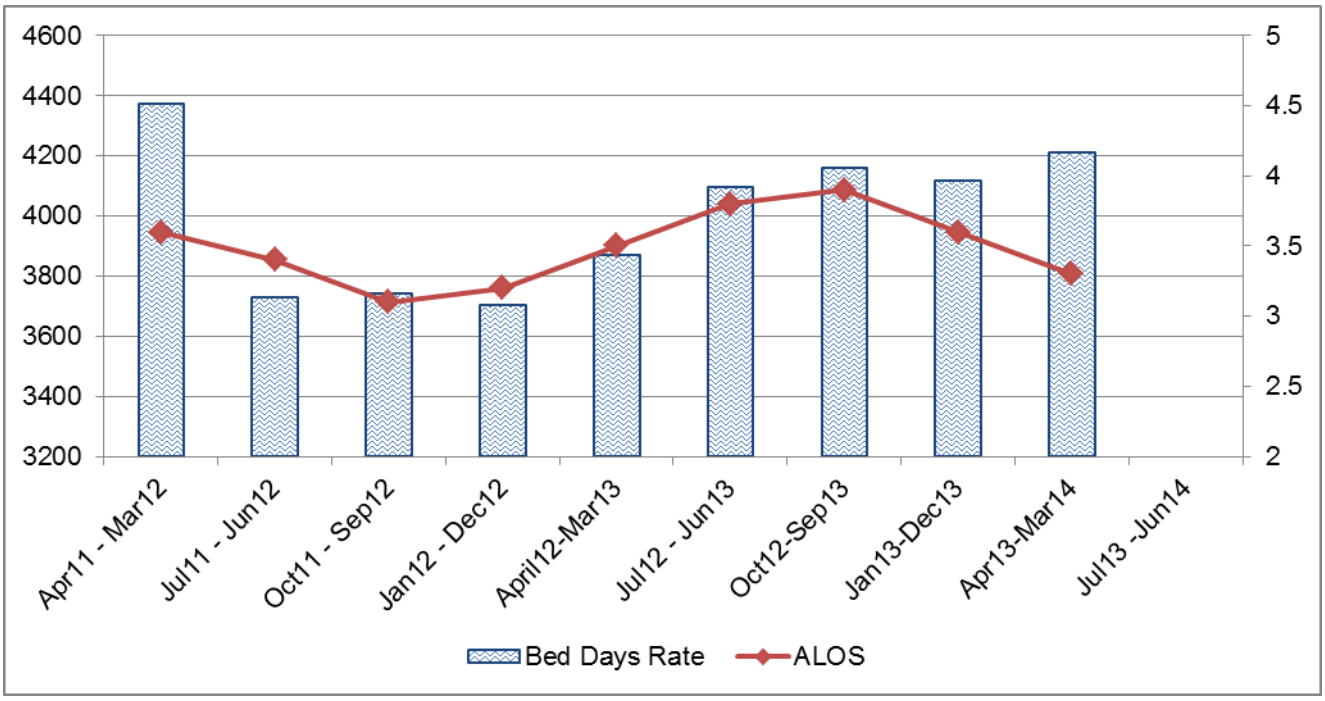
Asthma	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12-Mar13	Jul12 - Jun13	Oct12-Sep13	Jan13-Dec13	Apr13-Mar14
Bed Days Rate	268.4	285.6	318.9	307.4	357	379.3	355.7	348.3	297.5
ALOS	1.9	1.9	1.9	1.8	2	2.2	2.1	2.1	1.8



Diabetes	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12-Mar13	Jul12 - Jun13	Oct12 - Sep13	Jan13-Dec13	Apr13-Mar14
Bed Days Rate	823.7	914.8	900	828	656.9	666.8	784.6	1110.6	1211
ALOS	4.3	4.7	5.3	5.1	4.6	4.4	4.3	5.3	4.9



Chronic Heart Disease (CHD)									
	Apr11 - Mar12	Jul11 - Jun12	Oct11 - Sep12	Jan12 - Dec12	April12-Mar13	Jul12 - Jun13	Oct12-Sep13	Jan13-Dec13	Apr13-Mar14
Bed Days Rate	4373.3	3728.1	3742.9	3704.8	3868.4	4097.7	4159.6	4116.3	4211.7
ALOS	3.6	3.4	3.1	3.2	3.5	3.8	3.9	3.6	3.3



Commentary

There has been a reduction in both COPD and asthma bed days rate and average length of stay. With regards to both diabetes and CHD, while there has been a slight increase in bed day rates, there has been a reduction in average length of stay.

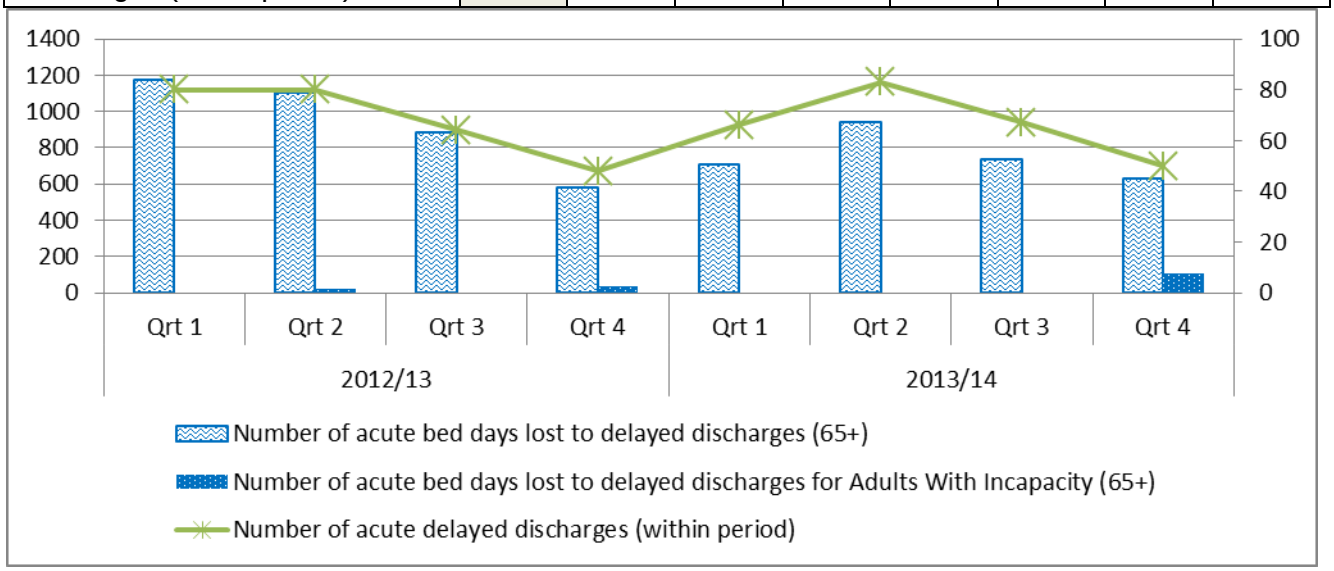
Actions

- The Supported Self Care (SSC) sub group of the Anticipatory Care Planning group is continuing to develop the local SSC framework which identifies the range and type of support available across Inverclyde.
- We will be rolling out the NHS GG&C Keep Well Toolkit: Supporting Delivery of Primary Prevention and Early Intervention in general practice when this is finalised. We continue to work with Your Voice to provide appropriate support and information to individuals and groups.
- The Supported Self Care framework has been introduced and is progressing steadily to ensure that the quality of people's lives are maximised even with a long term or chronic condition. Working closely with and guided by the Anticipatory Care Planning group and with local partners in the voluntary community and public sector, the intention is to have high quality support and information available to those in need in their own homes as well as promoting connections to and support from peer and community groups. This contributes to the discharge transition from acute to home settings.

Acute bed days

Objective	Ensure people are not in hospital longer than they need to be
Wellbeing	**Healthy**
Measure	Acute Bed Days Lost to Delayed Discharge
Current Performance	628 at March 2014

	2012/13				2013/14			
	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Qrt 1	Qrt 2	Qrt 3	Qrt 4
Number of acute bed days lost to delayed discharges (65+)	1174	1102	885	583	704	942	736	628
Number of acute bed days lost to delayed discharges for Adults With Incapacity (65+)	0	19	0	34	0	0	0	108
Number of acute delayed discharges (within period)	80	80	64	48	66	83	67	50



Commentary

We have exceeded the 50% reduction of acute bed days lost to delayed discharge (65+) and are making progress towards ensuring we meet the 75% reduction within the target period. There has also been a reduction in the number of delayed discharges relating to acute beds within the period.

While we had been exceeding both the 50% and 75% reduction in acute bed days lost to delayed discharges for adults with incapacity (65+) consistently in recent quarters; there has been a drop in performance in the last quarter and we have taken necessary action to remedy this.

Actions

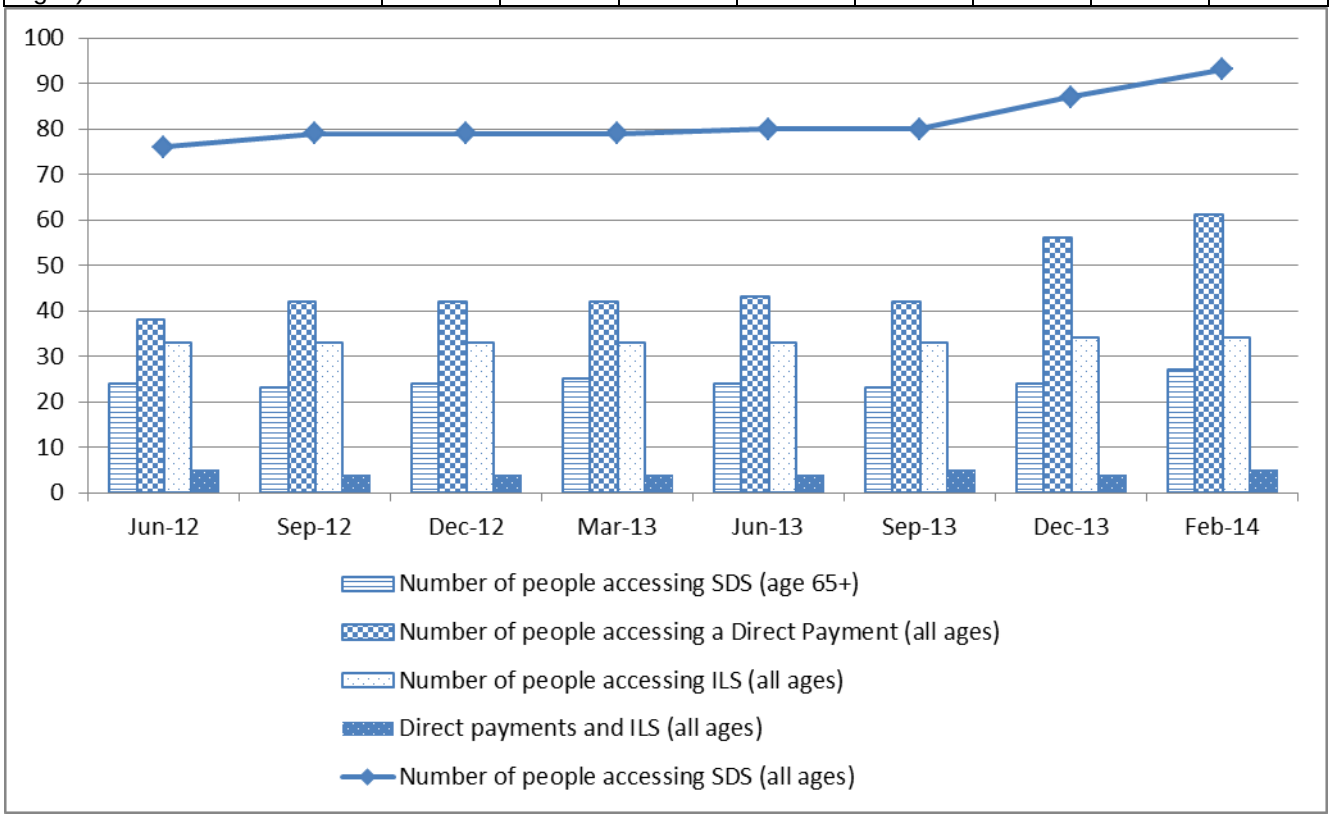
- As outlined earlier, from September 2014 the redesign of Assessment and Care Management will support earlier assessment within the ward environment in advance of the introduction of the 2 week target in April 2015. Alongside this, we are working closely with colleagues in acute care to reduce the length of stay for clients in frail elderly beds, with the aim again of maximising independence. Some recent delays have occurred in our local

mental health services, and we have refreshed awareness raising to tackle this problem.

Self-Directed Support

Objective	People who need support can choose how and by whom it is delivered.
Wellbeing	**Respected & Responsible**
Measure	Number of people accessing Self-Directed Support (SDS)
Current Performance	93 at Feb 2014

	Jun-12	Sep-12	Dec-12	Mar-13	Jun-13	Sep-13	Dec-13	Feb-14
Number of people accessing SDS (all ages)	76	79	79	79	80	80	87	93
Number of people accessing SDS (age 65+)	24	23	24	25	24	23	24	27
Number of people accessing a Direct Payment (all ages)	38	42	42	42	43	42	56	61
Number of people accessing ILS (all ages)	33	33	33	33	33	33	34	34
Direct payments and ILS (all ages)	5	4	4	4	4	5	4	5



Commentary

With the ascension of the Social Care (Self Directed Support) (Scotland) Act 2013, it was anticipated that we would start to see an increase in people accessing SDS options immediately prior to the implementation of the legislation in April 2014 and afterwards, as the public become more aware of this through various media campaigns.

Actions

- We will closely monitor the trajectory of SDS and the uptake of the four options that are now available to service users and carers.

- The SDS Steering Group continues to meet to oversee the implementation plan, and will undertake a full risk assessment over the summer, ensuring that all identified risks are regularly reviewed by the steering group. An action plan will be developed using the Self-Assessment checklist developed through Audit Scotland as a baseline.

- We will continue to work with partners locally, including the Directions Project, Carers' Centre, Inverclyde Council on Disability (ICOD), Your Voice and CVS (Community groups, Voluntary organisations & Social enterprise). CVS are undertaking work to establish a directory of community facilities to enable people to have access to information about local resources which might reduce or negate the need for formal support services at that point. Nationally we are working with In-Control and SPAEN (Scottish Personal Assistant Employers Network) who provide assistance and support to recipients of direct payments who employ their own carer.

- There have been briefing sessions for frontline staff with further in-depth training being developed. We are working alongside Social Work Scotland (formerly ADSW) helping to pilot some of their training modules. Twelve frontline staff members across community care teams have been identified as "SDS Champions" and we are exploring with them how we can best use them to continue to develop SDS support at the point where it will shape assessment and support planning with service users.

- Work is underway to establish monitoring information to provide information about changes to service uptake and gaps in service. Approval processes are being mapped and options will be developed to support cross service allocation of funding.

- We have established a cross care group of senior practitioners to ensure that SDS work undertaken links to mainstream developments as opposed to being perceived as a separate entity or workstream. This group will also identify training and support needs for staff with a strong link to the champions through this group.

Inverclyde council

AGENDA ITEM NO: 4

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/44/2014/SMc**
Contact Officer:	**Sharon McAlees Head of Children's Services & Criminal Justice**	**Contact No:**	**01475 715379**
Subject:	**Preparation for the Joint Inspection of Children's Services by the Care Inspectorate**		

1.0 PURPOSE

1.1 To provide information for members on changes to the arrangements for Inspection of Children's Services by the Care Inspectorate and action being undertaken in preparation for the next inspection of Children's Services in Inverclyde.

2.0 SUMMARY

2.1 The Care Inspectorate has redeveloped the approach to scrutiny and inspection across social services generally. In doing so, it has effectively widened the scope of its inspection regime in relation to services for children and young people and will now focus on all agencies and levels of intervention. It is however anticipated that future inspection will retain a focus on child protection and other services for vulnerable children.

2.2 The strategic leadership and management accountability for future inspection will now rest with the Community Planning Partnership and Chief Officers groups in Local Authority Areas. The Child Protection Committee will however continue to lead on services for the most vulnerable children.

2.3 It is proposed that a steering group is developed from the current SOA6 (Best Start in Life) membership, with representatives from each agency providing services for children and young people in Inverclyde. The steering group will oversee the preparation for and co-ordination of the inspection and will report through the SOA6 Group to the Alliance Partnership and the Chief Officers Group. This will provide consistency and continuity of approach across the partner agencies who provide services for children and young people in Inverclyde. The Child Protection Committee will link with the steering group; however will continue to have key responsibility for co-ordination of child protection matters.

3.0 RECOMMENDATIONS

3.1 Members note the information provided and endorse the proposals.

3.2 Members contribute their views if there are any other activities that they feel should be considered as part of the preparations.

3.3 Members note that they will receive further information regarding the progress of preparations in due course.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 There have been two previous inspections of child protection services in Inverclyde in 2008 and 2010/2011. These were undertaken by the then joint inspection authority HMIe. Members will recall that Inverclyde performed well in both inspections in terms of our joint services for protecting children.

4.2 Since that time, there has been a review of the scrutiny of social services more generally, culminating in the Public Services Reform (Scotland) Act 2010. This has brought the inspection of social services under a new body, the Care Inspectorate which commenced its role in September 2011. The general principles in accordance with which the care Inspectorate carries out its functions are:

- The safety and wellbeing of all persons who use, or are eligible to use, any social service are to be protected and enhanced;
- The independence of those persons are to be promoted;
- Diversity in the provision of social services is to be promoted with a view to those persons being afforded choice;
- Good practice in the provision of social services is to be identified, promulgated and promoted.

4.3 The Care Inspectorate has redeveloped the approach to scrutiny and inspection across social services generally. In doing so, it has effectively widened the scope of its inspection regime and in relation to services for children and young people, it has embraced the principles of GIRFEC. As such inspections will focus upon services for children and young people more generally, across agencies and levels of intervention it will no longer focus solely upon child protection services. That said, inspections will wish to focus upon vulnerability and how services respond effectively to produce better outcomes for children who are experiencing adversity.

4.4 Given this expansion in the scope of the inspection, the leadership and management accountability focus will no longer be upon the Child Protection Committee (CPC) but instead will rest upon the Community Planning Partnerships and Chief Officers Groups in each local authority area. This change in approach aligns with GIRFEC principles and the duties and responsibilities that will come with the implementation of the Children and Young People (Scotland) Act 2014.

4.5 The Care Inspectorate has run a series of pilot inspections to test out the new approach. Against this background, it has now commenced its first full round of joint inspections of children's services. The key principles for joint inspections are:

- User- focused: involving service users in the design and delivery of scrutiny.
- Outcome focused: targeting inspection at improving the quality of outcomes for the most vulnerable children and young people based on the GIRFEC framework.
- Partnership-orientated: emphasising the collective responsibility of community planning partners and the effectiveness of partnership working to improve outcomes for children and young people, making best use of resources.
- Transparent: providing a complementary approach to robust self-evaluation for improvement and independent inspection of children's services.
- Intelligence-led and risk-based: taking a proportionate approach to inspection which is influenced by reliable information and robust self-evaluation.
- Integrated and coordinated: a multi-agency focus drawing on the collective participation of relevant scrutiny bodies and the Audit Scotland – led Shared Risk Assessment.
- Improvement-led: supporting continuous and sustained improvements.

4.6 Indications from our Link Inspector, who met with the combined Child Protection Committee and Single Outcome Agreement 6 Group (SOA6) on 14th July 2014, are that we are unlikely to be inspected within the current round of inspections. Given the procedures involved in co-ordinating the next round of inspection, we are advised that we may be inspected any time from May 2015 onwards. As such early preparation for inspection would be a prudent course of

action, especially in terms of informing the self-evaluation that will be requested approximately twelve weeks in advance of any inspection.

5.0 PROPOSALS

5.1 Early preparations have included an alignment between the Performance Management sub-group of the CPC and a Self-evaluation sub-group of the SOA6. Although work is at an early stage in the latter group, the Performance Management sub-group has been operating over a number of years and throughout the last two inspections. It is anticipated that this group will be able to support the SOA6 group in the development of the pre-inspection self-evaluation, in terms of the provision of data and information collected in relation to child protection/vulnerability activity across agencies through the regular multi-agency audit and quality assurance activity of the CPC.

5.2 The experience of other areas already inspected is that there is benefit in creating a strategic steering group to oversee the preparation for and coordination of the inspection. It is suggested that this steering group should be derived from the SOA6 group with representatives from each agency involved to ensure a consistency of approach

5.3 Beneath this group, a series of single agency working groups could then be created to plan and implement action for each individual agency relative to their particular roles, responsibilities and requirements.

5.4 The Steering group will act as a conduit for reporting to and advising the full SOA6 group and the Chief Officers Group.

6.0 IMPLICATIONS

Finance

6.1 At this stage, it is difficult to anticipate specific costs attributable to this activity. However, our experience in the last two inspections has shown that all of the activity around the inspection is extremely costly in terms of staff time. In the previous inspections it had been possible to identify additional resource to support the considerable additional activity. Given the current financial challenges it is unlikely that additional resource will be available and therefore services will require to meet demands from within the current arrangements.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 None.

7.0 CONSULTATION

7.1 N/A

8.0 BACKGROUND PAPERS

8.1 N/A

Inverclyde council

AGENDA ITEM NO: 5

NHS Greater Glasgow and Clyde

Report To:	**Community Health and Care Partnership Sub Committee**	**Date:**	**28 August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health and Care Partnership**	**Report No:**	**CHCP/39/2014/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care Inverclyde Community Health and Care Partnership**	**Contact No:**	**01475 715387**
Subject:	**Learning Disability Day Opportunities, Outreach and Community Supports**		

1.0 PURPOSE

1.1 To advise Members of the outcome of the inspection in March 2014 conducted by the Care Inspectorate in relation to Outreach and Community Supports.

2.0 SUMMARY

2.1 The Care Inspectorate carried out an announced (short notice) inspection of the Learning Disability Day Opportunities, Outreach and Community Supports between 17 March 2014 and 19 March 2014.

2.2 This included an inspection volunteer making telephone calls to service users and carers to collate background information.

2.3 **Summary Of Grades:**

Quality of Care and Support - **5 - Very Good**
Statement 1 5 - Very Good
Statement 3 5 - Very Good

Quality of Environment - **5 - Very Good**
Statement 1 5 - Very Good
Statement 2 5 - Very Good

Quality of Staffing - 5 - Very Good
Statement 1 5 - Very Good
Statement 3 5 - Very Good

Quality of Management and Leadership - **5 - Very Good**
Statement 1 5 - Very Good
Statement 4 5 - Very Good

2.4 The feedback received from the people who use this service, and their relatives, was very positive.

- They said they were very happy with the service they receive.

- It is flexible to meet the needs of the people who use it.
- There is a very good assessment and personal care planning process for people who use the Outreach service.
- People receive good information on how to keep safe and healthy.
- Staff said they feel well supported by managers, seniors and each other.
- They receive good training opportunities.

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 Learning Disabilities Day Opportunities Services are part of the Community Care Section of Inverclyde Community Health and Care Partnership (CHCP). The service provides services to adults with learning disabilities who stay within the Inverclyde area. Day Opportunities Services offer care and support to enhance an individual's quality of life and improve opportunities to be involved in lifelong learning, leisure and recreation, employment and social inclusion. The service promotes independence and encourages and enables individuals to participate in community based activities of their choice.

Outreach and Community Supports, along with the Fitzgerald Centre, the McPherson Centre and Golf Road Autism Unit, provide support for people to access a variety of resources within and outwith the local area.

4.2 In this service the Care Inspectorate carried out a low intensity inspection. These inspections are carried out when the Care Inspectorate is satisfied that the service is working hard to provide consistently high standards of care. This also reflects the grading history of the service.

5.0 PROPOSALS

5.1 QUALITY THEME – QUALITY OF CARE AND SUPPORT

Recommendation 1

The Manager should ensure that all support plans are reviewed every 6 months as required by legislation, irrespective of the amount of support they receive.

Action: service users will be reviewed every 6 months.

Recommendation 2

Information on the needs of people using the service should be made available to all staff working with them

Action: Where a service user from another unit accesses an activity appropriate information required to support them will be available to staff.

QUALITY THEME – QUALITY OF STAFFING

Recommendation 1

The manager should ensure that training records are up to date.

Action: Day Opportunities Coordinator will ensure with the Learning Disability Administrator that training information be updated in the service user's folder

QUALITY THEME – QUALITY OF MANAGEMENT AND LEADERSHIP

Recommendation 1

The provider should develop a continuous improvement plan with action plan, timescales and evaluation of progress. This should reflect the findings of quality assurance processes and the involvement of stakeholders (including, people who use the service, carers staff and external agencies) from participation and feedback methods such as complaints, meetings and survey responses.

Action**:** Inverclyde Learning Disability Services are currently undergoing a redesign which includes Outreach & Community Supports. As part of the redesign process services are being

evaluated & reviewed in partnership with Service Users, Carers, staff and other stakeholders. This review will shape the direction and delivery of future services.

The new National Strategy for Learning Disability, 'The Keys to Life', and the 'Personalisation' agenda is the blueprint for Inverclyde CHCP in improving the quality of life for our Service Users with a learning disability.

An 'online' Satisfaction survey has been developed for service users. The intention is that this will be completed over the period of a year but each section will be updated as and when appropriate e.g. after a period of respite that particular section can be completed. The questionnaire will be discussed at each review.

A questionnaire has been sent to carers for completion, the results of which will be independently collated and feedback given to the service.

An established 'Care Providers' forum meet on a three monthly basis.

A 'Quality Assurance' framework is currently being developed across all learning disability services. On completion this will be implemented within Outreach & Community Supports.

6.0 IMPLICATIONS

6.1 Finance

Narrative to be provided here depending on the content of the report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

6.2 Legal

None.

6.3 Human Resources

None.

6.4 Equalities

None.

6.5 Repopulation

None.

7.0 CONSULTATIONS

7.1 None.

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate Report Outreach and Community Supports 2014.

care inspectorate

Care service inspection report

Outreach and Community Supports

Support Service Without Care at Home

Fitzgerald Centre
110 Lynedoch Street
Greenock
PA15 4AH
Telephone: 01475 712371

Inspected by: Julia Bowditch

Type of inspection: Announced (Short Notice)

Inspection completed on: 25 March 2014

HAPPY TO TRANSLATE

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2007164625

Contact details for the inspector who inspected this service:

Julia Bowditch
Telephone 0141 843 6840
Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The feedback we received from people who use this service and relatives shows us that they are very happy with the service they receive. It is flexible to meet the needs of the people who use it.

There is a very good assessment and personal care planning process for people who use the Outreach service.

People receive good information on how to keep safe and healthy.

Staff told us they feel well supported by managers, seniors and each other. They receive good training opportunities.

What the service could do better

We have made four recommendations at this inspection about reviews, information in support plans, training records and the need to further develop a continuous improvement plan for the service.

What the service has done since the last inspection

Groups have been developed in response to people's needs and wishes, thus meeting a need for socialising and learning new skills.

A new service user satisfaction survey has been developed and will soon be made available.

Managers and senior staff are beginning to look at the effect that the redesign of Learning Disability services will have on the service and their response to it.

Conclusion

This report shows the many strengths of the service, and the recommendations we have made are intended to further improve it. Overall, Outreach and Community Supports was found to be providing a service that was clearly valued by those who receive it and making a difference to their quality of life.

Who did this inspection

Julia Bowditch
Lay assessor: Mr Raymond Boyd

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at www.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations
If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Outreach and Community Supports is provided by Inverclyde Council Social Work Services and is registered to provide community based support to people with a learning disability.

There are three parts to the service - Outreach, Community Supports and Older People. The Outreach and Community Support services are community based and access a variety of resources throughout Inverclyde and the surrounding areas. The Older People's service is a building-based day service near Greenock for older people or those who prefer a quieter environment.

The services are managed by a Day Opportunities Coordinator whose office base is in the Fitzgerald Centre close to the town centre in Greenock.

The service states that it aims "to encourage and enable individuals to live as full a life as possible and to place at the core of service provision the need, wishes and aspirations of our service users."

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good
Quality of Environment - Grade 5 - Very Good
Quality of Staffing - Grade 5 - Very Good
Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection which was carried out by Julia Bowditch on 17 March 2014 from 1:30 pm to 5:00 pm, 18 March from 9:30 am to 4:00 pm, and 19 March from 9:45 am to 6:00 pm. We gave provisional feedback to the Day Opportunities Coordinator who is the registered manager, on the final day. An Inspection Volunteer (formerly known as a Lay Assessor) assisted with this inspection by making telephone calls to people who use the service and relatives on 25 March.

As part of the inspection we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent 20 questionnaires to the manager to distribute to service users and/or friends, relatives or carers of people who use the service and received 8 completed before the inspection. We also received 4 completed questionnaires from staff.

During this inspection we gathered information from various sources including the following:

We met/spoke with:
- 17 people who use the service
- 5 family members
- the manager
- the deputy manager
- 1 senior day centre officer (DCO)
- 6 DCOs
- 2 community support workers
- and we attended two activity groups to meet people who use the service and see how staff interacted with them. We also visited the Day Centre to meet and speak to people there and observe the environment.

We looked at:
- the service's most recent self assessment
- annual return
- registration certificate

- insurance certificate
- minutes of reviews
- six care plans
- person centred plans and 10 week diaries
- activity access protocols
- medication folder
- risk assessments
- minutes of team meetings
- records of morning meetings
- staff training records
- training audit
- accident/incident records
- fire log book
- property maintenance log
- file audits
- control self assessment

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

Not applicable

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a completed self assessment document from the provider. We were generally satisfied with the relevant information included for each heading that we grade the service under but would have liked more detail.

The provider identified what they thought the service did well, some areas for development and any changes it planned. The self assessment contained a range of information which reflected what we found on our visits. It would have been strengthened by some examples of where strengths have led to positive outcomes for people using the service.

Taking the views of people using the care service into account

During this inspection we met nine people taking part in group activities. We also met six people at the day centre and the Inspection Volunteer spoke to a further two people by telephone. In addition to this two people gave their views via the care standards questionnaires we sent before the inspection.

We observed very positive interactions between people who use the service and staff. Everyone we spoke to said they enjoyed the activities they attended at the flat and liked the staff who supported them. People at the day centre appeared happy and relaxed with staff who clearly knew them well. Those we spoke to told us they liked

coming. These are some of the comments we received:

"If I was worried I'd talk to anyone."
"It's good here. The staff are nice."
"If anything was bothering me I'd talk to (staff member)."
"I have no problem with staff. I like them all."
"There's nothing I don't like. Outreach is quite good."
"I've met with (staff member). I've tried all sorts of different things."
"I like (staff member). She's funny. If I was upset I'd talk to her."
"It's great for me. I love it."
"Staff are brilliant."
"They make life bearable for me."

One person indicated how they thought the service could be improved:
"I would like more group courses provided for service users, other than health and safety."

We have included further comments and views from people using the service throughout the report.

Taking carers' views into account

Seven relatives gave their views via care standard questionnaires and the Inspection Volunteer spoke to five by telephone. All comments were very positive and included:

"Good service. Staff are brilliant with my daughter. Been a godsend to my daughter's life. Give the service the thumbs up."
"The staff that come in are great. No bother with them at all. They get (relative) out and about and bring her out of herself. They do more than what's needed really."
"The staff are marvellous. I wouldn't leave (relative) with them if they weren't. We simply wouldn't manage at home without them."
"Staff are absolutely marvellous. They are fantastic. They do exactly what's needed."
"The service is fantastic, couldn't do without it. It gives (relative) confidence."
"The service is great. (Relative) likes to be out and about. Gets on great with staff."
"There's always someone there (at Outreach) who knows (relative)'s needs.
"He'd have nothing if he didn't go there. He has a quality of life and he loves it."
"Without a doubt staff are very skilled. They'd have to be to look after (relative)."

We have included further comments and views from carers of people using the service throughout the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found that this service was very good at involving the people who use it in the assessment and development of their care and support. We decided this after talking with people who use the service, relatives, managers and staff. We also looked at six care plans and other written evidence.

We found that there was a commitment by the manager and staff to involve people who use the service as much as possible in how they wanted their service to be delivered. We saw good attempts to encourage more participation and consultation.

People who use the Outreach Service were involved in person-centred planning where they met with their keyworker to develop a ten week programme where they tried a range of activities and reviewed them regularly before developing a person-centred plan. This meant that their programme was based entirely on their own wishes and aspirations and their choice of how to use their support time so that they would benefit most from it. One person who was currently taking part told us:

"When we do my person-centred planning we talk about things I like to do and how much I can do."

Another who had completed the ten week programme said:

"I tried some tasters like going to the community centre or cinema to see what I wanted to do. At reviews you go over your daily activities and see what you want to keep."

An action plan meeting was held at the end of the ten week period to confirm the person's choices and identify the person responsible for carrying out each action.

The person-centred plans we saw were very user friendly and made good use of pictures and photographs.

People were supported to make choices at a level that suited their understanding. Those who used the Day Centre met every week in keywork meetings to talk about their choices of activities and food for the following week. We also saw them being given day to day choices such as who they wished to support them in specific activities. People using the Community Supports project received a level of support which depended on their individual needs to help them to be involved in the community, for example by socialising, attending college or going shopping.

Regular reviews were held to give people the opportunity to feed back on whether the programme in place was meeting their needs. People we spoke to were very happy with their support. The manager had a schedule for six- monthly reviews and was beginning to carry these out as required by legislation. We saw from the minutes of reviews that people's views were sought and where possible implemented. For some people advocates were involved in reviews to help them to put across their views.

Support plans and other documentation such as risk assessments had been signed by the person and/or their representative to show their agreement with the content.

People who use the service and relatives we spoke to told us they knew who to speak to if they had any concerns about the service.

Areas for improvement

People who use this service received varying amounts of support and we discussed with the manager ways in which six-monthly reviews could be achieved for those who use the service infrequently. Every person's support plan should be reviewed every six months irrespective the frequency of support. (See Recommendation 1 under this statement)

The manager told us that a new service user satisfaction survey was being developed to ask people for their views on all areas of the service. They were currently awaiting IT assistance to make it available to all. We will follow up on this at the next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should ensure that all support plans are reviewed every six months as required by legislation, irrespective of the amount of support they receive.

   National Care Standards for Support Services, Standard 4.6: Support arrangements

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

We found that performance by this service was very good in the areas covered by this statement. We concluded this after we looked at six care plans and related recordings and spoke with staff, managers, people using the service and relatives about health and wellbeing.

We saw from most care plans we looked at that there had been good assessments of needs carried out with the full involvement of the person and/or their relative when the person started the service. Support plans reflected a person centred approach in that they were focused on meeting the needs of each individual. Some we sampled contained good information about specific issues and we saw detailed intervention protocols for areas such as behaviours that challenge, with input from a Community Psychiatric Nurse. These helped staff to work in a consistent way and so support the person safely.

We saw from training records that staff had received a range of training to support people in their health and wellbeing. This included dementia, diabetes, total communication, the use of epipens (for adrenaline injection following anaphylactic shock) and emergency rescue medication for epilepsy. Staff told us they had good links with the Community Learning Disability Team for training and information. We saw that annual epilepsy reviews had been carried out by the CLD nurse.

Carers we spoke to confirmed that their relative was supported by a small team of staff which meant that they got to know people and their needs very well and therefore provide consistent care. Staff were flexible according to the person's wants and needs. The parent of a person using the Community Supports project told us:

"Without the support of (relative)'s service workers we would find things extremely difficult. His workers are very experienced on his particular needs. They are caring and protective towards him which puts us very much at ease. They are flexible and will make adjustments as required depending on the situation. It is clear that (relative) enjoys their interaction and is always happy to see them."

The Outreach Service used a nearby flat for people to meet to carry out group activities. During the inspection we visited two groups - a baking group and a women's group. We spoke to some of the people attending and they told us:

"I like coming here. I like baking and art. The staff are a good laugh."
"I love Outreach. We have a bit of a laugh."
"I like Outreach because I like being with people my own age."

We heard of many positive outcomes for people's health and wellbeing as a result of the service, such as increased confidence, volunteering, socialising, integration into the community and improved health through exercise and learning about good nutrition. The women's group had carried out some good work in conjunction with the Community Learning Disability Nurse to help them to look at topics such as relationships, breast screening and other health screening. This increased women's awareness and gave them information on what to expect if they decided to have such tests carried out.

We saw good individual risk assessments for areas such as mobility, behaviour and epilepsy which identified the risks and gave detailed interventions for staff to follow to keep the person safe.

The manager had sourced copies of the new Scottish Government strategy for Learning Disability - 'Keys to life' - for staff and was beginning to look at what it meant for this service.

The provider had developed a new website 'Positive Pathways' for young people and adults with a learning disability which provided a simple self-referral process giving access to a range of information on community resources, opportunities and services such as training and employment, voluntary work and leisure and recreation.

Areas for improvement

Many of the people who use this service also attended another day service from the same provider. When we looked at care plans at the Day Centre we found that some contained very little information on the person as it was kept at their other service. Although we acknowledge that staff are knowledgeable about the people they support and their needs, in general we would like to see a better crossover of information between services so that important information required to care for the person is shared with all staff who support them. (See Recommendation 1 under this statement)

The manager told us that Emergency Rescue Medication care plans were about to be introduced. Some staff had received training for trainers to deliver information about the process to the staff team.

We would like to have seen more outcomes-focussed support plans particularly for people using the Day Centre. A document that provides practical guidance to support organisations to embed personal outcomes at the heart of the way they work is 'Talking Points, Personal Outcomes Approach' by the Joint Improvement Team. This approach puts people using services and unpaid carers at the centre of the support they receive. It can be found at http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Information on the support needs of people using the service should be made available to all staff working with them.

   National Care Standards for Support Services, Standard 4: Support arrangements

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

We found that the performance for service user and carer involvement under this statement was very good. Some of the evidence relating to this has been included under Quality Theme 1, Statement 1.

In addition:

- people were consulted on the venues for activities
- people using the Outreach service were consulted on colours and décor for redecorating the flat. They were also involved in discussing the best use for each room.
- at the Day Centre we saw that the environment was arranged to suit people's needs, for example one person preferred to eat alone and so was supported to do this. Chairs had been purchased which better suited the people who use the service.

Areas for improvement

See areas for improvement under Quality Theme 1, Statement 1 in this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found performance by this service to be very good in the areas we looked at under this statement. We focused on the service's approach to the management of the physical environment and how this ensured people's safety.

It was clear that the provider took their responsibilities for health and safety seriously. They had a range of policies, procedures and systems in place to ensure that service users were safe and protected.

Regular health and safety checks were carried out such as PAT testing of electrics, fire equipment checks, alarms and emergency lighting tests. Staff reported any repairs in a property maintenance log book and we saw evidence that they were dealt with promptly. Staff had received training in fire awareness, fire evacuation, health and safety, food hygiene and infection control. All of this helped to make the environment safe for people using the service.

We found that the service carried out risk assessments of the range of venues that people used. These contained good detail of what the risks were to people using the service and what staff could do to make sure that these risks were kept to a minimum. They were signed by the person and/or their representative and reviewed regularly.

Everyone using the Day Centre had been assessed for risk in the event of a fire and a Personal Emergency Evacuation Plans (PEEP) drawn up to ensure that they would be evacuated safely in the event of a fire. The service held regular fire drills to familiarise everyone with procedures.

We looked at some accident and incident records and saw that they contained good detail and identified any actions required as a result, such as updating a risk assessment or referral to another agency. It was good practice that where there was a serious or recurring incident, an incident analysis meeting was held for all those involved to discuss ways of minimising the risk of it happening again.

The keygroup system that the service used meant that each person had a small identified staff team who knew them well. Because of this, staff had built up relationships with them and were available to talk to them in confidence as well as being able to identify and deal with any concerns promptly. We observed friendly, caring interactions between staff and people who use the service. One person told us:

"Staff are good. I've not seen anything bad with any staff. They're there any time you need them, anything personal. They'll get someone else to help you if they can't."

Another important aspect of keeping people safe was staff knowing what to look out for and what action to take if abuse was suspected and so it was good to see that staff had received training in adult support and protection.

Areas for improvement

In the self assessment the manager submitted to us before the inspection she stated that the Transport Policy had been amended, revised information forms had been completed and updated information given to transport providers.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

We found that this service was very good at involving the people who use it in having their say on the quality of staffing. We decided this after talking with people who use the service and relatives, and looking at care plans and reviews.

Please refer to the strengths noted under Quality Theme 1, Statement 1 for information on the various opportunities people who use the service and their carers were given to comment on the staff who supported them.

We received very positive feedback from people who use the service and their relatives about the staff who supported them. Please see comments in the sections entitled "Taking the views of people using the service into account" and "Taking carers' views into account" in Section 2 of this report.

Support staff in Community Supports were matched to people who use the service after being introduced to the family and if necessary shadowing another member of staff. This arrangement could be flexible and we heard of an example where a carer had requested a change of support worker and this had happened. Also in other services people could change their keyworker if the relationship was not working out.

Areas for improvement

The areas for improvement under Quality Theme 1, Statement 1 also apply here.

The service could benefit from using feedback from people who use it and relatives on staff performance for use in staff supervision and appraisals. This would give people further opportunity to have their say on the quality of staffing.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found that performance by this service was very good in this area. We decided this after talking with people who use the service, managers and staff and looking at evidence relating to the quality of staff training, supervision and team meetings.

Staff told us they had a good team and were well supported by each other and managers. They said they received good back up at all times including out of hours support. Those we met appeared motivated and committed to providing a good service for the people who used it.

Staff in the Outreach service met each morning to plan the day and told us it was a good way of keeping up to date with any issues. They also held regular team meetings and could add to the agenda. We saw from minutes that there was a good mix of service, staff and service user issues and there was evidence that staff were given opportunities to make suggestions about the service as well as opportunities to develop their role further by becoming trainers.

Staff told us that they received regular one to one supervision with their line manager. This was important for their development as it gave them dedicated individual time to discuss any issues about people who use the service, practice issues, training needs and any support they required.

Annual appraisals were held where staff identified their training needs for the coming year and they were responsible for keeping their own Continuous Professional Development folder up to date.

Staff we spoke to told us they received good training to support people using the service and we saw that they had received training in response to the needs of the people they supported, for example emergency rescue medication and behaviour interventions such as CALM (Crisis and Aggression Limitation and Management, a procedure for de-escalating challenging behaviour). As we said elsewhere in this report the Community Learning Disability team supported staff with training and advice about specific needs. Staff received mandatory training in manual handling, health and safety, food hygiene and Adult Protection. All staff who were required to had completed an appropriate SVQ qualification to register with the Scottish Social Services Council (SSSC), the body responsible for the regulation and learning and development of the social care workforce.

Areas for improvement

We found that training records were not always up to date which made it difficult for the manager to provide evidence that any proposed training had been carried out,

although she was able to provide the evidence in other ways. We have asked the manager to ensure that records are updated regularly to make it easier for her to audit training and identify any gaps promptly. (See Recommendation 1 under this statement)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should ensure that training records are up to date.

   National Care Standards for Support Services, Standard 5: Management and leadership

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

We found that this service was very good at involving the people who use it in having their say on how the service was developed. We decided this after talking with people who use the service, staff, managers and looking at supporting documentation. Some of the evidence relating to this has been included under Quality Theme 1, Statement 1.

For the Outreach service, group activities were held in the flat as a result of feedback from people who use the service on the way they wanted their service to develop. We saw from the minutes of reviews that people were asked if they were happy with their service and if there was anything they'd like to change.

The manager and deputy manager had a high profile in the service. People who use the service were clearly relaxed and comfortable with them. Relatives we spoke to told us that if they had any issues they could speak to the manager at any time as they had 'an open door'.

People who use this service and relatives were invited by the manager to take part in this inspection to give feedback on the service.

Areas for improvement

The areas for improvement under Quality Theme 1, Statement 1 also apply here.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

We found that performance by this service was very good in this area. We decided this after talking with people who use the service, managers and staff and looking at evidence relating to how the service monitored and audited quality.

From the evidence we have seen at this inspection and in talking to the manager and staff we can see that there is a commitment to keep improving the service and therefore the outcomes for people using it.

Methods of participation described elsewhere in this report have resulted in people who use the service and relatives having an input into assessing the quality of the service, for instance through person-centred planning, daily contact with staff and reviews.

We saw a document showing how the Outreach service involved service users, carers and staff in its development through participation and consultation. The impact or proposed impact on the service from each identified method was shown, such as improvements to health, communication, knowledge of local resources and improved service delivery.

Staff had opportunities to be involved in the development of the service and to have their say on how it could be improved through supervision and team meetings. A standing agenda item in staff supervision gave staff regular opportunities to suggest ideas for how the service could develop further. We heard of an example of where a staff member's suggestion of using support hours differently had meant that staff could support the person more in an activity they enjoyed. We also saw that practice issues were raised with staff in supervision. This helped to ensure the quality of service people were receiving.

There were good systems for monitoring quality in this service. These included:

- managers carried out regular audits of files and review minutes, and monitored information sheets which were used to record significant issues and any actions taken
- the manager had carried out a training audit of mandatory training
- the manager provided an annual control self-assessment to the provider, Inverclyde Council. This was a joint assurance process between internal audit and the Community Health and Care Partnership (CHCP) - for the areas looked at most recently, which included health and safety, the service was fully compliant.
- meetings were held with other internal services and external providers to discuss

the redesign of learning disability services and self-directed support. These helped to improve communication between them and develop a multi-agency approach.
- managers visited the Day Centre and flat regularly where they could observe staff practice and speak to people who use the service

Areas for improvement

We could see at this inspection that a number of areas of the service were being regularly monitored. However we would like to see a continuous improvement plan for this service with action plan, timescales and evaluation of progress. It should reflect the findings of all quality assurance processes and monitoring. This would be a good way of showing how stakeholders contributed to helping the service to improve. (See Recommendation 1 under this statement)

The self assessment the manager submitted to us before this inspection would have been improved by the involvement of service users and staff in describing outcomes for people using the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should develop a continuous improvement plan with action plan, timescales and evaluation of progress. This should reflect the findings of quality assurance processes and the involvement of stakeholders (including, people who use the service, carers, staff and external agencies) from participation and feedback methods such as complaints, meetings and survey responses.

   National Care Standards for Support Services, Standard 5: Management and leadership

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
26 Oct 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
10 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
10 Feb 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

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Inverclyde council

AGENDA ITEM NO: 6

NHS Greater Glasgow and Clyde

Report To:	**Community Health and Care Partnership Sub Committee**	**Date:**	**28 August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health and Care Partnership**	**Report No:**	**CHCP/36/2014/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care Inverclyde Community Health and Care Partnership**	**Contact No:**	**01475 715387**
Subject:	**Learning Disability Care and Support at Home**		

1.0 PURPOSE

1.1 To advise Members of the outcome of the inspection conducted by the Care Inspectorate in relation to Learning Disability Care and Support at Home services

2.0 SUMMARY

2.1 The Care Inspectorate carried out an announced (short notice) inspection of the Learning Disability Care and Support at Home services on 31st January 2014.

2.2 The grades received reduced from the previous inspection as follows:

Quality of Care and Support	5 Very Good	to 4 Good
Quality of Staffing	5 Very Good	to 4 Good
Quality of Management and Leadership	5 Very Good	to 4 Good

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 James Watt Court/McGillvary Avenue provide 24/7 support to adults with learning disabilities and Supported Living provides support to adults with learning disabilities who do not require 24 hour support. These services were inspected in January 2014. The inspection considered the quality themes of Care and Support, Staffing and Management and Leadership.

4.2 The inspection was conducted on a low intensity basis. These inspections are carried out when the Care Inspectorate is satisfied that the services are working hard to provide consistently high standards of care. This also reflects the grading history of the service.

4.3 However, grades have reduced in comparison with inspections in recent years, with the most recent conducted in February 2013, see Appendix 1.

5.0 PROPOSALS

5.1 The actions and proposals in respect of the recommendations contained within the inspection report are listed below, with the details of actions in response.

Quality Theme 1: Quality of Care and Support- 5 Very Good to 4 Good

Quality statement 1.1

Recommendation 1
The management team should ensure that services users, carers and staff are aware of all the ways they can influence the assessment and development of the service. This should be made clear in a localised participation strategy.
This is a recommendation under the National Care Standards, Housing Support Services, Standard 8 – Expressing Your Rights.

Action:

- A specific participation strategy for the service will be produced over the coming months.
- Focus groups involving carers, tenants and staff will be set up to involve them in the assessment and development of the service.

Quality Statement 1.3

Recommendation 1
The management should identify action points that the service can take forward from the Scottish Government's document 'Keys to Life'.
This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 - Management and Staffing Arrangements.

Action:

- Action points from the Keys to Life document that we will take forward this year are from the Health Lifestyles – Prevention and Self Help:

  a) We will look at the diet of the service users we support and find ways of improving it to ensure that it is well balanced.
  b) A tenant's recipe book will be produced comprising healthy, easy to cook recipes.
  c) We will look at the exercise taken by service users and find ways to support individuals to become more active and make greater use of the community resources that are available to them.

Recommendation 2
The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action.

This is a recommendation against the National Care Standards; Housing Support Services, Standard 3 - Management and Staffing Arrangements.

Action:

- Monitoring sheets now explain why the monitoring is taking place and for how long.
- Monitoring sheets will also detail when further action has to take place such as organising a visit to the GP or informing Community Learning disability nurses.

Quality Theme 3: Quality of Staffing - 5 Very Good to 4 Good

Although there were no requirements or recommendations for this quality theme, the following actions will be implemented:

Action:

- The views of service users and carers will be recorded on staff appraisals.
- Service users will be involved in staff recruitment (service users were recently involved in interviewing for the new senior support worker)
- The satisfaction questionnaire will be implemented.

Quality Theme 4: Management and Leadership – 5 Very Good to 4 Good

Quality Statement 4.4

Recommendation 1
The service provider should look at introducing a robust quality assurance system for the service so that the service can be assessed to see if it is meeting the aims and purpose and function of the service. This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 – Management and Staffing Arrangements.

Action:

- In conjunction with day centre managers we have started to look at producing a Quality Assurance system.

Recommendation 2
Care plans should detail the amount of support hours the Council agrees to provide for service users and ILF if receiving. This is a recommendation against the National Care Standards, Housing Support Services, Standard 2 – Your Legal Rights.

Action:

- Care plans now detail the number of support hours Inverclyde CHCP is providing.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None

Human Resources

6.3 None

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 None

7.0 CONSULTATIONS

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

8.2 Care Inspectorate – Inspection Report 31 January 2014.

8.3 Service Action Plan 2014.

care inspectorate

Care service inspection report

Inverclyde Learning Disability Support & Care at Home Service

Housing Support Service

CHCP
Kirn House
Ravenscraig Hospital
Inverkip Road
Greenock
PA16 9HA
Telephone: 01475 714188

Inspected by: Colin McCracken

Type of inspection: Announced (Short Notice)

Inspection completed on: 31 January 2014

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2004078035

Contact details for the inspector who inspected this service:

Colin McCracken
Telephone 0141 843 6840
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service is very good at supporting people to overcome barriers to good health care. People we met had communication tools such as hospital passports and G.P. books which help doctors and nurses understand what may be wrong with them and what support is essential to meet their needs. The provider also runs a health advocacy group which several service users from this service attend, this aims to increase medical professionals understanding of the issues faced by people with learning disabilities.

What the service could do better

We were told that developmental work had not really taken place in the last year as there had been staff shortages and the existing staff group were concentrating on ensuring that service users continued to receive good daily support. For the service to improve the provider needs to review how it covers staff absence.

What the service has done since the last inspection

The service has supported some service users to take part in a workshop (in association with the Scottish Consortium for Learning Disabilities) on hate crimes. This was to help service users understand that they did not need to accept harassment in the community. Service users we met who had been on the course found it enjoyable.

Conclusion

The feedback that we received from people who use the service and from their relatives continues to be positive about the service. There were no recommendations to follow up on from the last inspection report. However the service has not managed to progress areas we highlighted for improvement in the last report.

Who did this inspection

Colin McCracken

1 About the service we inspected

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the work of registering care services. This means that from April 1 2011 this service continued its registration under the new body, SCSWIS.

Inverclyde Learning Disability Support and Care at Home has been registered with the Care Commission since November 2004. The service provides a Housing Support and Care at Home service to people with a learning disability living in their own homes. There were 50 people using the service at the time of the inspection.

The service provides 24 hour support to people living in James Watt Court in Greenock and two houses within the Gibshill area of Inverclyde. The service also has a team of support workers who provide support to people living in their own homes throughout Greenock.

The service aims to "provide high quality person centred services that support and encourage people with a learning disability to live valued, fulfilling lifestyles in their own homes, as part of the community."

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

The inspection was carried out by one Inspector; Colin McCracken, on the 29th and 30th of January. Feedback was given to the manager at the end of the second day of the inspection. Additional information was sent to us by the provider on the 31st of January which we considered as part of the inspection.

Prior to the inspection, we sent out 48 Care Standards questionnaires to the management team to pass out to the people who use the service and/or their relatives. 20 were returned to us. We also sent out 10 staff questionnaires, all of these were returned. These give individuals the chance to contribute to the inspection and to do so anonymously if they wish. Comments made within questionnaires are included in this report. While there were no negative comments within these questionnaires; in principle where someone leaves a concerned comment, it influences what evidence we sample during the inspection.

During the inspection we had individual discussions with a range of people including:

- 10 service users
- The manager
- 1 team leader
- 2 carers
- 1 senior support worker
- 6 Support workers

We also sampled a range of policies, procedures, records and other documentation, including the following;

- Minutes from care review meetings
- Review planners
- Complaints policy
- Complaint records
- Returned Care Standard Questionnaires to the Care Inspectorate
- Participation Strategy
- Evidence of the service working with independent advocates who support service

users
- Information brochure
- hospital passports
- medication records
- Medication audits
- Accident and Incident forms
- Insurance certificates
- Financial records
- Evidence of service user involvement in staff interviews
- Staff supervision records
- Staff appraisal records
- Team meeting minutes
- Staff induction programme
- Supervision planner
- Training Information
- Service's aims and objectives
- Operational audits
- Compliments records
- Complaint records

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

There were no recommendations to follow up on in the last inspection report,

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care inspectorate received a fully completed self-assessment document from the provider. The management identified what they thought the service did well, some areas for development and any changes they had planned. It could be improved by making it clear how service user and carers have been involved in the assessment process and highlighting what the outcomes for people have been from using the service.

Taking the views of people using the care service into account

Prior to the inspection we sent out 48 care standard questionnaires to the service and asked them to be distributed to people who use the service. 20 were returned and all of them were positive about the overall quality of the service provided.

During the inspection we had the opportunity to meet 10 people who were using the service either in their own home or in the care at home office. Everyone was very happy with the service that they received. Comments people made are included within the report.

Taking carers' views into account

As mentioned under service user comments we sent out 48 care standards questionnaires to the service and asked them to distribute them. Some of these were completed by relatives on behalf of service users. All were positive about the overall quality of the service.

We were able to speak with one relative over the phone during the inspection. They were positive about the overall quality of the service provided to their relative. Comments made by relatives have been included within the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was good at involving people in the assessment and development of the service which they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Interviews with service users
- Participation strategy (draft)
- Minutes from care review meetings
- Review planners
- Complaints policy
- Complaint records
- Care standard questionnaires returned to the Care Inspectorate
- Evidence of the service working with independent
- House meeting minutes

Care plans had detailed information about service users and the support they receive within their homes. This is important so that staff; particularly new ones, are able to refer to them when providing support. Staff we spoke with had a good knowledge of how individuals wanted supported.

The service has a review planner which evidenced that reviews were taking place at least every 6 months. Service users decided who was invited to their reviews and where they wished it; family members, advocates and care managers were invited. There was evidence in the review minutes and from what people told us that issues raised within reviews were taken forward by the staff.

Prior to care reviews key workers meet with service users in a pre-review meeting which give service users the opportunity to raise issues in a more informal setting and discuss what they might wish to talk about at their review. This is important as some service users are nervous about speaking at their reviews and some would prefer not to be there, so having their views recorded prior to the review meetings can help them feel more relaxed.

The provider has developed a satisfaction questionnaire which will be getting sent out to service users and relatives this year. This has been under review for some time as the provider sought feedback on a pilot version of the questionnaire prior to finalising it.

We met some service users who told us that they had independent advocates to support them at review meetings. This is important as not everyone is able to stand up for their rights or has family that can do this for them. The service tries to get independent advocates for people who don't have family support.

100% of the people who returned care standard questionnaires to us agreed or strongly agreed with the statement; 'My needs and preferences have been detailed in the personal plan.'

Service users that we spoke with described being comfortable with the management and staff of the service, that they could raise issues and complaints with them if need be. They also described the service as being flexible with the support offered to them which allowed them try different things. Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I'm very happy in my home and staff always help me. If I was worried or not happy I could tell my staff."
- "I love my flat and would not want to share any more."
- "I have nice holidays and go to shows. I like to go for dinner and staff help me to have a happy life."
- "I make my own choices and if I wasn't happy would tell the team leader."
- "We set up a health advocacy group which tries to improve services for people with learning disabilities."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "My relative is receiving excellent care and support."
- "We got a lot of information about different housing opportunities."
- "The team leader is great; I wouldn't hesitate to phone if I wasn't happy about something."
- "The Carer's Council developed a Carers Strategy which the Council took on board."

Areas for improvement

While staff we spoke with were aware of the importance of encouraging service users to take a lead in decisions affecting the way their support is delivered, they were unaware of the service's participation strategy. The management team should ensure all staff are aware of this and encourage their input into how participation can be improved.

One of the relatives that we spoke with told us; "I've not heard of the participation strategy." The management team should ensure that the participation strategy is communicated to all service users and relatives so that they are informed of all the ways and means that they can contribute in the assessment and development of the service. (See recommendation one under this statement.)

In relation to the new questionnaires developed by the provider; the service should:

- distribute the new questionnaires
- analyse the responses they get
- create an action plan for any issues raised
- inform all service users and relatives as to the results and the action plan
- follow up on any action plan to see if it has had a positive impact.

While care plans had a lot of good personal information in them they could be more outcome focused and could be improved by considering the main points from the Scottish Governments document; "Talking Points - A personal outcomes approach." This is basically a different style of planning which puts the focus on what a service user wants out of life, starting from that point and working backwards. Management have had recent training on outcome focused care so we will expect to see this being passed on to all staff over the next year. We noted that risk assessments were already outcome focused.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Recommendations

1. The management team should ensure that service users, carers and staff are aware of all the ways they can influence the assessment and development of the service. This should be made clear in a localised participation strategy.

   This is a recommendation under the National Care Standards, Housing Support Services, Standard 8 - Expressing Your Rights.

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was very good at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Hospital passports
- Medication records
- Medication audits
- Accident and Incident forms
- Insurance certificates
- Risk assessment
- Financial records
- Health Advocacy Information

We assessed that the health and wellbeing of those using the service was given appropriate priority. When we spoke with staff their responses showed awareness of the needs of the people that they supported. Staff have training on relevant health and well-being related topic. Training includes; adult support and protection, safer handling, emergency first aid, risk management, infection control, food hygiene, child protection, brain injury awareness, domestic violence, hate crime. In addition staff told us that they were confident additional training would be arranged to help them support an individual's needs if it was required.

Health care needs were identified within the care plans we sampled. The service works closely with the Community Learning Disability Team. Professionals from this team including; speech therapists, physiotherapists, social workers, dieticians and psychologists are regularly involved in review meetings and on-going support for service users. As a result service users experience co-ordinated support around their health care needs, an outcome of this is that service users feel less stress when they have to seek medical support because they are better understood by health professionals.

We sampled support plans during the inspection and found them to be detailed; containing robust risk assessments, they were also person centred.

Within the care plans we sampled we found the information in them was mainly up to date. Plans are split into different sections making them easy for staff to follow, this is particularly important for new staff who do not know service users. We found the risk assessments had been reviewed within the last 6 months.

Service users from this service had been part of a project aiming to improving the numbers of people who referred themselves for bowel screening. The management told us that this was a success and they are now beginning a project to promote breast screening. This is very good practice and is in line with the Scottish Government's paper called "The Keys to Life," which considers ways that inequalities in the health service can be challenged.

We found that all service users had a completed 'Health Passport' which detailed their health care needs this can be taken with them in the event they need to go to hospital. The detailed information recorded in the health passport will provide NHS staff with information about the service users' life style and likes and dislikes etc.

As in last year's report we continued to see evidence that service users had visited their doctor or other health professional (e.g. Psychiatrist, Dentist, Chiropodist, Occupational Therapist & Physiotherapist etc.)

We sampled the medication processes and records in the houses we visited and found them to be in order. We found that service users who needed help with medication had been assessed in line with the Council's policies. Staff attended an external trainer for their medication training; all staff had been given refresher training on medication over the last year.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I feel safe in my house."
- "I like to go on holidays, go out to clubs and parties."
- "It's a good place, it makes you independent. I'd never done my own washing or cooking before."
- "Staff will go to the dentist and doctors with you if you want them to."
- "I go to the health advocacy group once a fortnight. We invite Dr's and nurses from the health centre to come along to our group."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "We've had a lot of input from the community learning disability team, from, psychologists, psychiatrists and from dieticians."
- "The social life he has is fantastic."
- "They always let us know if there are any problems."

90% of the people who returned care standard questionnaires to us agreed or

strongly agreed with the statement; 'I am confident that the staff have the skills to support me.'

Areas for improvement

As mentioned above one of the real strengths of this service is the multidisciplinary approach to supporting service users' health care needs. This could possibly be enhanced by considering the findings of the Scottish Government's report entitled; 'Keys to Life' and decide how the service can take forward the advice in it and share this with staff. (See recommendation one under this statement)

The provider should ensure that where staff are asked to monitor aspects of service user's health for example their weight or bowel movements or seizure patterns etc. that the monitoring forms state briefly;

1: why this is required
2: when it will be reviewed
3: when staff will be expected to take further action.
(See recommendation two under this statement.)

As mentioned under statement 1.1 putting more of an emphasis within care plans on outcomes would enhance existing plans by making it clearer how service users benefit from the support they receive.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The management should identify action points that the service can take forward from the Scottish government's document 'Keys to life.'

   This is a recommendation against the National Care Standards, Housing Support Services, Standard 3 Management and staffing arrangements.

2. The service should ensure that monitoring sheets within care plans state clearly why something is being monitored, for how long, and when staff would be required to take action.

   This is a recommendation against the National Care Standards; Housing Support Services, Standard 3 Management and staffing arrangements.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The service was good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation policy (draft)
- Staff training
- Interviews with service users
- Interviews with staff
- Returned Care Standards questionnaires

All the people who use the service that we either spoke with or who returned care standards questionnaires were positive about the quality of staffing within the service. Care reviews that we sampled included discussions on the staff within the service and there were no concerns raised in the sample we saw.

When we spoke with service users and a relative they confirmed that they had consistency in who supported them. 100% of people who returned care standards questionnaires agreed with the statement "I know the names of the staff who provide my care and support." 90% of the people who returned questionnaires to us agreed or strongly agreed with the statement; "I am confident staff have the skills to support me."

As mentioned previously in the report, on top of the core training which staff receive, staff told us that they will receive additional training if it is required to help them support a particular individual's needs. We were given a recent example of this happening.

Some service users had had the chance to be involved in staff recruitment in either informal meetings with candidates or by sitting in on the interview panel. Their views on a candidate were taken into account when deciding to offer someone a position or not.

Service users that we were either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I know all the staff team."
- "The staff are good listeners."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "I am confident they put their tenants' needs first at all times."
- "I've interviewed people (interview candidates) before, it was good."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

Areas for improvement

The provider should consider having a section within the staff appraisal process which encourages managers to record feedback from service users and carers. Similarly there should be a section in staff induction paperwork which does the same.

While there was evidence that some service users had been involved in staff recruitment it did not appear to be a hard and fast rule that the service gave service users and/or their relatives the opportunity to be involved in interviews on every occasion.

At the most recent round of interviews held for the service the venue made it difficult for service users with a disability to be involved. The provider should have used a venue which did not have access problems. The localised participation document recommended under Theme 1 - Statement 1 should include details of how service users can be involved in assessing and improving staff within the service.

The management team should evaluate how feedback has helped the service develop. This should be highlighted within the services self -assessment prior to their next inspection. We note that the provider told us that they intend to review their new questionnaires on a regular basis, this should help with their self- assessment.

The areas for development reported in Theme 1 - Statement 1 remain relevant for this statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found the service's performance in the areas covered by this statement was good. We concluded this after considering the following:

- Staff supervision records
- Staff appraisal records
- Team meeting minutes
- Staff induction programme
- Supervision planner
- Training Information

Staff are expected to complete core training which includes; medication, fire safety, adult support and protection and first aid some of these have timescales to receive refresher training to ensure they don't forget key information, for example the administration of medication is refreshed regularly. This training helped staff to come across as confident in their roles and service users and the relative we were able to speak with told us that they believed staff had the knowledge to support them well. 90% of those who returned questionnaires to us agreed with the statement "I am confident that the staff have the skills to support me."

Staff told us that they are regularly supervised; supervision minutes that we sampled showed that there is a set agenda which ensures important subjects such as; service users, health and safety, new policies and training are discussed as well as giving staff the opportunity to discuss other issues. Good quality supervisio supervision is important to ensure that staff are motivated and working to best practice principles.

Staff working with people who have complex medical needs receive training appropriate to the needs of the person being supported; for example epilepsy, head injuries, alcohol addiction. The service is able to tap into training from the professionals within the community learning disability team. The benefit from this arrangement is that the training is very specific to the individual who is requiring support from staff.

The provider has a range of policies and procedures which meet the expectations laid down in the National Care Standards, for example; Health and Safety, Fire Safety, Accidents and Incidents and Whistle-blowing.

Staff told us that they could get advice from the management team as they were approachable. They also said that senior management had joined their team meetings to directly discuss future developments in the service and in the wider community. They described there being a good team spirit amongst their colleagues.

We found that there were Performance Appraisals in place in the staff files sampled. These are used to check that staff are achieving core competencies and identify on-going development and training needs. We thought that it was encouraging that these sessions are also used to provide positive feedback on performance.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "Staff talk to me all the time. If I wasn't happy I could tell ... or my family"
- "The staff are good."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "The staff are great, the attention they give and the help is great."
- "Everyone involved in her care does their best, some better than others but she is very happy."
- "Staff are always helpful and pleasant."
- "Staff come across as if they are well trained."

100% of the people who returned care standard questionnaires to us agreed or strongly agreed with the statement; 'Staff treat me with respect.'

Areas for improvement

The manager should ensure that staff are involved in the process of completing the self-assessment which the manager sends to the Care Inspectorate prior to our inspections. These discussions would be enhanced if staff were aware of the grading criteria within the reports.

The management should arrange for staff to have some training on Self Directed Support (SDS) due to the possible implications for the people who use the service in the coming year.

As mentioned previously the management should arrange for staff to have training on outcome focused care planning; this should take into account the good practice guidance from the Scottish Government; "Talking Points - a Personal outcomes approach.

While team meetings cover a lot of important areas to do with the day to day running of the service, these could be enhanced by introducing a training element; such as reviewing a policy of the month or discussing a new best practice document.

A lot of the feedback we received from staff either from direct discussions with them or from returned care standards questionnaires mentioned that there had been a lot of pressure on staff this year due to covering staff absence. The feedback was that although this hadn't greatly affected the direct care provided to service users; developmental work had taken a back seat as staff covered for absent colleagues. Team leaders and seniors frequently had to cover shifts which have reduced their capabilities to look at developing the service. This is the reason that this statement is graded lower than it had been at the last inspection.

One relative wrote in a questionnaire; "I feel that services have been watered down and that staff are under pressure trying to maintain the high quality of support they want to give."

We note that the provider is going through a review of management structures as part of the wider review of learning disability services. We would hope that once this has been completed the service will be able to move forward again.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The service was good at ensuring that service users participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Interviews with management and staff
- Corporate plans
- Returned care standards questionnaires
- Discussions with service users

The provider has run pilot discussion groups involving some service users and relatives looking at the review of learning disability services in Inverclyde.

The provider has involved service users in reviewing written material that it produces to ensure that it is in a user friendly format. One of the outcomes from this has been that some materials such as the "working together pack" has been re-written to make it easier for service users to understand.

The Inverclyde Carer's Council which has representatives from carers from this service on it, helped to develop the Carers Strategy within Inverclyde. It was also successful in raising the funds to partially support an outreach worker to work in the Inverclyde Royal Hospital. Their role is to help identify carers in the area who need support.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "The team leader and my key worker look after me. If they did not help me I would tell my advocate."
- "We've been to the houses of Parliament with the Health Group."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "Inverclyde Carer's Council is very well supported by the social work department. We developed a carer's strategy which the council took on board."
- "The carers group now has someone up at the Inverclyde Royal (to offer advice to other carers)."
- "They (Inverclyde Council) will be doing a review of the Carers' Strategy and they will be asking how much of what we said the last time has been taken on."

For general areas of strength around participation refer to Quality Theme 1 - Statement 1.

Areas for improvement

The provider should ensure that feedback from the people who use the service and their relatives is considered within the annual appraisal process of the service manager and team leaders.

The manager should consider what the outcomes have been for service users from their participation in relation to this statement and make it clear within the next self-assessment that they send to the care inspectorate.

The service should detail within the participation policy the methods that will be used to assess the quality of management and leadership.

The areas for development reported in Theme 1 - Statement 1 remain relevant for this statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service has good quality assurance procedures in place which involve service users, stakeholders and staff. We considered the following information in grading this statement:

- Discussions with people who use the service
- Discussions with carers of people who use the service
- Interviews with management and staff of the service
- Service's aims and objectives
- Compliments records
- Complaint records
- Medication audits
- Finance audits

The staff we spoke with spoke highly of the way that the service is run and told us that it was a supportive team to work in. Supervision is offered frequently and in line with the provider's policy.

There are regular staff meetings. The minutes that we looked at during the inspection confirm that management discuss; service audits, supervision, training and action plans during these meetings. Staff told us that they had a clear understanding that management carry out checks to ensure that they are working within the guidelines set down to them. Management ask staff to bring their written work into supervision meetings so that they can be discussed as a regular item on the supervision agenda.

Senior staff will check medication and financial records on a regular basis. The records that we sampled appeared to be in order and maintained in line with the provider's policies.

Service users that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "It's great living here, it's brilliant."
- "Don't think it needs improving it's fine the way it is."

Carers that we either spoke with or who returned questionnaires to us, told us in relation to this statement;

- "My relative is receiving excellent care and support."
- "The service provided is excellent."
- "The service is the very best the staff can provide, over the years they have proved most caring and conscientious."

100% of the service users that we either spoke with or who returned care standards questionnaires to us agreed with the statement that overall I am happy with the quality of care and support that this service gives me.

Areas for improvement

Management should take a more outcome focused approach to their self-assessment process next year. By this mean that they should give examples under each statement of the difference that support has made to service users and how service user participation has led to improvements within the service.

We assessed that the service was good in terms of this statement because the people we spoke to were happy and paperwork that we sampled was generally in order. However the provider should think about creating a more formal quality assurance system by pulling the measures already in place into clear internal and external audits. It is important to have a clear quality assurance policy so that service users and their relatives know how quality will be monitored it. It also lays out clear expectations for how managers operate. (See recommendation one under this statement.)

The total amount of hours that service users are supported by the service was not always captured within care plans. The management team should address this as the provider is currently reviewing the way services are provided across the authority and it needs an accurate picture of the support currently being provided to do this. (see recommendation two under this statement.)

There should be a record within care plans to demonstrate that they have been audited with a list of any required actions noted on them.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service provider should look at introducing a robust quality assurance system for the service so that the service can be assessed to see if it is meeting the aims purpose and functions of the service.

   This is a recommendation against the National Care Standards - Housing Support Services. Standard 3 -Management and Staffing Arrangements.

2. Care plans should detail the total amount of support hours the council agrees to provide for service users.

   This is a recommendation against the National Care Standards - Housing Support Services. Standard 2 - Your Legal Rights

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

No additional information recorded.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
4 Feb 2013	Announced (Short Notice)	Care and support Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good
28 Sep 2011	Unannounced	Care and support Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed
27 Jan 2011	Announced	Care and support Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good
26 Jan 2010	Announced	Care and support Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed
19 Feb 2009	Announced	Care and support Staffing	5 - Very Good 5 - Very Good

		Management and Leadership 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

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Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 7

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/41/2014/DG**
Contact Officer:	**Deborah Gillespie Head of Mental Health, Addictions & Homelessness**	**Contact No:**	**01475 558000**
Subject:	**INSPECTION OF HOMELESSNESS SERVICES**		

1.0 PURPOSE

1.1 To advise members of the outcome of the inspection conducted by the Care Inspectorate in relation to the Housing Support element of the Homelessness Service.

2.0 SUMMARY

2.1 The Care Inspectorate carried out a unannounced inspection of the Homelessness Service on 25th April 2014. The report is attached Appendix 1.

2.2 The grades achieved increased from the previous inspection as follows :-

Quality of Care and Support 3 – Adequate to 4- Good
Quality of Staffing 3- adequate to 4- good
Quality of Management and Leadership 3- Adequate to 4 - good

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note the outcome of the inspection and the actions put in place to address the recommendation contained within the inspection report.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND -

4.1 The Homelessness Service provides housing support to all clients in temporary accommodation. At the time of the inspection the Service had 29 single households accommodated in the Inverclyde Centre with a further 56 households in temporary accommodation in the community.

4.2 The inspection carried out was a low intensity inspection. These inspections are carried out when the inspectors believe that services are working hard to provide consistently high standards of care.

4.3 The inspection carried out in April 2013 resulted in 2 requirements and 10 recommendations as detailed below.

Quality Theme 1 - Quality of Care and Support

Statement -1. We ensure service users and carers participate in assessing and improving the quality of care and support provided by the service. The provider must ensure that care plans reviews take place at least every 6 months.

Requirements
1. The provider must ensure that care plan reviews take place at least every 6 months.

Recommendations
1. The provider should review the information it gives service users about the service to ensure it meets expectation laid down in National Care Standards.
2. The provider should provide training on care planning for all staff that helps service users develop care plans.

Statement 3. We ensure that service users' health and wellbeing needs are met

Requirement
1. The provider must ensure that care plans clearly state what support needs have been identified, who is responsible for meeting those needs and how they will be met. If more than one service is involved in supporting someone the care plan should make clear who is responsible for coordinating and reviewing the care plan. Service users should be offered a copy of their care plan.

Recommendations
1. The provider should consider how it can improve the communication between various support agencies to help provide a holistic approach to support planning.
2. The provider should ensure that people are aware of all the support available from the full range of staff within the service.

Quality Theme 3 - Quality of staffing

Statement 1. We ensure service users and carers participate in assessing and improving the quality of staffing in the service.

Recommendation
1. The provider should consider providing service users with the name of a second worker for occasions that their key worker is unavailable.

Statement 3. We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Recommendation
1. The provider should fill the vacant post for a Team Leader in the Assessment and

Support Team.
2. The provider should ensure that staff are all supervised in line with their own supervision policy.

Quality Theme 4. Quality of Management and Leadership

Statement 1. We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Recommendation
1. The provider should consider offering questionnaires to service users at various times whilst using the service.

Statement 4. We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Recommendations
1. The provider should create a clear policy for how the service will quality assure the support provided to service users.
2. The Service Manager should review the Centre's Policies and Procedures to ensure that they are site specific and in line with current best practice guidelines.

4.4 The inspection carried out in April 2014 recorded the 2 requirements and 10 recommendations as having been met within timescale.

5.0 PROPOSALS

5.1 The inspection and subsequent report of April 2014 included 2 recommendations as follows :-

Quality Theme 1 Quality of Care and Support
Statement 3. We ensure that service users' health and wellbeing needs are met.

Recommendation
1. The service should research how they can minimise social isolation within the Inverclyde Centre.

Action
Consultation is underway with the current residents of the Inverclyde Centre who have expressed an interest in gardening/ground maintenance. The Homemaker within the service are supporting this initiative at present.
Further consultations are taking place in the form of questionnaires and events as detailed below.

Quality Theme 3 Quality of Staffing
Statement 3. We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and practice.

Recommendation
1. The provider should repeat the Shared Solution event which it held in 2012 to review service user opinions on the service following changes which have been put in place following the last event.

Action
The service is currently working with Your Voice to set up a series of consultation events which will allow us to be better informed of current users views given the transient nature of our service.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None.

Human Resources

6.3 None.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation.

6.5 None

7.0 CONSULTATION

7.1 N/A

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Inspectorate Report 2014 Appendix 1

8.2 Care Inspectorate Report 2013

Care service inspection report

Inverclyde Centre

Housing Support Service

98 Dalrymple Street
Greenock
PA15 1BZ
Telephone: 01475 715 880

Inspected by: Colin McCracken

Type of inspection: Unannounced

Inspection completed on: 25 April 2014

HAPPY TO TRANSLATE

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2004078039

Contact details for the inspector who inspected this service:

Colin McCracken
Telephone 0141 843 6840
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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service offers people advice (to try and prevent them becoming homeless) and also support (to gain a tenancy) which can include emergency accommodation at the Inverclyde Centre if required. If service users wish, staff can help arrange access for them to a range of health related services.

What the service could do better

The service should continue to develop the care planning tool that workers complete along with the people who use the service. The tool helps people to identify for themselves where they might need support. In the care plans that we sampled it varied how well the tools were being used; as a consequence it was clearer in some care plans what support was being provided than in others.

What the service has done since the last inspection

The service has filled the position of Team Leader which had been vacant for some time before the last inspection. This has assisted the manager to keep on top of the day to day running of the service as well as supporting staff development through things like staff supervision and team meetings which were up to date.

Conclusion

The service is well thought of by the people who use it. It has improved from last year in terms of the information it provides about the service and also making it clearer within care plans what support has been agreed between the service and the service

user. We assessed that the service had met all 10 of the recommendations made in the last inspection report.

Who did this inspection

Colin McCracken

1 About the service we inspected

The Inverclyde Centre is managed by Inverclyde Council Community Health Care Partnership. The Centre registered with the Care Commission in November 2004 to provide a Housing Support Service. The service provides 25 temporary and emergency accommodation places within the Inverclyde Centre. Additional temporary accommodation can be accessed, primarily, within Inverclyde.

Based in Greenock town centre the service also offers support and advice to people who are homeless or at risk of becoming homeless within the Inverclyde area. People who are interested in what the service may have to offer can see a worker each day (Monday-Friday) in the offices of Oak Tree Housing Association where staff from the service operate a duty system.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

The inspection was carried out by one Inspector; Colin McCracken, over 2 days, 23 April 2014 from 10:00 until 17:30 and from 09:30 until 17:00 24 April 2014. Brief feedback was given to the Team Leaders the end of the last day of the inspection.

Prior to the inspection, we sent 70 Care Standards questionnaires to the service to pass out to service users, of these 19 were completed and returned to us. This gives individuals the chance to contribute to the inspection and to do so anonymously if they wish.

During the inspection we had individual discussions with a range of people including:

- The manager
- 2 Team Leaders
- 4 Assessment and Support Officers
- 1 Alcohol councillor
- 1 Nurse
- 1 Drug councillor
- 15 service users

We also carried out a review of a range of policies, procedures, records and other documentation, including the following;

- care plans
- the service's incident and accident book
- service information pack
- Questionnaires and the service's evaluation of them.
- provider's aims and objectives
- Newsletters
- Local Housing Strategy 2011-2016
- Staff training checklist
- Residents Handbook
- Employee Induction procedure
- Health and Homelessness Action group minutes

- Had-It group details
- Staff meetings
- Staff personnel files
- Supervision minutes
- Complaints folder
- Training records

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

The provider must ensure that care plan reviews take place at least every 6 months. This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users.

What the service did to meet the requirement

Care plans reviews now take place at least every 6 months. We sampled care plans and found that the reviews had all taken place within the last 6 months. There was also a record kept of when reviews were due which we saw during the inspection.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that care plans clearly state what support needs have been identified, who is responsible for meeting those needs and how they will be met. If more than one service is involved in supporting someone the care plan should make clear who is responsible for coordinating and reviewing the care plan. Service users should be offered a copy of their care plan. This is to comply with SSI 2011/210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users. Timescale for meeting this requirement is 3 months from the publication of this report.

What the service did to meet the requirement

The service has developed the use of a planning tool called 'Outcome Star,' this breaks the supports that someone may want or need into clear categories, under each category staff discuss with service users what help they feel they need and then identify who is best placed to provide that help. The staff have all received training on Outcome Star and are supported during supervision to look at how the plans may be improved. While this requirement is deemed to be met there is on-going work within the service for the social work staff from within the service to be able to access the health based staffs computer systems and vice versa to assist the sharing of information. Management explained that their hope is that different staff would be able to complete different parts of the same assessment along with service users rather than repeating the same forms.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection

There were 10 recommendations made at the last inspection all of which were assessed as being met. The details of the recommendations are discussed under the relevant quality statements.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. It could be improved by including some more details and also making it clear how service user and carers have been involved in completing the assessment.

Taking the views of people using the care service into account

Feedback about the service was largely positive.

Prior to the inspection 19 service users returned completed care standards questionnaires out of the 70 we sent. Of these 94% were either happy or very happy with the quality of the service provided. During the inspection we had the opportunity to speak with 15 people who use the service, we managed this by attending; an advocacy group, a lunch club and a service user group meeting within the Inverclyde Centre.

Most people answered that they were happy with the overall quality of support the service provides.

We have included further comments and views from people using the service throughout the report.

Taking carers' views into account

There were no carers available during this inspection. Due to the nature of the service visitors are quite rare and the service users we spoke with were able to offer a clear opinion of the service on their own.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was good at involving service users in the assessment and development of the service they receive. We arrived at this conclusion after considering the following information:

- Personal care plans
- Records of meetings with the people who use the service
- Care standards questionnaires returned from people who use the service
- Interviews with service users
- Temporary furnished flat handbook
- People involvement in Inverclyde CHCP, framework document.

We also visited a local service user forum run by Your Voice (Inverclyde Community Care Forum), a lunch club run by one of the local community churches, and one of the weekly health focused discussion groups within the Inverclyde Centre (Had-It group) to meet with and hear the opinions of people who use the service.

The service has moved forward on some of the findings from the consultation event that was held 2 years ago. Feedback at that event highlighted the need to improve the information it gave out about the help the service offered or the help it could access for people via other partner agencies. The service has achieved this by;

- Updating their temporary accommodation brochure
- Placing large TV screens with information displays on a continuous loop system within council offices and medical practices
- Staff attending local groups such as the Inverclyde community care forum to hear

direct feedback from service users in an independent settings
- Increasing the frequency with which it asks the people who use the service to complete questionnaires
- Operating a duty system within the offices of Oaktree Housing Association which is easier to access than the Inverclyde Centre due to its central location.

Together these actions mean that the recommendation made at the last inspection under this statement about reviewing the information which they provide service users with is met.

The service has increased the use of the Outcome Star tool to help staff and the people who use the service identify areas where they wish support. Service users identify areas they wish support and when they wish that help. Staff have received training on the use of the Outcome Star and receive on-going support through supervision as they develop their confidence in using it. (This meets the recommendation made under this statement in the last inspection report.)

The service has increased the frequency with which questionnaires are given to the people who use the service. In order to capture how supported people feel after different lengths of time using the service, different questionnaires are used. We viewed the responses that the service had from these new questionnaires and overall it has been positive. Comments we saw included;

- "I think everyone in the team has helped me, and now I have my own house."
- "We were happy with the support we received and more than delighted with the accommodation we received."
- "I was impressed by the attention to detail given by my support worker."

In addition to increasing the frequency that they send out questionnaire the service has also ensured that service users care is reviewed at least every 6 months. The care plans that we sampled were all reviewed within the last 6 months. This meets the requirement which was made under this statement at the last inspection.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "All the staff at the Inverclyde Centre are very helpful and happy."
- "I did Outcome Star with my support officer and another with my drugs worker; you talk about different things (with the different workers.)"

Areas for improvement

The feedback that we had from service users was more positive than last year however there were still some comments about being unsure of the support on offer from the service. It is hoped that as Outcome Star continues to develop this will become clear to everyone.

The provider should consider holding another consultation event similar to the one they organised two years ago to see if the changes that they have brought in have been viewed as a success.

The service should consider how service users can become more involved in the self-assessment process which is completed annually by the management team prior to their inspection

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The service was good at ensuring service user's health and wellbeing needs are met. We arrived at this conclusion after considering the following information:

- Care plans
- Risk assessments
- Interviews with service users
- Incidents and Accident folders

We also spoke with the 3 staff who work within the service who are from a medical or counselling background and observed the support they were providing. Their roles are; mental health nurse, alcohol, and drugs councillors. We went to an advocacy meeting where the drugs councillor attended, a lunch club with the mental health nurse and the weekly health group meeting within the Inverclyde Centre with the Alcohol councillor.

Some of the people we spoke with told us that their support worker accompanied them to attend medical appointments if they wished this help. At the lunch club we observed someone being persuaded to attend the hospital to have a wound examined. This was an important intervention as the person was not planning on going to the hospital and had not considered the implications. In addition the service has strong links with the local Alcohol & drugs team, mental Health Resources Group and Mental Health Development Group.

In the last year the health team have developed in-house training for staff on medical matters such as understanding behaviours, Naloxone and Assist training. There has also been a programme designed for the HAD-IT group which frees up some money that previously was being used to bring in outside speakers. Topics on the health programme included; Drug Awareness and the impact of stress. We joined this group to have a discussion with the people attending. They were positive about the support the health workers had given them. Comments included ".You can access mental health, alcohol or the drugs team here."

The Health Workers use a health toolkit which they support service users to complete, this takes about 1 ½ hours and helps service users to identify for themselves if they have any health support needs.

People who use the service told us that the service is very good at arranging for them to see a range of health services whenever they have a need. Service users told us that doctors, dentists and opticians had visited the Inverclyde Centre to see people. There was also evidence in the daily running notes in service users' files that service users were supported to see a range of health professionals.

The accommodation staff phone everyone in the Inverclyde Centre's flats once every morning to ensure that everything is o.k.

The provider has arranged for several people to be supported with additional support hours by organisations like The Richmond Fellowship. This is a recognition that some people need more support than the service can provide, particularly in the short term.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I didn't engage with people (before) they have helped me to accept help."
- "The homemaker has good contacts when it comes to helping set you up (in a new flat)."
- "I did Outcome Star with my support officer and another with my drugs worker; you talk about different things (with the different workers.)"
- "I've been linked up with the Richmond Fellowship by my support officer."

Areas for improvement

At our last inspection we wrote that "it would benefit the people who use the service if the service participated in the single shared assessment approach used in most other areas of social work service." The service has intoduced outcome star as a support tool which is currently completed on a hard copy by both Assessment and Support workers and Health workers.The service intends to explore the possibility of a web based system which will allow different professionals to read and complete different sections of the same Outcome Star assessment. Each profession will be able to see the overall support package that someone has which will reduce duplication and should result in a more holistic assessment of needs. This is an area that is still a work in progress.

As a result the hard copy care plans we sampled were not as robust as they could have been. While many service users will not require support around their health needs this should be made clear; where health needs are a support issue there should be more detail than there currently is within the care plans.

We wrote in last year's inspection report that "some service users told us that the Inverclyde Centre could feel isolated as; 'Within the Inverclyde centre you are either in your room or you are out on the street.' We again received feedback that the Inverclyde centre could be a lonely place to live. One person told us "You can't talk to

other people in the centre."

Management informed us that they were aware of this and were looking to start some organised social events within the sitting room area in the Inverclyde Centre. This would be a start but initially this would be only weekly. The management and staff should consider how they can safely reduce the isolation that is felt by some in the Inverclyde Centre. (Refer to recommendation one under this statement.)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should research how they can minimise social isolation within the Inverclyde Centre.

   NCS 3 Housing Support Services - Management and Staffing Arrangements

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

The service was good at involving people who use the service in assessing and improving the quality of staffing within the service. We considered the following information in grading this statement:

- Participation plan
- Staff training
- Interviews with service users
- Interviews with staff
- Observations of staff interaction with service users at various groups.

The feedback from the Shared Solution Event back in November 2012 highlighted that there was a training need for staff to look again at care values as well as their roles and responsibilities. This has been incorporated into the staff supervision meetings that we viewed as well as a planned training event due to take place before the end of June this year.

The service has increased the number of different questionnaires which have been given to service users. These include questions about how frequently staff have supported them and what was most helpful about the support they have received. The responses we viewed were positive.

The health workshops run by the Had-It group have been shaped by the needs of the people who use the service, for example 'controlling your stress.' The service plans to carry out an evaluation of the workshops with the people who attend in order to make changes and improve them before the next cycle of workshops begin.

The service keeps a record of compliments which have been made by people who use the service or their relatives. Comments included; "My mother found communicating very difficult especially to officials who did not know her. Her worker was truly understanding and friendly who is very obviously genuinely interested in her clients.

The transformation in my mother and her circumstances has been truly breath-taking."

See also Quality Theme 1 - Statement 1 for general strengths in relation to participation.

Areas for improvement

The manager highlighted within the service's self-assessment that she wished to involve service users within the staff recruitment process. A localised participation policy should highlight the opportunities to be involved in the recruitment process.

The provider should consider having a section within the staff appraisal process which encourages managers to record feedback from service users and carers. The current set design of staff appraisals is used across the council however it does not lend itself to capturing the quality of someone's work with much of the report being boxes which you tick.

The provider has a standard probationary period for new staff prior to their position being made permanent. The provider should consider how they can evidence that service user's opinions have been sought as part of this process.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We found the service's performance in the areas covered by this statement to be good. We concluded this after considering the following:

- Interviews with management, staff and service users.
- Staff induction procedure
- Samples of staff supervision and appraisal minutes
- Staff meeting minutes

Staff came across as being very positive when we spoke with them about their work. They also told us that they felt valued and well supported by the management and leadership of the service. The new team leader post was filled following the last inspection, meeting the recommendation we made around this. This has helped the manager to support staff on a day to day basis and keep supervision and appraisals up to date.

Staff told us that they are regularly supervised; supervision minutes that we sampled showed that there is a set agenda which ensures important subjects such as; service users, support needs, new policies and development and learning are discussed as well as giving staff the opportunity to discuss other issues. Good quality supervision is important to ensure that staff are motivated and working to best practice principles.

Records showed that staff receive an annual Appraisal of their work. This involves a review of their performance over the year in relation to core competencies of their role.

We were made aware by staff of discussions which have taken place within the staff team where one staff has questioned how another staff member handled a situation. It is healthy that staff feel that they have the confidence to challenge, in a professional manner, each other; this is how staff teams develop.

All staff meet the requirements to register with the Scottish Social Service Council.

100% of the people who returned care standard questionnaires to us agreed or strongly agreed with the statement; 'Staff treat me with respect.'

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "I've no problems with any of the staff."
- "All the staff at the Inverclyde Centre are very helpful and happy."

Areas for improvement

While it is a strength (as mentioned above,) that some staff feel confident enough to challenge each other where they think that situations could be better handled; the management team need to continue to ensure staff are aware of the need to raise any concerns with them also.

As mentioned previously in this report the consultation event in 2012 highlighted that there was a need for staff to review their roles and responsibilities. This training has been planned but has not happened as yet. We received a few comments suggesting that there was still a need for this training, for example; "Some staff in the Inverclyde centre don't go out their way to interact with you," and "You need to ask for help, it doesn't come to you." The provider should, following the planned training, review the opinions of service users about the way that they are supported. (Refer to recommendation 1 under this statement.)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should repeat the Shared Solution event which it held in 2012 to review service user opinions on the service following the changes which have been put in place following the last event.

   NCS 3 Housing Support Services - Management and Staffing Arrangements

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The service was good at ensuring that service users and carers participated in assessing and improving the quality of management and leadership of the service. We considered the following information in grading this statement:

- Discussions with service users
- Interviews with management and staff
- Service development plans
- Returned questionnaires (both to the service and the Care Inspectorate)

The returned questionnaires which we viewed agreed or strongly agreed with the statement that 'the service checks with them regularly that it is meeting their needs,' and only one person disagreed with the statement "The service asks my opinions how it can improve."

As mentioned earlier in the report the service has taken forward a lot of the findings from the Shared solution event that it held in 2012. This was feedback given by people who use the service to an independent advocacy service.

The assessment and support team from the Inverclyde Centre was removed and a Housing Advice Hub (HAH) formed in partnership with the local housing providers as a result of feedback from people who use the service, some of whom found approaching the Inverclyde Centre as stigmatising.

For other strengths in relation to participation see Quality Statement 1 - Theme 1.

Areas for improvement

As recommended under Quality Statement 3 - Theme 3 the provider should repeat the Shared solution event to assess if service users opinions have changed since 2012.

The management team should ensure that service users' views are sought on the management and leadership of the service and include any outcomes from this within their next self-assessment.

The management team should ensure that they capture the feedback from the various service user meeting that they attend and use this to influence what is put into their next self-assessment.

For other areas for improvement in relation to participation refer to Quality Theme 1 - Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The service was in good in relation to this statement. We considered the following information in grading this statement:

- Care standards questionnaires returned from service users
- Service improvement plans
- Homeless performance framework

100% of the people who returned care standards questionnaires to us agreed or strongly agreed with the statement that 'overall I am happy with the quality of care and support the service gives me.' We viewed the feedback from questionnaires given out by the service's themselves they were also positive about the report received. The management team and some staff have been working with other local authority homeless services to develop and pilot a peer quality assurance process. The pilot is due to start in the near future.

The provider has developed a service improvement plan which looks at numerous aspects of the service. Such as reviewing the information it gives service users about the service to ensure that it meets the expectations laid down in the National Care Standards and ensuring that care plans clearly state what support needs have been identified.

The management team have shown willingness to address the recommendations and requirements made within the last inspection report as well as the feedback which was gained from service users during the consultation event held at the end of 2012.

During the inspection we spoke with people who use the service, what they told us in relation to this statement included:

- "All the staff at the Inverclyde Centre are very helpful and happy"
- "I didn't engage with people (before) they have helped me to accept help"
- "The team leader stuck by me when others wouldn't"
- "I wouldn't grumble too much it's a service that is there and it is needed."

Areas for improvement

While care plans have improved since the last inspection, the Outcome Star is still a work in progress. Management are aware that they need to continue to support staff in improving how they develop the tool along with service users so that they all reach the high standard that we saw in some of the care plans viewed.

The service manager stated in the self-assessment that they hope to analyse the questionnaires that have been returned from service users and use the suggestions raised to help develop action plans and continue to improve their communication with service users.

The service manager also wrote that the service will continue to work together with the Ayrshire and South Housing Option Hub to identify areas of good practice and areas for improvement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

No additional information recorded.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	4 - Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
26 Apr 2013	Announced (Short Notice)	Care and support Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate
27 Apr 2011	Announced (Short Notice)	Care and support Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed
8 Jan 2009	Announced	Care and support Staffing Management and Leadership	4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Inverclyde council

AGENDA ITEM NO: 8

NHS Greater Glasgow and Clyde

Report To:	**Inverclyde CHCP Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde CHCP**	**Report No:**	**CHCP/43/2014/SMc**
Contact Officer:	**Sharon McAlees Head of Children and Families and Criminal Justice Services**	**Contact No:**	**01475 715379**
Subject:	**Inspection of Inverclyde Residential Childcare Services**		

1.0 PURPOSE

1.1 This report provides the outcome of the inspection of Kylemore, Crosshill and Neil St Children's Residential Units annual inspections by the Care Inspectorate for 2013/14.

2.0 SUMMARY

2.1 Inverclyde Residential Childcare Services are subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body who regulate care services across Scotland ensuring that service users receive a high level of care and support. Kylemore was inspected in September 2013 and Neil St and Crosshill were subject to unannounced inspections conducted in 2014. In conducting the inspections the Care Inspectorate gathered a range of evidence provided by each of the establishments including policies, procedures and other documents along with conversations with a range of staff and young people.

2.2 A full public report of the inspections and grades is published on the Care Inspectorate website.

2.3 The summary of grades awarded range from excellent to good.

Kylemore Residential Children's Unit
Quality of Care and Support very good
Quality of Environment very good
Quality of Staffing excellent
Quality of Management and Leadership very good

Crosshill Residential Children's Unit
Quality of Care and Support good
Quality of Environment very good
Quality of Staffing very good
Quality of Management and Leadership good

Neil St Residential Children's Unit
Quality of Care and Support very good
Quality of Environment good
Quality of Staffing very good
Quality of Management and Leadership good

3.0 RECOMMENDATIONS

3.1 Members are asked to note the outcome of the Inspection reports including the recommendations and requirements.

3.2 Members are asked to note the action taken by the service in addressing the recommendations and requirements issued by the Care Inspectorate.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 Kylemore Residential Children's Unit opened in March 2013 replacing Redholm. An unannounced inspection by the Care Inspectorate took place between 2nd and 3rd September 2013.

4.2 The inspection concluded that young people are looked after in a very homely environment by a very competent stable staff team that provide young people with an excellent level of consistency which results in good outcomes. All aspects of care planning and practice are highly personalised to meet the diverse needs of young people.

4.3 It was suggested that an area of the service that could improve related to the current quality assurance systems and processes which involve service users, staff and stakeholders assessing the quality of the service.

4.4 The Care Inspectorate issued one recommendation.

Recommendation
All confidential paperwork should be stored securely.

Action Taken
This matter was addressed immediately by the service and staff are aware of the need to ensure all paperwork is stored in locked cabinet. As the CHCP rolls out the programme of Electronic Data Recording Management Systems plans will require to take account of the regulatory recording systems for residential care homes.

4.5 Summary of Overall Grades

Quality of Care and Support Statement 1 graded 6 Statement 3 graded 5	Overall grade **5** very good
Quality of Environment Statement 1 graded 6 Statement 2 graded 5	Overall grade **5** very good
Quality of Staffing Statement 1 graded 6 Statement 3 graded 6	Overall grade **6** excellent
Quality of Management and Leadership Statement 1 graded 6 Statement 4 graded 5	Overall grade **5** very good

4.6 Crosshill Residential Children's Unit was subject of an unannounced inspection in March 2014.

4.7 Residential staff will continue the practice of notifying the Care Inspectorate of specific incidents and now do so in the format preferred by the Care Inspectorate.

Summary of grades awarded

Quality of Care and Support Statement 1 graded 5 very good Statement 3 graded 4 good	Overall grade **4** good
Quality of Environment Statement 1 graded 5 very good Statement 2 graded 5 very good	Overall grade **5** very good
Quality of Staffing Statement 1 graded 5 very good Statement 3 graded 5 very good	Overall grade **5** very good
Quality of Management and Leadership Statement 1 graded 5 very good Statement 4 graded 4 good	Overall grade **4** good

4.8 Service strengths highlighted were staff had very positive and long established relationships with young people. The extensive knowledge of young people meant that young people could rely on staff to provide the right support at the right time. The service demonstrated a strong commitment to ensuring the views of young people influence the work of managers and staff within Crosshill.

The service was issued with one recommendation and one requirement.

Recommendation.
The service should compile a clear risk assessment of young people's needs, where high risk behaviour is an issue and this should incorporate staffing levels that demonstrate that at all times there are enough staff on duty to meet the needs of young people.

Requirement
The provider must ensure that all reportable incidents are submitted as notifications to the Care Inspectorate.

Action Taken
It is established practice that a risk assessment is completed when all young people are accommodated and this is regularly reviewed via the Looked After Review process. In addition to this each of the residential units are able to increase and modify staffing levels in accordance with the needs of the young people by using sessional residential staff.

4.9 Neil St Residential Children's Unit had an unannounced inspection commencing on the 16th September 2013 and was not concluded until May 2014 following ongoing dialogue with the Care Inspectorate relating to the inspection process.

4.10 The inspection found very good evidence of inter-agency working where strategies and joint practices were agreed in respect of supporting young people with high risk behaviours. The service was noted to provide a supportive environment for young people, where relationships with staff were valued by young people. Young people are provided with opportunities to develop in education.

4.11 The service was issued with two specific requirements. These requirements related to a single episode of child protection process.

Requirement

1. The provider should ensure that all policies and procedures in relation to child protection and complaints are adhered to.
2. The provider should ensure that all reportable incidents are submitted as notifications to the Care Inspectorate.

Action Taken

Following the feedback relating to the requirements an audit of child protection procedures and processes was undertaken across all three residential establishments. In line with Inverclyde's Quality Assurance Framework for Child Protection, evidence and evaluation was taken from the experiences of children and young people, parents/carers and residential staff. A systematic review of all relevant information pertaining to every child/young person resident in Neil St, including records of two young people who had left the unit, during the period June 2012 until January 2014 was conducted. Tthis included daily logs, staff comments book, care plans, and risk management plans. The outcome of this audit was presented to the Care Inspectorate along with supporting information relating to the Child Protection Committee's programme of child protection training across all services. This audit supported the view that there is a high standard of child protection practices across all the children's units in Inverclyde.

Whilst across all of Inverclyde's residential children's units staff did make notifications to the Care Inspectorate they now do so in the format preferred by the Care Inspectorate and they have been issued with an extensive list of notifiable incidents that are required.

4.12 Summary of grades awarded

Quality of Care and Support Statement 1 grade 5 very good Statement 3 grade 5 very good	Overall grade **5** very good
Quality of Environment Statement 1 grade 5 very good Statement 2 grade 4 good	Overall grade **4** very good
Quality of Staffing Statement 1 grade 5 very good Statement 3 grade 5 good	Overall grade **5** very good
Quality of Management and Leadership Statement 1 grade 5 very good Statement 4 grade 4 good	Overall grade **4** good

5.0 PROPOSALS

5.1 The grades awarded highlights that Inverclyde' residential children's services are good to very good however it is it nonetheless disappointing that grades have reduced from excellent. Dialogue has taken place between the respective Heads of Service and managers from the Care Inspectorate and Inverclyde CHCP with a view to ensuring ongoing service improvement that returns the standard of excellence Inverclyde Council expects for looked after children.

5.2 All residential units have been provided with a comprehensive list of all notifiable incidents and the need to report to the Care Inspectorate.

5.3 An audit of child protection processes and practice across Inverclyde's residential child care services in its widest context was conducted. The audit concluded that residential staff are aware of best practice for keeping children safe. The staff report confidence in knowing when to raise concerns about a child protection issue, how to raise the concern, and who to raise it with. An area of development was highlighted around the complexity of recording mechanisms within residential settings which results in gaining a coherent account of situations in real time cumbersome. Work will commence in streamlining this process by extending the use of SWIFT case recording to residential units thus allowing information on a young person to be recorded in one place.

5.4 The Care Inspectorate made a recommendation that the service should demonstrate that there is adequate staffing levels at all times particularly when there are young people exhibiting high risk behaviour. A risk assessment is completed in respect of every young person when they become looked after and accommodated and this is reviewed and amended regularly via the Looked After Review process. The current staffing schedule was implemented in 2013 when Kylemore opened and provision reduced from 24 residential placements to 18 placements. This saw an increase in staffing ratio to include full nightshift cover as opposed to the practice of staff sleepover. It remains the case that when it is assessed that a young person requires additional levels of support and supervision additional staffing is provided via the sessional register.

5.5 Residential staff have and will continue to be provided with a range of training opportunities to enable staff to develop in line the SSSC's post registration learning and development requirements (PRTL), the SSSC Code of Practice and the National Framework for Child Protection Learning and Development in Scotland. Child protection courses are predominantly run under the auspices of Inverclyde Child Protection Committee. This allows staff to learn with participants from other agencies to promote effective interagency work alongside individual and professional responsibility to protect children. The suite of courses is designed to enable staff to pursue learning which is appropriate to their specific developmental needs and to any work they may be undertaking with a particular child. The CHCP subscribes to Care Knowledge, a web based learning resource. This sends staff alerts to new research, policy documents and other learning materials via email. It provides a web link to the learning source (including child protection materials). Staff are also receiving email to relevant e- bulletins that have been sent to the service from sources such as the

Scottish Government, SSSC and IRISS amongst others.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None

Human Resources

6.3 None

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 None

7.0 CONSULTATIONS

None.

8.0 LIST OF BACKGROUND PAPERS

8.1 Care Service Inspection Report : Kylemore Children's Unit.

8.2 Care Service Inspection Report : Neil St Children’s Unit.

8.3 Care Service Inspection Report : Crosshill Children’s Unit

Care service inspection report

Crosshill Home

Care Home Service Children and Young People

Crosshill Home
1 Crosshill Place
Port Glasgow
PA14 5UF
Telephone: 01475 715635

Inspected by: Janis Toy

Type of inspection: Unannounced

Inspection completed on: 21 March 2014

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001104

Contact details for the inspector who inspected this service:

Janis Toy
Telephone 0141 843 6840
Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

What the service does well

The service is committed to involving young people in their care and support. Strong participation methods are embedded in daily practices and by listening to the views of young people, child-centred approaches are routinely practiced by managers and staff within the service.

What the service could do better

The service must ensure that notifications to the Care Inspectorate are made in accordance with regulatory requirements.

The service should evidence discussions with young people, to demonstrate how young people are being supported to manage risk behaviours.

What the service has done since the last inspection

Through a stable and committed staff team, the service continues to provide young people with support aimed at promoting positive outcomes. The service strives to continuously improve upon existing participation methods, which elicit the views of young people, leading to improvements.

Conclusion

Crosshill Home offers young people a safe and comfortable environment in which they can develop and sustain meaningful relationships with staff.

Who did this inspection

Janis Toy

1 About the service we inspected

Crosshill Care Home is registered to provide care and accommodation for young people who are looked after and accommodated by Inverclyde Council, Social Work Services. Over the past year, the provider has reduced the number of young people it looks after from 12 to 6 as part of a wider restructuring by the service provider. A variation to amend its registration to reflect this was approved.

Crosshill is a large house situated in a residential area of Port Glasgow and is deemed to be a 'generic and assessment' unit .

The aim of the service is 'to provide a person centred approach which will incorporate a holistic assessment of needs for each individual young person taking into account their own life experiences.''

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (Care Inspectorate), took over the work of the Care Commission, including the registration of care services. This means that from 1 April this service continued its registration under the new body, Care Inspectorate.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 5 - Very Good
Quality of Staffing - Grade 5 - Very Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

During this inspection, we gathered evidence from a range of sources including relevant sections of policies, procedures and other documents. These included;

Certificates of Registration and Insurances
Support Plans
Risk Assessments
Meetings with Young People
Participation Strategy/Charter
Medication records
Individual Behaviour Management Plans(IBMP)
Daily logs
Quality Audits
Environmental checks
Managers meetings
Menus
Incident records
Service brochure
Improvement Plan
Staff training records
Participation events

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

Every year all care services must submit a self assessment form, telling us how they think their service is performing. We check to make sure this is accurate. The provider submitted a completed self assessment and this helped to inform our inspection process.

Taking the views of people using the care service into account

The views of young people are contained within the body of this report.

Taking carers' views into account

We were unable to speak with any parents/carers during this inspection process, but we did see evidence of their views about the service and have provided examples of these within the body of the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at the Participation Charter, Annual Planning and Consultation calendar, personal plans, service questionnaires, young people meeting minutes and spoke with young people to assess this statement.

The Local Authority has a comprehensive participation strategy, within which the participation charter provides clear information for young people and their families, about what standard of support and involvement they will experience while living at Crosshill. The Charter states a commitment to support young people to build confidence, skills and resilience and we found positive examples of this during this inspection. Personal plans detailed the progress that young people were making, in relation to their self-esteem and abilities. Some young people were living more independent lives and demonstrated increased confidence, developed as a result of stable and established relationships with staff and managers within the service. While others were in the process of establishing trusting relationships, which enabled them to become more resilient in coping with daily challenges.

The service had firmly embedded methods of consultation with young people. These approaches encouraged young people to express their views and in some instances, to agree collectively, decisions about holidays and involvement in community based activities. An annual calendar evidenced that young people had been involved in determining plans for future and past events, and an 'our plans' page, conveyed the ideas that young people had made about their support. Young people told us, "We're always asked what we'd like to do" and " Staff are great. They listen to me and give me support when I need it". By engaging young people in decisions affecting them,

the service demonstrated their strong commitment to listening to young people's views and acting upon these where possible.

We could see that personal plans were written in an accessible format and where young people wished to adapt other documents, they were encouraged to do this and we saw a very good example where young people had improved upon an existing service questionnaire, in order to make it more colourful and engaging. This meant that young people were more encouraged to participate in this consultation. When we reviewed the responses from young people, when asked about the quality of their care and support, these were very positive, with all young people stating that they felt listened to and respected by staff and managers. These views were confirmed during our discussions with young people, when we inspected the service.

The service supported regular collective discussions with young people, and unlike a formal meeting, young people sat with others at mealtimes, around the dinner table to explore their views. To further advance The Authority's awareness of young people's perspectives, external managers were regular visitors to the house and young people took these opportunities to discuss their ideas and concerns with managers. We noted that young people had recently requested WiFi to be installed in the house and had worked on producing a document identifying safe practices for themselves, when accessing the internet. The installation of WiFi was being explored by managers, who feedback to young people in terms of any progress.

Broader developments across all The Authority's residential children's houses, showed a strong commitment to providing opportunities for young people to be involved in wider developments. We found evidence of young people being supported to contribute to the recruitment of staff, by asking questions and scoring performance of prospective candidates at interview. A formal letter was sent to each young person who had contributed to thank them for their involvement. Further to this opportunity, development days for young people, was routine practice within the service and photographs displayed showed their involvement in this event .

We spoke with young people during our inspection visit and we were confident that those who chose to speak with us, were very positive about living at the service. Some comments which helped confirm this view, included, "I get on really well with staff. They're really caring people", and "Staff are great. I like living here. Staff are always there if you need them". "XX is fantastic, so is xx".

Areas for improvement

Although we were told that young people have access to a Children's Rights Officer (CRO), who is currently engaging with young people through education provision, there was no evidence of independent advocacy work being specifically undertaken at Crosshill. The Authority had identified this lack of provision within its 6 monthly monitoring checks and had noted that action was needed. We would encourage

the service to explore additional independent advocacy opportunities, which actively engage young people, in a way that supports their awareness and decision-making. In addition to this, the service should adapt the young people's booklet, given to young people when they first arrive at the service, to include information about contacting independent advocacy, within the narrative of the booklet.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

At this inspection, we found that the performance of the service was good For this statement. We looked at personal plans, Individual Behaviour Management Plans (IBMP), risk assessments, incident reports, healthy eating and links with other services to asses this statement.

Young people's personal plans contained clear information relating to their health and well-being. A pen picture of what young people feel is important to them, offered staff insight into how best to support them and with references to the Getting it Right for Every Child (GIRFEC) framework and the well-being indicators of SHANARRI, plans provided guidance on the main objectives and effective interventions, which staff should focus on in practice. Examples of this were noted where smoking cessation had been identified for some young people, and where the service had secured the involvement of external professionals, to support in this instance. Plans also contain key events information and this allows the service to keep track of young people's behaviours.

We found evidence of the service working jointly with education and meetings with representatives from school, ensured that all involved in supporting the effective engagement of young people in their education, was a primary focus. Similarly, strong evidence of positive links with the local police service, meant that where 'soft intelligence' about the whereabouts and presentation of young people, where absconding and/or offending behaviour played a role, then each agency had information to help prevent further risk to young people and provide for a safe return to the service.

A risk assessment approach to supporting young people to lead positive and healthy lifestyles, included a view of evolving risk, as a means of ensuring open and ongoing assessment and promotion of safe behaviour for young people. Aspects of risk were highlighted in personal plans, with some evidence of these being linked to health and well-being. For example where young people were at risk of bullying by others, plans

stated what approach staff should use to minimise the risk and support an improved understanding of cause and effect for young people involved. IBMPs also provided evidence of a staged approach to helping young people resolve their issues.

Links with health services further promoted positive health outcomes, with young people receiving support from specialist mental health services including CAMHS and the LAAC Nursing team. Medical assessments and regular health checks ensured that young people had access to services to support their general health.

The service promoted healthy eating and a dedicated Cook prepared foods, based on a balanced and nutritious diet, while considering the views of young people. Those young people we spoke with during inspection, commented that they enjoyed the food and felt they could influence meals and purchases for the house. On the day of inspection, we joined young people and staff for lunch, where home-made soup, salad and fruit was on offer to all. Our discussion with the Cook, determined that although relatively new into post at the house, there was some evidence of meaningful relationships developing between her and young people, which promoted an improved understanding of good hygiene in the kitchen.

Areas for improvement

Although the service makes some reference to GIRFEC and the SHANARRI well-being indicators, within aspects of young people's plans, we suggest that this is further developed to evidence how young people are being supported to achieve healthy lives and how outcomes influence their overall health and well-being. A lack of written evidence demonstrating that staff discuss the impact of high risk behaviour, with young people, meant that we were unable to fully understand, the impact and outcomes of key working approaches with young people, who were at times involved in absconding and drug misuse behaviours. To further evidence effective interventions with young people, who are involved in such behaviours, the service should risk assess the needs of young people and compile clear individual risk assessments, which incorporate staffing levels, to demonstrate that at all times there are enough staff available to undertake this work (see recommendation 1 under this statement).

The service should ensure that all aspects of young people's plans are signed and dated by young people and others involved in their care and support. This will show that young people are aware of what is contained within their plans.

Individual plans for young people should contain the response given by the service, to instances of imposed 'consequences' to specific behaviours. For example, centrally held information by the manager should be recorded within personal plans and be easily accessible to young people.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should compile a clear risk assessment of young people's needs, where high risk behaviour is an issue and this should incorporate staffing levels to demonstrate that at all times there are enough staff on duty to meet the care and support needs of young people. National Care Standards, Care Homes for Children and Young People, Standard 7, Management and staffing.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We spoke with young people and staff and made observations of the environment.

The provider had ensured that the accommodation was of a high standard, through the purchase of good quality furniture, fixtures and fittings. In addition, young people had been involved in choosing items for their home and this reflected their taste in cushions, lamps and other furnishings. Bedrooms were also personalised, with young people being consulted in their choice of curtains, bedding, rugs and other items which made their rooms welcoming and comfortable. By allowing young people to influence aspects of the environment, the service could demonstrate the value placed on young people's views and preferences.

Young people told us that they liked their home and that they enjoyed living there. They said that it was a nice place to live. We noted that improvements had been made to young people's bedrooms, additional sockets for convenience and new emergency lighting to protect young people from risk of harm.

Areas for improvement

We were made aware by the manager, that some of the furniture requires to be replaced in the coming months. The service intends to involve young people in choosing new items and this will further evidence the service's commitment to taking account of the views of young people.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at risk assessments, health and safety checks, hygiene standards and food preparation.

The service is entered via a secure entry system and therefore an assessment can be made about any risk associated with permitting someone to enter. A visitors book is located in the foyer and visitors are asked to sign upon arrival and departure. In addition to these security measures, we were asked to show our identification to confirm the purpose of our visit. These measures mean that young people can be safe and secure within their home and where others visit, staff can advise young people as to the reason.

Risk assessments and IBMPs provided information to assist young people and staff to make decisions in the best interests of young people. Individualised assessments were compiled with young people, to help them to understand safer choices, leading to positive outcomes. All staff were trained Therapeutic Crisis Intervention (TCI), a suite of interventions aimed at de-escalating young people's behaviour, in order to support them safely. Child Protection training for staff also allowed for an informed response by staff, to issues concerning young people's safety.

Further assessments were undertaken in line with provider policies, in relation to activities and general health and safety practices. We found that these were of a good standard and incident reporting procedures, ensured managers and external managers were aware of all incidents involving young people, and could therefore monitor the outcomes of any intervention.

The Authority has a dedicated Health and Safety Officer, who through a range of Departments, coordinates audits of the environment at Crosshill. Recent environmental health and Strathclyde Fire and Rescue inspections, help to ensure safe practices in support of young people's well-being. Further to this, the Property Services Department, ensures that the house remains fit for purpose, with repairs and redecoration as required.

All staff had undertaken food hygiene training and we found that good practice was routinely followed in terms of food preparation, cooking and cleaning. Separate areas identified within the kitchen, promoted safe practices where raw and other foods were prepared. This ensured that young people were protected from the risk of cross contamination.

Areas for improvement

The service should continue to risk assess the environment in terms of the current need for an alarm on the upper floor door. This is currently used to alert staff to times when young people are coming downstairs and potentially exiting the building. While we understand the need to ensure staff awareness of young people's whereabouts, young people told us that they find the alarm sound to be very annoying and did not consider that it provides for a 'homely' environment. We agreed with this assessment.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We spoke with staff and the manager to assess this statement.

We noted that relationships between staff and young people were very positive and in some instances, were long-established and very important in supporting young people through significant events. Our discussions with staff provided considerable insight into how they view their role in helping young people to make the right choices for them and improve their chances of success. The extensive knowledge that those staff had about young people's history and current need, meant that young people could rely on them to provide the right support at the right time and this was evidenced in several situations during this inspection.

Young people told us that they believe that staff respond positively to their suggestions. Participation methods, including young people and staff development days, allowed for open discussion about how the service and the staff, could continue to meet young people's needs and when appropriate, consider new ways of working. Some comments from young people included, "I get on really well with staff. They are really caring people", and "I like living here. Staff listen to me and try to help when I need it. I know I can speak to staff if I need anything".

The Authority has a strong commitment to involving young people in the recruitment of staff across all residential children's houses. For further evidence of this practice, please see statement 1.1.

Areas for improvement

See statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at training records, staff meeting minutes and spoke with staff, young people and managers to assess this statement.

Our discussions with staff, identified that they enjoy working at the service and in particular, with the young people in their care. We were aware that an Authority wide consultation with staff, about the staffing model and number of staff available on each shift, had been underway for a considerable time and this had been a source of some anxiety for some staff over a lengthy period. We were made aware that senior managers across The Authority had held briefing sessions, to further consult on agreeing a model for the future. Those staff who spoke with us during this inspection, told us that they understood the concerns of colleagues, but felt that the current model was operating well at Crosshill and that if there was a need for additional staff support, then this was always made available. This was confirmed by managers who were keenly aware of the views of staff in relation to this consultation.

Managers in the service worked hard to develop the skills and competence of the staff team, in order to promote leadership opportunities. By coaching and upskilling staff, through observations of practice and formal supervision sessions, staff felt supported by managers, who provided a significant amount of direct support in their daily schedule. Staff told us, "The manager is fantastic. So is the deputy".

Training was supported through a dedicated training section within The Authority and a continuous learning framework allowed for e learning courses, Care Knowledge resource website and formal performance management systems, including supervision and appraisal. We noted that training had included TCI, Child Protection, drug awareness, Children's Hearing (S) Act 2011 and a range of safeguarding events focusing on sexualised behaviour and parental drug misuse. These and other opportunities provided staff with the chance to develop their skills and knowledge in support of meeting young people's needs.

Team meetings took place regularly and these offered staff the opportunity to discuss practices and explore new ideas leading to improvement. Night-shift staff also met with managers, including external managers on a twice yearly basis, to promote inclusive approaches to improved communication and consultation with this group of

staff. Managers meetings took place regularly and these involved external agencies such as, the police, who joined meetings to share information, to assist the service in supporting young people and this provided an opportunity to work jointly, in safeguarding young people.

Supervision of staff was undertaken by managers and those staff we spoke with during inspection commented that they valued the support given by managers to their ongoing development. Managers explained that by focusing on the development needs of the staff team, they were improving practices and had noted that many members of the team responded well to their guidance and direction. This was confirmed by staff who stated that they felt supported by an experienced management team.

Young people's views about staff were further evidence of a motivated and skilled staff team. Young people told us, "Staff are always there if you need them", and "XX is great. She'll always make time for you".

Areas for improvement

The service should continue to provide leadership opportunities for staff, to promote positive outcomes for young people.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at participation records, spoke with young people and managers to assess this statement.

As stated previously, the service demonstrates a strong commitment to ensuring the views of young people influence the work of managers and staff within Crosshill. Participation methods were embedded in daily practices and the manager and her staff team, promote an ethos of child centred practice. Relationships between managers and young people were a particular strength of the service and comments by young people, were extremely positive about how managers involve them in decisions affecting their lives.

Feedback from parents/carers also presented a positive view of how managers support young people. one family member commented, "The staff are brilliant and are doing a great job".

Areas for improvement

Although circumstances can make it difficult at times, to engage with young people's family members, the service should endeavour to involve parents/carers as much as possible, in gathering feedback about how the service is managed. This will provide additional insight into how families view the quality of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

At this inspection, we found that the performance of the service was good for this statement. We looked at monitoring practices, development planning and gathered perspectives from a range of stakeholders to assess this statement.

We were confident that the service regularly consults with relevant stakeholders in order to monitor the quality of the service. Managers routinely involve young people and staff, in deciding on future plans and work with colleagues in education, health and police services, further demonstrate a commitment to multi agency involvement. Core Group meetings provide a forum, where different agencies can discuss their work in support of young people. We noted that comments from colleagues in other agencies provided positive feedback on their experience of working with the service. Some comments included, "Staff ensure that communication is regular and the senior management team provide good leadership and ensure the team is consistent", and "I am absolutely delighted with the progress the young person I am working with has made since they arrived at Crosshill. XX appears more relaxed and happier". These comments provide assurances that the service is operating to a good standard and involve stakeholders in assessing the quality of management and leadership.

In consulting with staff, managers routinely undertake an exercise to look at the performance of the service against the Care Inspectorate quality statements. This reflected their views on how the service was meeting the needs of young people in relation to these standards. By engaging staff in this process, managers were evidencing the importance of understanding staff views in forming opinions about how the service should improve. Similar exercises were carried out with young people and feedback helped to inform decisions regarding improvements. By asking young people to suggest and decide upon improvements to the house and which holidays and activities they prefer, the service was demonstrating the importance placed upon young people's perspectives, in reaching decisions.

These participation processes lead to effective development planning and we found evidence of good progress toward identified improvements. These included greater involvement of young people in recruitment processes and improved links with local police. This meant that young people were supported by the work of all agencies, in ensuring their involvement and their safety.

Auditing processes allowed The Authority to be assured that broad aspects of service delivery were operating to a high standard and with evidence of health and safety, fire safety and environmental health practices being regularly monitored by specific council departments, young people were supported safely in their home. The managers also conducted regular audits of case files, staff rotas, medication and monthly reporting and these audits were used to promote improved practices across the staff team. External managers provided further quality assuring of the service through regular visits, record sampling, supervision with the manager

and meetings with staff and young people.

Areas for improvement

In line with regulatory requirements, the service must inform the Care Inspectorate when specific issues arise, with regard to young people and staff working in the service. We did not receive notifications in some instances and we made the manager and external manager aware of our concern. The service must ensure that it submits all notifications required, within identified timescales.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that all reportable incidents are submitted as notifications to the Care Inspectorate. This is to comply with SS1/2011 210, Regulation 4 (1) (a) - make proper provision for the health, welfare and safety of service users. Timescale: immediate.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
14 Mar 2013	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
12 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
29 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed 6 - Excellent

3 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent Not Assessed
22 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 5 - Very Good 5 - Very Good
2 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
14 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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Care service inspection report

Neil Street Childrens Unit

Care Home Service Children and Young People

41 Neil Street
Greenock
PA16 9JA
Telephone: 01475 715809/10

Inspected by: Elaine Allison

Isobel Dumigan

Type of inspection: Unannounced

Inspection completed on: 16 January 2014

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001105

Contact details for the inspector who inspected this service:

Elaine Allison
Telephone 0141 843 6840
Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	4	Good

What the service does well

We found very good evidence of inter-agency working, where strategies were shared and joint practices were agreed in respect of supporting risk behaviours. These included consultation with Police Scotland on the service's missing from care protocol. This ensured a joined-up approach to the safety of young people.

What the service could do better

The provider should ensure that all staff members are fully conversant with Inverclyde Council's child protection policy and procedure.

The service should ensure that in accordance with legislation, the Care Inspectorate is notified about reportable incidents.

What the service has done since the last inspection

The service took some of the young people on holiday to Spain and young people told us that they enjoyed this experience. The service had very good risk assessments in place for this trip thus ensuring that young people were kept safe.

The service continued to work closely with parents/carers to facilitate family contact.

Conclusion

The service provides a supportive environment for young people, where relationships with staff are valued by young people. Opportunities are provided, which encourage young people to develop in education and in ongoing contact with family members.

However, this inspection highlighted a significant area for improvement in relation to child protection and . whilst Inverclyde Council has taken immediate action to address this area for improvement, the Care Inspectorate will look at this at the next inspection.

Who did this inspection

Elaine Allison
Isobel Dumigan

1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on www.scswis.com.

Before April 1st 2011 this service was registered with the Care Commission. On this date the new scrutiny body Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission including the registration of care services. This means that from April 1st 2011, this service continued its registration under the new body SCSWIS.

Neil Street Children's Unit provides a service for a maximum of 6 children and young people who are looked after and accommodated by Inverclyde Council, Social Work Services. The service also supports young people who have moved into their own tenancies.

The service is situated in a residential area of Greenock close to the town centre amenities. All young people have a single bedroom and there are ample social and quiet areas within the home.

The ethos of the service is stated as 'we aim to provide an environment for young people which actively promotes positive growth and change within a caring and structured residential setting with caring and motivated staff.'

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 5 - Very Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an unannounced inspection that took place between 16 September 2013 and 16 January 2014. The inspection was carried out by Elaine Allison, Inspector, and Isobel Dumigan, Team Manager.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:
Certificates of Registration and Insurance
Questionnaires - young people
Minutes of meetings - staff
Care Plans
Child Protection records
Individual risk assessments and audits
Medication records
Safety Checks
Premises and risk assessments
Staff supervision and appraisal programme
Staff rotas
Development Plan
We also conducted a tour of the premises and observed staff working with young people.
We also spoke with:
Young people
Social Workers
The Manager/Deputy Manager
Care staff.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service completed a self assessment which informed the inspection process.

Taking the views of people using the care service into account

The views of the young people are incorporated within this report.

Taking carers' views into account

We did not speak with any carers as part of this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The grade achieved for this statement was 5 - very good. We concluded this after we considered feedback from young people, staff and management and we looked at records and other documentary evidence.

The service had a Participation Strategy. This was found to be person centred involving young people, parents, carers and other stakeholders in developing all aspects of the service. On examination of the participation strategy we saw that the principles of GIRFEC were embedded in the policy.

Examination of a sample of care plans provided evidence that young people had been supported by staff to make important decisions in their lives and that they had been well supported to develop their skills.
Some of these important decisions included:
one young person had help with moving on, housing, claiming relevant benefits
help with college enrolment , which led to college place
working with the young person and school to ensure school attendance.

Every young person had a key worker who worked with young people to develop individualised plans for the young people. The returned CSQ's indicated that 3 of the young people 'strongly agreed' and 2 'agreed' that they had full involvement in their care planning within Neil Street.
The manager and staff had created a positive atmosphere in which children and young people felt that their views were welcomed and valued. Young people we spoke with told us staff listened to their views. They said they could talk to staff about anything and knew they would be listened to. Young people we spoke with told us:

'we get choices in food we like and don't like'
'we get asked what we think'
This shows that young people who are presently resident in Neil Street feel comfortable at airing their views and participate in the ongoing improvement of their own care.

We found staff promoted the use of children's rights officers. They visited the service regularly and met with young people. The service provider also consulted with young people via an online tool called "Viewpoint". Child protection workers were involved in monitoring and assessing information to make sure there were appropriate responses to comments made.
The service continued to make good use of the questionnaires to seek the views of young people and their carers. These were logged and audited and were seen to influence practice. Questionnaires recorded the views of a wide range of professional stakeholders. Each indicated a high level of satisfaction.We saw that children and young people had been involved in the recruitment of new staff members.

The service had developed a brochure which told young people all about staying at the service. This information gave young people a very good insight into the service prior to admission.

Inverclyde Council are currently in the process of reviewing participation within their children's units and are consulting with young people, staff, stakeholders and CELCIS about the most effective and efficient means to ensure views are captured and improvements made on the back of these. They are looking at ways to better capture young people's views by replacing young peoples' meetings with extended 1:1 time. Inveclyde want to ensure that young people are fully involved in the decision making process relating to their specific needs.

Areas for improvement

The current participation policy, development plan and welcome brochure require to be updated to reflect how the service elicits the views of young people.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

The grade achieved for this statement was 5 - Very Good.

At this inspection, we looked at personal plans; spoke with the young people and the staff. We also sampled a number of policies and procedures that covered the service's legal requirements to maintain the quality of care and support being provided.
Young people had access to various health professionals including GP, Dentist and Optician. Further specialised support was available on an individual basis. This had included access to and advice from the Child and Adolescent Mental Health Service (CAMHS) and additional training for staff members to address individual needs. We saw that the young people had regular appointments with the LAAC nurse this ensured ongoing regular health checks were taking place.

A child protection policy was in place and individual risk assessments were in place for young people. We saw that the service had very comprehensive risk assessments in place for children and young people's trips and holidays, particularly the recent holiday to Spain. This ensured that the children and young people's health and well-being needs were met at all times.
The children and young people being cared for at Neil Street had good personal plans that demonstrated real insight into the health and well-being of their needs. We found that the personal plans included the use of SHANARRI indicators to gather information which ensured that all the young people's plans were individualised. We found good examples where staff members supported young people to remain in mainstream education whereby they were present with young people in the classroom setting.

A placing social worker that we spoke with told us ' children are cared for in an individualised basis in relation to their individual needs'.

We observed the staff and young people interact throughout the visit and it was evident that there were good positive relationships between them and a genuine emotional connection.

There was evidence that the service worked hard to support young people to maintain and improve contact with their families. This included facilitating and supporting contact on a regular basis.
Staff and young people confirmed that healthy lifestyles were encouraged and we found that young people had been involved in a range of activities, including holidays abroad and more locally based breaks. Other young people had attended individualised activities and this had included young people who had moved on from the service and were continuing to be supported by staff in order to promote their confidence through well developed relationships.

Areas for improvement

We noted that the service had not been recording when they had conducted medication audits. The manager rectified this immediately and there is now a system in place to clearly show when medication audits take place.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

Please see quality statement 1.1

Areas for improvement

Please see quality statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

The grade achieved for this statement was 4 - Good.

We were welcomed into the service via a front door entry system, which required staff to let us in and we were asked for identification and to sign the visitors book. By ensuring that access is only through this process, we were reassured that young people were safe and protected.

We reviewed risk assessments which contained detailed information relating to young people and these assessments clearly identified potential risks and guidance on how these should be managed. We found good evidence of inter-agency working, where strategies were shared and joint practices were agreed in respect of supporting risk behaviours. These included consultation with Police Scotland on the service's missing from care protocol. This ensured a joint-up approach to the safety of young people.

There was evidence of policies and procedures on physical intervention, which were in line with recent guidance on, Holding Safely, a guide for residential Child Care

Practitioners and Managers about physically restraining children and young people. (SIRCC, Scottish Executive and SWIA 2005; revised in January 2013). There was also evidence of a child protection policy and risk assessments on all the young people being cared for.
Risk assessments for the building had been carried out and checked on a regular basis. We found that the service had a robust maintenance policy and staff and young people that we spoke with confirmed that some repairs were carried out quickly.

The young people we spoke with during the visit and the returned Care Standard Questionnaires all said they felt safe secure and well cared for. They were also confident that they knew who to speak to if they were unhappy or felt unsafe.

Areas for improvement

During this inspection we found that the local authority's child protection procedure had not been followed. The service must ensure that all policies and procedures in relation to child protection and complaints are adhered to and that the appropriate notifications are submitted to the Care Inspectorate.
(See requirement 1 in quality statement 4.4).

We found that one staff member had not received child protection training although through discussion we ascertained that she had a clear understanding on what to do in the event of a child protection issue. We noted slippage in refresher training for care staff in child protection. This area for improvement has been addressed and all staff have now received updated training in child protection. This area for improvement will be looked at during the next inspection.

During a tour of the home we saw that some repair work was required on the ground floor, which potentially could be a security risk for young people. We discussed this with management and the repairs were addressed immediately.

We saw that hand towels in the kitchen were not placed in a holder and were lying on the work surface. The service should ensure that all paper towels are placed in appropriate dispensers to ensure that cross infection does not take place.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Please see quality statement 1.1

Areas for improvement

Please see quality statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. The service ensured that the staff team were properly trained and motivated to offer young people a very good standard of care and support.
We sampled written records, which were of a high standard and demonstrated that staff had a very good knowledge and understanding of the needs of young people in their care.
Regular team meetings allowed the staff team opportunities to express their views on how the service could be improved and to discuss consistent approaches to supporting young people. Those staff we spoke with during this inspection, told us that team meetings are important and well attended. They said that they found the culture within the service, to be open and consultative. Staff we spoke with told us 'all staff are singing from the same hymn sheet we are all coherent'.

Staff were very complimentary about the manager and her style of management and commented, " XXXX is a good manager and she is very kind to the children".

We saw that all staff, including sessional staff, had an appraisal plan in place. This ensured that children and young people were looked after by a professionally trained staff team.

We also noted that staff had been involved in development days and these provided further opportunities to influence the quality of service delivery. Discussions relating to the redesign of questionnaires for staff, parents and carers and stakeholders, had been explored, with staff offering their views about how to improve upon existing practices.

Areas for improvement

The service should ensure that the changing needs of the young people are assessed and that staffing levels set accordingly.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Please see quality statement 1.1

Areas for improvement

Please see quality statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

The grade achieved for this statement was 4 - Good.

The service had involved young people, parents/carers and other stakeholders, when assessing the quality of the service provided.

The service undertakes a range of audits of records and practices in order to quality assure the service. We found that the manager had undertaken a recent audit of violent incidents and safeholds and carried out regular audits on individual care plans.These practices ensure that young people's plans remain current and guide staff when providing daily support.

We found that the service routinely involved young people and staff in determining improvements within the service, through regular discussion, Staff meetings and developments days. These forums allowed all involved to influence how developments are taken forward. In addition, stakeholders that we spoke with, told us that the

service also involves them, through questionnaires and informal discussion, when visiting the service.

Senior managers visited the service regularly and shared information and ideas with young people and staff. Management were fully involved in all aspects of the service and were described by young people, staff, stakeholders and parents as approachable, supportive and professional .

Staff received supervision from the manager and senior staff where they could discuss practice issues, training requirements and develop practice.

A placing social worker reported that they were satisfied with the quality of care and support provided for individual young people. They acknowledged that there was good clear communication with staff responsible for individual young people and that they regarded the houses to be homely and welcoming for young people.

Areas for improvement

During this inspection we found that the local authority's child protection procedure had not been followed. Whilst the service had addressed this issue, the Care Inspectorate will inspect against this area for improvement at the next inspection. (See requirement 1).

Reportable incidents had not been notified to the Care Inspectorate. (See requirement 2).

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that all policies and procedures in relation to child protection and complaints are adhered to.
   This is in order to comply with:
   SS1 20111/210 regulation 4 (1) (a) - a requirement that the provider shall make proper provision for the health and welfare of service users.
   Timescale - with immediate effect.
2. The provider must ensure that all reportable incidents are submitted as notifications to the Care Inspectorate.
   This is in order to comply with:
   SS1 20111/210 regulation 4 (1) (a) - a requirement that the provider shall make proper provision for the health and welfare of service users.
   Timescale - with immediate effect.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
17 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
24 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent Not Assessed Not Assessed
28 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed

26 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed 6 - Excellent
20 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent Not Assessed
10 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
8 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
11 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

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Care service inspection report

Kylemore

Care Home Service Children and Young People

13 Kylemore Terrace
Greenock
PA16 0RY
Telephone: 01475 715789

Inspected by: Elaine Allison

Type of inspection: Unannounced

Inspection completed on: 3 September 2013

Contents

Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2003001106

Contact details for the inspector who inspected this service:

Elaine Allison
Telephone 01294 323920
Email enquiries@careinspectorate.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	6	Excellent
Quality of Management and Leadership	5	Very Good

What the service does well

We found Kylemore to be a very good service providing high quality care for young people.
Young people enjoy strong and positive relationships with staff. All aspects of care planning and practice are highly personalised and tailored to comprehensively meet the individual and diverse needs of each young person. The staff have worked hard to maintain the 'homely' feel to the new premises.

What the service could do better

The service should ensure that the quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service provided are duly stamped or dated. The service should address the recommendations and areas for improvement contained within this inspection report.

What the service has done since the last inspection

The service has moved into a new purpose build home. We saw that the managers and staff worked hard to involve young people in every aspect of the move. We found that the service had consulted with neighbours to ensure that they had an understanding of the service, this ensured the continued safe care for the young people.

Conclusion

Young people continue to be looked after in a very homely environment by a very competent and stable staff team that provides young people with an excellent level of consistency. The level of support given by staff to the young people has continued to result in very good outcomes for young people.

Who did this inspection

Elaine Allison

1 About the service we inspected

Social Care and Social Work Improvement Scotland (SCSWIS) regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on www.scswis.com.

Before April 1st 2011 this service was registered with the Care Commission. On this date the new scrutiny body Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission including the registration of care services. This means that from April 1st 2011, this service continued its registration under the new body SCSWIS.

Kylemore is a newly built residential house built in the town of Greenock. It replaced an existing house "Redholm" and is managed by Inverclyde Council. The new building is of bespoke design offering young people individual bedrooms with ensuites, roomy and well designed communal areas and a large garden with an impressive decking area.

The function of the unit is 'to provide a person centred approach which will incorporate a holistic assessment of needs for each individual young person taking into account their own life experiences. In doing so, individual care plans will be tailored to meet these needs effectively within an environment that promotes safe caring.'

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 5 - Very Good
Quality of Environment - Grade 5 - Very Good
Quality of Staffing - Grade 6 - Excellent
Quality of Management and Leadership - Grade 5 - Very Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an unannounced inspection that took place on 2 and 3 September 2013. The inspection was carried out by Elaine Allison Social Care and Social Work Improvement Scotland Inspector.
At this inspection, we gathered evidence from various sources, including the relevant sections of policies, procedures and other documents including;

Certificates of Registration and Insurance
Questionnaires
Welcome Pack
Complaints procedure/records
Absconding records
Individual care plans
Individual crisis management plans
Medication procedures/records
Health records
Various audits and monitoring forms
Staff supervision records
Minutes of meetings
Training records
Maintenance records
Discussions with young people
Discussion with the Cook
discussions with staff members
Discussions with managers

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The service submitted a comprehensive self assessment prior to the inspection which informed the inspection process.

Taking the views of people using the care service into account

The views of the young people are contained within the body of this report.

Taking carers' views into account

We did not speak with any carers as part of this inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The grade achieved for this statement was 6 - Excellent. We concluded this after we considered feedback from young people, staff and management and we looked at records and other documentary evidence.
The service had a Participation Strategy. This was found to be person centred involving young people, parents, carers and other stakeholders in developing all aspects of the service. On examination of the participation strategy we saw that the principles of GIRFEC were embedded in the policy.
Examination of a sample of care plans provided evidence that young people had been supported by staff to make important decisions in their lives and that they had been well supported to develop their skills.
One young person that we spoke with during the inspection told us 'I am working and I am at college I couldn't have done either without the support and help that I got from the staff'.

We saw that children and young people were encouraged to participate and contribute to regular in-house care planning meetings. Every young person had a key worker who worked with young people to develop individualised plans for the young people. One young person told us ' I know what is in my care plans cos my key worker and me work out what's best for me'. The returned CSQ's indicated that all the young people 'strongly agreed' that they had full involvement in their care planning within Kylemore.

The manager and staff had created a positive atmosphere in which children and young people felt that their views were welcomed and valued. Young people we spoke with told us staff listened to their views. They said they could talk to staff

about anything and knew they would be listened to. Young people we spoke with told us
' staff ask us all the time what we think about things that have to do with everything that goes on '
' I get my say even if they don't ask me but staff always listen'
' We had a say in everything that happened in the move to this new house'
' I got to pick everything for my new bedroom before we moved in'.

This level of young people's involvement ensured that the young people felt a sense of ownership in the everyday decisions that affected their lives and gave them a sense of pride in their living environment.

We found staff promoted the use of children's rights officers. They visited the service regularly and met with young people. They also met with the service manager to give feedback on young people's views. This was a good support for young people and helped maintain a focus on involvement and consultation within the service. We found young people were supported to be aware of what they should expect from the service.

The service had a policy which described how services involved young people in making decisions. Staff members were all familiar with this document and good quality training had been made available to promote participation. The service made sure young people had different opportunities to get involved or give their views about the service. This meant young people could choose how to get involved. They could use the service's suggestion box or complete satisfaction questionnaires. The service provider also consulted with young people via an online tool called "Viewpoint". Child protection workers were involved in monitoring and assessing information to make sure there were appropriate responses to comments made.

The service continued to make good use of the questionnaires to seek the views of others. These were logged and audited and were seen to influence practice. Questionnaires recorded the views of a wide range of professional stakeholders. Each indicated a high level of satisfaction.

The service had developed a brochure which told young people all about staying at the service. This information gave young people a very good insight into the service prior to admission. The information given to young people also explained how the service used the SHANARRI indicators in all aspects of the care provided. Young people were involved in making the brochure and it was in a bright format using straightforward language. There was also a brochure for adults such as social workers and parents which gave them the information they needed.

The service is working with young people towards achieving an award 'Rights Respecting Unit' (UNICEF). This further shows that participation is embedded at the heart of the work carried out at Kylemore.

Areas for improvement

The service should ensure that the questionnaires used to obtain the views of service users and carers in assessing and improving the quality of the care and support provided by the service are duly dated. The service should continue to encourage all young people to participate in young people's meetings. This will ensure that the views of everyone living at Kylemore are heard and acted upon where appropriate.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service users' health and wellbeing needs are met.

Service strengths

As a result of our findings during this inspection we concluded that a very good grade had been achieved in regard to this quality statement.

We found Kylemore was delivering high quality care resulting in very good outcomes for the children and young people using the service. At this inspection, we looked at personal plans; spoke with the young people and the staff. We also sampled a number of policies and procedures that covered the services legal requirements to maintain the quality of care and support being provided.
Young people had access to various health professionals including ; GP, Dentist and Optician. Further specialised support was available on an individual basis. This had included access to and advice from the Child and Adolescent Mental Health Service (CAMHS) and additional training for staff members to address individual needs.

There was a complaints procedure that the young people all confirmed they were aware of and were confident it worked for them. We found that the service had in place a robust procedure to deal with complaints. Young people told us that they were very happy that their complaints were taken seriously. A robust child protection policy was in place and individual risk assessments were in place for young people.
The children and young people being cared for at Kylemore had very good personal plans that demonstrated real insight into the health and well-being of their needs. We found that the personal plans included the use of SHANARRI indicators to gather information which ensured that all the young people's plans were individualised. We found some excellent work carried out to address a particular young person's needs which led to the young person feeling more confident and raised self-esteem.

We saw evidence of effective planning by the service to make sure young people were fully supported with any changes or events, such as moving on to other services or to

independent living. Changes were well managed with the needs of young people a clear priority. Where circumstances allowed, there were detailed records about the lead up to any change, making sure young people were comfortable and had the time they needed to adapt. The service encouraged young people who had left the home to keep in touch. This ensured that the attachments formed continued after a young person left the care of the service.

We observed the staff and young people interact throughout the visit and it was evident that there were good positive relationships between them and a genuine emotional connection.

We spoke to three young people during the inspection they all indicated that the staff at Kylemore made them feel safe and secure. The young people informed us that they were all involved in their personal plan.
It was clear from the paperwork that we saw that staff had worked hard to understand, and where safe and appropriate, to accommodate the young peoples' wishes and views. Young people were encouraged to take part in healthy pursuits such as ; local football clubs, non contact boxing. All of these pursuits lead to a healthy outcome for the young people at Kylemore.

Areas for improvement

The service should continue with the very good service relating to meeting the health and wellbeing needs of the young people placed there.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service strengths

Please see statement 1.1

Areas for improvement

Please see statement 1.1

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. The service met the safety needs of young people very effectively. We looked at individual crisis management plans, maintenance records, monitoring forms and spoke with young people and staff to help us assess this statement.
Kylemore provides a safe and comfortable environment for the young people who live there. Very good attention is given to maintaining the premises and this includes regular health and safety audits. The young people live in a new, purpose build house which although large in size manages to maintain a homely feel. Young people told us;

'This new house is fab I love my en suite'
' the garden is amazing and so is the house'
' this is just like anybody else's house it doesn't feel like a unit'
' I love the big table in the dining room it's great'
' we are very lucky to live in such a posh place I love it'

The young people spoken with during the inspection and the returned questionnaires confirmed that the young people felt safe and secure when residing at Kylemore. Individual risk assessments for young people had recently been reviewed. Risk assessments for the building and garden area had been carried out and checked on a regular basis. We saw very good individual crisis management plans in place for young people. One young person told us ' when I go into one staff know me really well and if I'm cheeky they know that they can tell me that I am . They don't hold grudges'.
The provider had detailed policies and procedures and a robust system in place to ensure safer recruitment practice. Young people told us that they had been involved in the recruitment of new staff.

There was evidence of policies and procedures on physical intervention, which were in line with recent guidance on, Holding Safely, a guide for residential Child Care Practitioners and Managers about physically restraining children and young people. (SIRCC, Scottish Executive and SWIA 2005). There was also evidence of a child protection policy and risk assessments on all the young people being cared for.

The young people we spoke with during the visit all said they felt safe secure and well cared for. They were also confident that they knew who to speak to if they were unhappy or felt unsafe. Entry to the house was limited, the doors were secure and visitors were asked for identification and were required to sign a visitors book, therefore the young people are kept safe.

Areas for improvement

During this inspection we found that a large amount of confidential paperwork relating to young people and staff had been left lying on the floor of the young people's games room. The service must ensure that all confidential paperwork is kept safe and secure. (see recommendation 1)

We found that the Cook had not received child protection training although through discussion we ascertained that she had a clear understanding on what to do in the event of a child protection issue. We discussed with the manager the importance of ensuring that all staff receive child protection training.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service must ensure that all confidential paperwork is secured safely. NCS 7 Care Homes for Children and Young People - Management and Staffing

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service strengths

Please see statement 1.1.

Areas for improvement

Please refer to statement 1.1.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

As a result of our findings during this inspection we concluded that an excellent grade had been achieved in regard to this quality statement.

We found that the service's staff team are well trained,qualified and are appropriately registered with the Scottish Social Services Council.
The service had in place relevant policies and procedures to ensure that it had a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice. Staff we spoke with as part of this inspection demonstrated a very good knowledge of the National Care Standards. There was a policy and procedure in relation to staff recruitment to ensure that all staff were recruited and inducted in a safe and robust manner and service users were protected. All staff had completed a period of induction and had completed a full programme of mandatory training including, child protection and health and safety. As part of the induction, staff were required to familiarise themselves with the service's policies and procedures. This ensured that staff possessed the required knowledge skills and expertise to care for the children and young people who used the service

Staff training records provided a written record of when individual staff had completed training and when it was required to be updated. We found that staff were encouraged to access training relevant to young people's needs.
There was a system in place for all staff to receive supervision and annual appraisals. The staff spoken with as part of this inspection confirmed that they received regular supervision. One staff member told us ' the supervision has allowed me to become a reflective practitioner, it helps to put theory into practice'. All staff that we spoke with during the inspection told us that they felt that the management had very much an open door policy and that they did not have to wait for formal supervision to approach them for advice or guidance.
Young people spoken with during the inspection told us that they felt respected and cared for by the staff team. Young people said
' this is a great place to live the staff are the best'
' It's not like a children's home it's like living with your own family'
' In my opinion this unit is the best, staff don't look at us as if we are different from anybody else, they treat us as equals'
'I know that the staff care a lot about me'.
There were regular staff meetings. Staff we spoke with considered these as important both in terms of allowing for better communication and for information sharing ensuring continuity of care for the young people.
Staff spoken with impressed as highly motivated and enthusiastic about their work. They obtained a great deal of satisfaction from their employment at Kylemore.

Areas for improvement

The service should continue to access training opportunities which help address individual needs of young people.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

Please see statement 1.1

Areas for improvement

Please see statement 1.1

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide

Service strengths

As a result of our findings during this inspection we concluded that a very good grade had been achieved in regard to this quality statement.
We found that young people live in a home that is effectively managed in their best interests. The manager and staff clearly have a strong commitment to delivering very good childcare practice tailored to the personal needs of the young people they look after. The effectiveness of this approach was evident in the very good progress young people had made. This was confirmed during the inspection after speaking with young people, social workers and staff.
We sampled internal auditing systems that assist the performance of the service. By this we mean how they check the support for each young person, health and safety issues and ensuring action plans are devised to make improvements. Management and staff demonstrated through discussions and within records that regular checks were carried out across different aspects of the care being provided at Kylemore.
We found that the manager had in place a system for auditing individual care plans for young people. This ensured that planning documents were accurate and up to date which meant young people received the care which had been agreed with them.

Senior managers visited the service regularly and shared information and ideas with young people and staff. Management were fully involved in all aspects of the service and were described by young people, staff, stakeholders and parents as approachable, supportive and professional .

All service users, staff and stakeholders we spoke with as part of this inspection confirmed that they were very much involved in the ongoing assessment of the quality of care provided by Kylemore and all felt that their opinions were valued. The service organised a development day for staff, to review how the service was meeting the needs of young people and their families, by using the principles of GIRFEC, to inform their views. Staff who spoke with us during this inspection, told us that they found this and other development opportunities, to be very helpful, when reflecting on current practice and areas for development.

Areas for improvement

The manager should address the areas for improvement and recommendations contained within this report .

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	6 - Excellent
Statement 2	5 - Very Good
Quality of Staffing - 6 - Excellent	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
Quality of Management and Leadership - 5 - Very Good	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
28 Feb 2013	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 6 - Excellent 6 - Excellent
31 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent Not Assessed Not Assessed
24 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed

27 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed 6 - Excellent
19 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed 6 - Excellent Not Assessed
5 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
11 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good
15 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 5 - Very Good 5 - Very Good 5 - Very Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

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Inverclyde council

AGENDA ITEM NO: 9

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health Care Partnership**	**Report No:**	**CHCP/31/2014/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Quality Assurance Inspection of Inverclyde CHCP SQA Centre**		

1.0 PURPOSE

1.1 To advise members of the outcome of two quality assurance inspections conducted by the Scottish Qualifications Authority (SQA) in relation to the Inverclyde CHCP Approved SQA Centre.

2.0 SUMMARY

2.1 The SQA carried out two visits on 31 March and 1 May 2014. These were to determine how well Inverclyde CHCP Approved SQA Centre met the SQA's quality assurance standards.

2.2 The grades achieved were the highest in all categories across both reports.

Management of a Centre	Significant Strengths
Resources	Significant Strengths
Candidate Support	Significant Strengths
Internal Assessment & Verification	Significant Strengths
External Assessment	Significant Strengths
Records/Data Management	Significant Strengths

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note the outcome of the Inspection.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 Inverclyde CHCP gained approval in September 2009 to act as an SQA Centre for Scottish Vocational Qualifications (SVQs) in Health and Social Care. The main function of the Centre is to support staff to achieve the qualifications required for registration with the Scottish Social Services Council (SSSC). The Centre has been in operation for 4 years and over that period has successfully helped over 200 staff to achieve SVQs in health and social care.

4.2 This year the SQA has introduced a new system for quality assurance with gradings. The 5 gradings range from "Significant Strength" to "Significant Weaknesses". The reports also state any required actions, recommendations and examples of good practice found by the SQA.

4.3 The SQA carried out two visits to the Inverclyde CHCP's SQA Approved Centre under the new system. The first visit focused on the management and quality assurance systems in place for delivering SQA qualifications. The second visit looked more specifically at the quality of the Centre's assessments decisions for the health and social care awards.

4.4 Across the two reports for Inverclyde CHCP SQA Approved Centre there were no required actions, 6 recommendations and 7 good practice points.

4.5 The recommendations made, along with our actions, are summarised as follows:

1. The Centre should consider having a formal statement from senior management endorsing the Centre's policies and procedures.

Action: This has been completed - a statement has been signed by the Service Manager - Quality and Development who is also the Head of the Inverclyde CHCP SQA Approved Centre.

2. The Centre should document the process to support applying for specific qualification approval as it is very much person dependent.

Action: The Centre will shortly be applying for approval for new awards and will create a document summarising the process on completion. This will be completed no later than 6 months from the date of the SQA report.

3. The Centre should add to their induction checklist the malpractice policy and information on assessment arrangements.

Action: This has been completed - the policy and information have been added in line with the recommendation.

4. The Centre should add a timescale for the initial lodging of a complaint.

Action: This has been completed - a timescale has been added to the process in line with the recommendation.

5. The Centre should have their internal verification policy with stages one to three detailed in their internal verification policy document.

Action: This has been completed - the policy has been amended in line with the recommendation.

6. The Centre must store their candidate data protection permissions in the Centre in a locked location.

Action: This has been completed - the original document, rather than the copy, is now securely stored within the Centre. Candidates are now given the copy, rather than the original document.

4.6 The good practice points were noted as:

- The SQA Coordinator's update report provided comprehensive information about the Centre's current and future activity
- The Annual Review of the Centre's activities against SQA quality assurance criteria
- The use of the "document control sheet"
- The results of the feedback survey are published
- The internal verifier and assessor handbooks are a great resource for the assessment and verification teams
- The Centre has produced a comprehensive handbook for candidates
- The Centre's leaflet "Complaints and SVQ Appeals Procedure" is a good resource for candidates

5.0 PROPOSALS

5.1 That CHCP Sub-Committee members note the very positive inspection results.

5.2 That CHCP Sub-Committee members note the action already taken or proposed with regard to the recommendations.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 No specific Legal implications.

Human Resources

6.3 No specific Human Resource implications.

Equalities

6.4 No specific Equalities implications.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 No specific repopulation implications.

7.0 CONSULTATIONS

7.1 No specific consultation required.

8.0 LIST OF BACKGROUND PAPERS

8.1 SQA Qualification Verification Report and SQA Systems Verification Report.

Systems Verification - Visit Report

Systems verification is the process we use to ensure that SQA centres comply with the quality assurance criteria and have internal quality assurance systems appropriately documented, effectively implemented and evaluated, and show continuous improvement in their application. Guidance for centres relating to the systems verification visit can be found at www.sqa.org.uk/qualityassurance.

Rescheduled date	**28 Mar 14**	Reason	**Double-Booked**
Centre Name	**Inverclyde CHCP**	Centre Number	**3010503**
Systems Verifier Name	**Brian Stokes**	Systems Verifier Contact Details	**brian.stokes@sqa.org.uk**
Double Banker Name (if applicable)		Date/Time of Visit	**31 Mar 14 - 10:00**
Head of Centre Name	**Mr Derrick Pearce**	Head of Centre Email Address	
SQA Co-ordinator Name	**Ms Lisa Burton**	Centre Email Address	**Lisa.Burton@inverclyde.gov.uk**

Summary of Visit		
Overall Outcome Rating	**Significant strengths**	
	Outcome Statement	Non-Compliant Criteria
Management of a Centre	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Resources	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Candidate Support	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Internal Assessment and Verification	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
External Assessment	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	
Records/Data Management	**Significant strengths identified in the systems that support the maintenance of SQA standards within this centre**	

Sanctions	

Records of Discussions	
Discussions with Candidates	No
if YES, please provide a brief summary of the discussion:	
Discussions with Assessors	Yes
if YES, please provide a brief summary of the discussion:	Discussed the proposed move of premises, candidate numbers and development opportunities.
Discussions with Internal Verifiers	Yes
if YES, please provide a brief summary of the discussion:	As above

Outcome Summary

1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10	1.11	1.12
2.1	2.2	2.5	2.6	2.7							
3.1	3.3	3.4	3.5	3.6	3.7	3.8					
4.1	4.4	4.6	4.8	4.9							
5.1	5.2	5.3	5.4	5.5	5.6	5.7	5.8	5.9	5.10		
6.1	6.2	6.3	6.4	6.5	6.7	6.8	6.9				

Management of a Centre

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
1.1	The centre must operate a documented quality management system.	High	Green	The centre operates a documented quality management system. The centre carries out an annual review of the centre's activities based on SQA's 6 quality assurance categories and publishes this report.			The annual review of the centre's activities against SQA quality assurance criteria.	
1.2	There must be a documented schedule for reviewing the quality management system. The outcome of reviews must be recorded and actioned.	Medium	Green	All policy documents will be reviewed on an annual basis and a record of reviews is maintained. The centre retains in their quality folder a "document control sheet" that records all changes to the centre's documentation.			The use of the "document control sheet".	
1.3	SQA must be notified of any changes that may affect the centre's ability to meet the quality assurance criteria.	High	Green	The centre notifies SQA of any changes that may affect their ability to meet the quality assurance criteria. The centre is moving premises in May 2014 to Port Glasgow and SQA will be advised once the move has been completed.				
1.4	There must be a system of version control for documentation.	Low	Green	The centre has a system of version control in place.				
1.5	The centre's policies and procedures must be supported by senior management and understood by all relevant staff.	Low	Green	There is good evidence to show that senior management support the centre's SQA policies and procedures.				The centre should consider having a formal statement from senior management endorsing the centre policies and procedures.
1.6	All relevant staff must be kept up to date with internal and external information relating to SQA.	Medium	Green	The centre uses email and staff meeting both formal and informal to keep staff up to date with SQA related information.				

1.7	The roles and responsibilities of those involved in the administration, management, assessment and quality assurance of SQA qualifications across all sites must be clearly documented and disseminated.	Medium	**Green**	There are roles and responsibilities in place for the SQA Coordinator, assessor and internal verifier. These are all included in the centre's SVQ Centre Procedures manual which is issued to all staff.				
1.8	There must be a documented system for checking the on-going suitability of all satellite sites where appropriate.	Medium	**Green**	The centre has site checklists in place for all assessment sites outwith the main centre.				
1.9	The centre must have a communications system with SQA and candidates.	Medium	**Green**	All candidates are employed by Inverclyde Council and all have a council email address which is used to communicate with candidates. Candidates have also got access to an intranet and have one to ones with their assessor.				
1.10	A procedure must be in place to gather feedback from staff and candidates. Feedback should be recorded, reviewed and actioned.	Low	**Green**	The centre obtains candidate feedback via "survey monkey". The centre publishes the results of the surveys and produces charts showing the responses. Any issues are taken forward and resolved. Staff offer feedback at their standardisation meetings.			The results of the feedback survey are published.	
1.11	There must be a documented system, where appropriate, for the management of all subcontracted services or partnership arrangements in relation to the assessment and quality assurance of qualifications awarded by SQA.	Medium	**N/A**					
1.12	There must be documented procedures in place to support specific qualification approval applications.	Low	**Green**	The centre has a process in place to support qualification approval applications.				The centre should document this process as it is very much person dependent.

Resources

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
2.1	There must be a documented procedure for the recruitment, selection and job allocation for all staff involved in the assessment and internal verification of SQA qualifications.	Low	Green	The centre uses the policies and processes of Inverclyde Council for the recruitment and selection of staff.				
2.2	The centre must have a documented system to ensure assessors and internal verifiers are given adequate opportunity for their own development.	Low	Green	The centre has records of CPD in place and staff advised that they were able to access self development opportunities.				
2.5	There must be evidence that there is a process to ensure all assessors and internal verifiers undertake an induction programme.	Medium	Green	The centre has handbooks for assessors and internal verifiers and these are issued to staff at their induction.			The internal verifier and assessor handbooks are a great resource for the assessment and verification teams.	
2.6	The centre's equal opportunities policy and procedures must be implemented by all appropriate staff.	Low	Green	The centre has an equal opportunities policy that is implemented by all staff.				
2.7	There must be a documented system for initial and on-going reviews of environment(s), equipment and reference, learning and assessment materials.	High	Green	The centre works in partnership with the SSSC who check that their resources are in order. Learning and assessment materials are reviewed as part of the internal verification process.				

Candidate Support

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
3.1	The centre must provide candidates with information on its responsibilities to them in relation to selection, induction, guidance, support and assessment/reassessment.	High	Green	All candidates sign an induction checklist to indicate that they have received their, candidate handbook, SSSC code of practice, care standards, disclaimer for data sharing and plagiarism, complaints and appeals leaflet.			The centre has produced a comprehensive handbook for candidates.	The centre should add to their induction checklist malpractice policy and information on assessment arrangements.
3.3	Candidates must have scheduled contact with their assessor in order to review their progress and to revise their assessment plans accordingly.	Medium	Green	All candidates has assessment plans which detail the next date that they are due to see their assessor.				
3.4	The centre must provide candidates with information on its responsibilities to them in relation to assessment arrangements. Where identified appropriate, support must be discussed and implemented as agreed and recorded.	Medium	Green	All assessors and internal verifiers are issued with the document "SVQ Centre Procedures" which gives them information on assessment arrangements. Candidates receive information on assessment arrangements from their assessor.				
3.5	The centre must have a documented process in place for investigating suspected malpractice. Outcomes and decisions must be recorded and retained in line with SQA policy. There must be evidence that this process has been disseminated to candidates and staff.	High	Green	The centre has a documented policy in place for investigating candidate malpractice. Staff are aware of their responsibilities with regard to malpractice.				
3.6	There must be a documented complaints/grievance procedure which is disseminated during the induction process. This grievance procedure must have timescales attached and any decisions made must be recorded.	Medium	Green	The centre has a complaints policy in place and this is issued to candidates during their induction. It is also part of their leaflet "Complaints and SVQ Appeals Procedure".			The centre's leaflet "Complaints and SVQ Appeals Procedure" is a good resource for candidates.	The centre should add a timescale for the initial lodging of a complaint.

3.7	There must be a documented internal assessment appeals procedure which is disseminated during the induction process. This appeals procedure must have timescales attached. The outcome and decisions must be recorded.	Medium	**Green**	The centre has an appeals policy in place and this is issued to candidates during their induction. It is also part of their leaflet "Complaints and SVQ Appeals Procedure". The appeals policy has timescales at each stage of the process.			The centre's leaflet "Complaints and SVQ Appeals Procedure" is a good resource for candidates.	
3.8	There must be pre-exit guidance provided to support candidate progression.	Low	**Green**	Candidates are supported at the end of the internal verification process when they are offered information on future training and development opportunities.				

Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
4.1	The centre's assessment and verification procedures must be documented and implemented to meet qualification and SQA requirements.	Medium	Green	The centre has a documented internal verification policy which covers stage two of internal verification the sampling stage. The job role and responsibilities for the internal verifier details their responsibilities under stages one and three of the internal verification process. There were examples available of signed candidate achievement records, internal verification checklists and internal verification sampling forms.				The centre should have their internal verification policy with stages one to three detailed in their internal verification policy document.
4.4	The effectiveness of the assessment and internal verification system must be monitored against SQA requirements and any necessary changes must be implemented.	Low	Green	The centre's internal verification policy is reviewed in line with their other polices to ensure that it continues to be effective.				
4.6	The centre must comply with requests for access to premises, records, information, candidates and staff for the purpose of external quality assurance.	High	Green	The centre complies fully with requests for access to premises, records, information, candidates and staff.				
4.8	Outcomes of External quality assurance must be disseminated to appropriate staff and any action points must be monitored against agreed timescales.	Medium	Green	There was good evidence from the notes of meetings to show that quality assurance reports are discussed with the assessment team.				
4.9	No-one with a personal interest in the outcome of an assessment is to be involved in the assessment process. This includes assessors, IVs and invigilators.	Low	Green	Inverclyde Council have a policy in place with regard to staff declaring any conflicts of interest. The centre also discusses this at their standardisation meetings.				

External Assessment

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
5.1	Information on examination procedures and timetables must be stored and disseminated internally.	High	**N/A**					
5.2	There must be a documented process for access for SQA QA staff.	High	**N/A**					
5.3	The centre must nominate invigilators.	High	**N/A**					
5.4	The accommodation and facilities provided must meet the assessment needs of all candidates and the modes of assessment.	High	**N/A**					
5.5	Examination materials and candidates assessments (including examination question papers, scripts and electronically-stored evidence) must be securely stored.	High	**N/A**					
5.6	Candidates must be informed of assessment criteria and mode and format of assessment by which they will be assessed.	High	**N/A**					
5.7	Accurate entry details and, where appropriate, estimates of performance for each candidate must be submitted.	Medium	**N/A**					
5.8	The centre must take steps to ensure that assessment evidence is the candidate's own work.	High	**N/A**					
5.9	The centre must respond to requests for feedback from candidates and SQA.	Low	**N/A**					
5.10	The centre must submit, where appropriate, within published timelines, assessment appeal requests which are supported by valid and reliable alternative evidence.	Medium	**N/A**					

Records/Data Management

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
6.1	There must be an effective documented system in place for supplying complete, current and accurate information to SQA for the purposes of registration, entries and certification.	Medium	Green	The centre has a documented procedure in place for supplying complete, current and accurate information to SQA for the purposes of registration, entries and certification.				
6.2	Candidates presented for assessment must be entered within SQA published timelines relevant to qualification type.	Medium	Green	All candidates are entered within the relevant timelines for the qualification type				
6.3	Candidates presented for certification must be resulted within SQA published timelines relevant to qualification type.	Medium	Green	All candidates presented for certification are resulted within the published timelines.				
6.4	A record of all current candidate home addresses must be retained. If the centre address is used for certification then candidate home addresses must be reinstated and submitted to SQA immediately following certification or withdrawal of entries.	Low	Green	The centre enters all candidates under their true home address.				
6.5	The centre must have a documented process in place to ensure scheduled data cleansing takes place.	Low	Green	Inverclyde Council has a policy for data cleansing which the centre adheres to.				
6.7	There must be an effective documented system for the accurate recording and storage of candidate records of achievement in line with SQA requirements.	Medium	Green	All candidate records of achievement are held in line with SQA requirements.				

6.8	Information on SQA qualifications, procedural requirements and candidates must be recorded and stored in accordance with current legislation on data protection.	Medium	**Green**	The centre obtains written permission from candidates so that they can send candidate personal information to SQA. These permissions are currently held in the candidate portfolio. These documents must be held centrally.				The centre must store their candidate data protection permissions in the centre in a locked location.
6.9	Records of all candidate registrations and entries, candidate assessment records and records of internal verification activity must be retained in line with SQA policy.	Low	**Green**	The centre has documented instructions regarding the retention of records and these are in line with current SQA requirements.				

Summary of Feedback to Centre	The feedback was constructed around the information in the report.

Name of Centre Representative present during feedback	
Name	**Designation**
Lisa Burton	SQA Coordinator

Evidence Seen	Centre manual containing - annual centre review report, candidates evaluation summary, notes of standardisation meetings, SVQ document control sheet, administrative forms, policy and procedural documents, co-ordinators forms, candidate induction handbook, assessor induction handbook. Further manual containing - assessor information, expert witness information, site locations. Candidate portfolios, CPD records and candidate induction pack.
Staff Interviewed	Lynne Armstrong - assessor and internal verifier for SVQ Health and Social Care levels 2 and 3.
General Information	The centre is moving premises to Port Glasgow in May.

Qualification Verification - Visit Report

Qualification verification is the process we use to confirm that SQA centres comply with the quality assurance criteria and are assessing their candidates in line with national standards. Guidance for centres relating to the qualification verification visit can be found at www.sqa.org.uk/qualityassurance.

Event ID	**73453**		
Centre Name	**Inverclyde CHCP**	Centre Number	**3010503**
External Verifier Name	**Suzanne Erasmuson**	External Verifier Contact Details	**suzie@vqinsight.co.uk**
Double Banker Name (if applicable)	**N/A**	Date of Visit	**01 May 14**
Head of Centre Name	**Mr Derrick Pearce**	Head of Centre Email Address	**Lisa.Burton@inverclyde.gov.uk**
SQA Co-ordinator Name	**Ms Lisa Burton**	Centre Email Address	**Lisa.Burton@inverclyde.gov.uk**
Verification Group	**Care**	VG Code	**82**
Verification Block	**SV**		
Units Allocated	**G7LN 22,G7LP 23,G7LV 23**	Sites Visited	**Gourock**
Actual Units Verified (if different from allocation)	**DK5V04, DK4104, DK8N04, DK8W04, DK6X04,**		

Summary of Visit		
Overall Outcome Rating	**Significant strengths**	
	Outcome Statement	Non-Compliant Criteria
Resources	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	
Candidate Support	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	
Internal Assessment and Verification	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	
Records/Data Management	**Significant Strengths identified in the maintenance of SQA standards within this Verification Group**	

Sanctions	

Records of Discussions	
Discussions with Candidates	Yes
if YES, please provide a brief summary of the discussion:	The candidates I met with spoke positively of their SVQ experience. They said their assessors were very supportive and provided them with clear guidance and plans to enable them to progress through their award. They both spoke of the learning journey they had been on and how their confidence had grown to be able to identify good practice and challenge poor practice in accordance with legislation and codes of practice/National Care Standards. They both explained that when they have come to the office on the off chance of meeting with their assessor if their assessor was not there the other members of the SVQ team were always proactive in offering support and guidance to them - so there was a real sense of the team working together in all situations.
Discussions with Staff	Yes

if YES, please provide a brief summary of the discussion:	I met with the SVQ Coordinator who provided me with information about the developments within the centre and the imminent move to premises in Port Glasgow. I was given a very comprehensive report from the coordinator detailing candidate entries, results and future programme delivery plans. This was very helpful for setting the visit in context.
Discussions with Assessors and/or IV	Yes
if YES, please provide a brief summary of the discussion:	I spent time with the SVQ team discussing the changes to the SVQs. I provided them with current materials and information on how to develop materials for the common knowledge points that feature across units at each level. I also highlighted some of the issues with the safeguarding units which SQA Care will provide further guidance on in due course. I confirmed that observation for each unit is required and assessors must make a professional judgement as to what is necessary to enable them to confirm the candidate is competent. I emphasised that the centre is free to use their own recording documentation or those developed by SQA Care as long as candidate evidence can be clearly tracked against the units.

Outcome Summary

2.3	2.4	2.8				
3.2						
4.1	4.2	4.3	4.5	4.6	4.7	4.8
6.6						

Resources

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
2.3	For regulated qualifications there must be documented evidence of CPD activities.	Low	Green	Detailed evidence of CPD records was provided by all staff members.				
2.4	Records must be maintained to provide evidence that the centre has sufficient competent staff who have the necessary qualifications, occupational experience and understanding to support the assessment and internal verification of qualifications being offered in the centre.	High	Green	Evidence was provided to demonstrate assessors and IVs meet assessment strategy requirements for current awards delivered.				
2.8	There must be evidence of initial and on-going reviews of assessment environment(s), assessment procedures, equipment, learnings and assessment materials.	High	Green	The team reviews the assessment materials on an ongoing basis and makes changes as appropriate in order to benefit the candidates.			The SQA Coordinator's update report provided comprehensive information about the centres current and future activity.	

Candidate Support

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
3.2	Candidates' development needs and prior achievements (where appropriate) must be matched against the requirements of the award.	Medium	Green	This is evidenced through the detailed assessment plans produced by the assessor and candidate.				

Internal Assessment and Verification

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
4.1	The centre's assessment and verification procedures must be documented and implemented to meet qualification and SQA requirements.	Medium	Green	Clear and detailed records available showing a good standard of assessment and verification practice within the centre.				
4.2	The centre must provide documented evidence to ensure that assessments are valid, reliable, equitable and fair.	High	Green	This is demonstrated through signed practice accounts by candidates, observation reports by assessors and monitoring of assessors practice by IVs.				
4.3	Evidence of candidates' work must be accurately and consistently judged by assessors against SQA's requirements.	High	Green	The team hold regular standardisation meetings to ensure candidate evidence is judged consistently. The team work closely together and so assessment practice is very tight in terms of fairness and consistency.				
4.5	The centre must take steps to ensure that assessment evidence is the candidate's own work.	High	Green	The centre has a malpractice policy and candidate are required to sign to confirm all evidence is their own work.				
4.6	The centre must comply with requests for access to premises, records, information, candidates and staff for the purpose of external quality assurance.	High	Green	All requests for access to premises and records were willingly accommodated by the team for the day of my visit.				
4.7	Candidate evidence must be retained in line with SQA requirements.	High	Green	Candidate evidence is retained in accordance with SQA policy and procedures				
4.8	Outcomes of External quality assurance must be disseminated to appropriate staff and any action points must be monitored against agreed timescales.	Medium	Green	Outcomes of External Verification visits are disseminated to team members through team meetings. i was able to sample minutes of theses meetings where outcomes from EV visits were discussed and areas to enhance delivery were taken on board				

Records/Data Management

	Criteria	Impact	Compliance Level	Comments	Required Action	Evidence Type / Required By Date	Good Practice	Recommendations
6.6	Comments/queries about the qualification specification, assessment guidance, qualification verification or related SQA matters must be resolved and recorded.	Low	Green	The centre has email correspondence with SQA Care and their EV for queries related to qualification delivery and meeting assessment strategy requirements.				

Summary of Feedback to Centre	The centre team continue to deliver a high quality SVQ programme. Candidate evidence is of a good standard with robust assessment and verification procedures and practice in place. The SQA Coordinator manages the centre activities effectively and it is clear from speaking with candidates that they feel well supported by the centre team. From the evidence sampled and from discussions with candidates, it is clear that they have gained insight into their work practice as a result of the SVQ process and this has enabled them to develop their knowledge and understanding of best practice and to be more confident in their job role. The positive outcome from this visit is a credit to the hard work and commitment of the SVQ team, lead by Lisa Burton.

Name of Centre Representative present during feedback	
Name	**Designation**
Lisa Burton	SQA Centre Coodinator
Duncan MacGillivray	Assessor/IV
Colin King	Assessor/IV
Bernadette Fox	Assessor/IV
Lynne Armstrong	Assessor/IV

Assessors / IV					
Name of Assessor/IV	**Assessor/IV**	**Awards/Units Sampled (eg. enter the codes and levels - G123 21**	**Interviewed on the visit (Yes/No)**	**Assessor/Verifier Qualifications Achieved if applicable**	**Assessor/Verifier qualifications being worked towards with target dates**
Lynne Armstrong	**A**	**DK5V 04**	**Yes**	**D32, D33**	
Lynne Armstrong	**IV**		**Yes**	**V1**	
Bernadette Fox	**A**	**DK6X 04,**	**Yes**	**A1**	
Bernadette Fox	**IV**	**DK8N 04**	**Yes**	**V1**	
Duncan MacGillivray	**A**	**DK41 04, DK8W 04**	**Yes**	**D32, D33**	
Duncan MacGillivray	**IV**	**DK8W 04**	**Yes**	**V1**	
Colin King	**A**	**DK8N 04, DK8W 04**	**Yes**	**D32**	
Colin King	**IV**	**DK6X 04, DK41 04**	**Yes**	**V1**	

Evidence Seen	I was able to sample evidence of candidate practice through reflective accounts and practice observations. This demonstrated candidates' ability to effectively link their knowledge and understanding to their work practice.
Spontaneous Sample	N/A
General Information	The centre team continues to offer a very robust SVQ programme - the time invested by the team in supporting candidates ensures quality outcomes.
Observation of Assessment Practice	N/A

Details of feedback for SQA	
Feedback to ASV	None
Feedback to QV	The centre address will be changing for the next visit to their new offices in Port Glasgow. Centre e-mailed to advise the need to inform SQA formally byt e-mail to the BDM/Centre records. J.Blain,SQA. 12/05/2014

Previous Recommendations
N/A

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 10

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/34/2014/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 714015**
Subject:	**Complaints Annual Report 2013- 2014**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Sub-Committee of the annual performance of the Community Health and Care Partnership (CHCP) with regard to the Statutory Procedures as determined by the Scottish Government Guidance and Directions on the operation of complaints procedures in respect of Social Work functions (SWSG5/1996). As we are an integrated CHCP, the report considers our complaints performance across all CHCP services and functions.

1.2 This Integrated Annual Report provides the analysis of complaints received by Inverclyde CHCP for the period 2013 – 2014.

2.0 SUMMARY

2.1 The annual report provides the following information:

i. Performance Information
ii. Analysis of complaints activity
iii. Update of developments linking complaints to quality assurance and service development.

3.0 RECOMMENDATION

3.1 The Sub-Committee is requested to note the annual performance of the CHCP with regard to complaints.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The purpose of this report is to inform the Inverclyde CHCP Sub-Committee of the annual performance in relation to the statutory Social Work and CHCP complaints procedures.

4.2 All formal complaints about social work services and functions are investigated in accordance with the Statutory Complaints Procedures laid down by the Scottish Government Guidance (SWSG5/1996), and complaints about health services or functions are considered in line with the NHS Greater Glasgow & Clyde Complaints Procedure. These procedures set out response times and reporting requirements including performance in handling and responding to complaints.

4.3 The Quality & Development Service and Head of Administration currently hold the reporting responsibility for managing, co-ordinating and developing the complaints function in the CHCP. Contracted Social Care Services are included in the statutory framework.

4.4 The Annual Report includes details of the following:

- Annual Performance in relation to informal & formal complaints.
- Analysis of complaints in respect of:
    - Health and Community Care
    - Children's Services and Criminal Justice
    - Mental Health, Addictions and Homelessness
    - Planning Health Improvement and Commissioning
- Outcomes and Service Improvement

5.0 PROPOSALS

5.1 Complaints Procedures

The Annual Report highlights the differences between the two complaints processes but focuses on where the processes are alike and can be reported together. Changes to the Scottish Public Services Ombudsman (SPSO) procedures, as noted at 5.2 and are due to be implemented within the current financial year, should allow us to begin to fully harmonise the two processes once they come into effect.

Service Improvements will continue to be reinforced with operational services as the basis for learning and development and continuous improvement as a result of complaints investigations and Service Improvement Plans.

5.2 Public Sector scrutiny and complaints handling

As the Sub-Committee will be aware from previous annual reports, the Scottish Government endorsed the recommendations made in The Fit-for-Purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008). The Public Services Reform (Scotland) Act 2010 was introduced to streamline, simplify and invoke a consistent complaint handling system as good practice in all Public Services in Scotland. Work is ongoing by the Government and SPSO to streamline the Social Work complaint procedure into a simplified three stage process as currently operated by NHS Greater Glasgow & Clyde. The table below outlines the current stages in complaint procedures for Social Work Services and the aim to better match the current NHS model.

Table 1 Complaint Procedure stages

Stage	**Current Social Work Model**	**Current NHS & Future Integrated Model**
1	Informal Resolution	Informal Resolution
2	Formal Investigation	Formal Investigation
3	Review by the Chief Social Work Officer	N/A
4	Appeal to the Complaint Review Committee.	N/A
5	Appeal to the SPSO	Appeal to the SPSO

5.2.1 Review by the Chief Social Work Officer (CSWO)

Stage 4 of the current Social Work model (Chief Social Work Officer Review), was incorporated into the Inverclyde Social Work complaint procedure process in late 1996. This additional stage was put in place because a formal Complaint Review Committee (CRC) can be intimidating or stressful for many complainants, so the CSWO Review aimed to give a further opportunity to scrutinise Social Work practice and resolve complaints prior to an appeal by the complainant to the CRC. This 4th stage in the procedure is a non-statutory requirement of the process.

5.2.2 Complaint Review Committee (CRC)

As part of the Fit for Purpose reviews complaint handling identified that a barrier to achieving the streamlining of Social Work complaints is the appeal stage of the process. It is the view of the Scottish Government in consultation with the 32 Local Authorities in Scotland, that the Complaint Review Committee (CRC) function is no longer fit for purpose and recommends its removal from the statutory framework to be replaced by adjudication of the Scottish Public Services Ombudsman (SPSO). However, as this function is set out within the Statutory Complaint Procedure legislative change is required prior to the transfer of this function to the SPSO.

5.3 **Governance**

The CHCP has established formal governance processes for the reporting of complaints activity as follows:

- Weekly Senior Management Team meetings (SMT)
- Bimonthly Clinical & Care Governance meeting
- Quarterly Performance Service Reviews (QPSR)
- Biannual Organisational Performance Report (OPR)

6.0 FUTURE PLANNING 2014-2015

6.1 **Integration of Complaint Processes**

At present we are working with two very similar but not identical processes. We have mapped the two and highlighted the differences, to support managers responding to complaints. If and when the CRC stage is removed from statute we will move to full alignment of the Complaint Procedures, effectively meaning that we will have a single process and procedure across the whole CHCP.

This will mean that complainants will have greater clarity on what they should expect from us, and it will be easier for them to access a truly independent review of their complaint via the SPSO if they are not satisfied with the outcome of our investigations.

Officers will be able to report complaints in a clearer way, and it will also be possible to properly baseline CHCP complaints activity and then undertake more meaningful trend analysis.

6.2 **Quality Assurance**

The CHCP Clinical and Care Governance Committee will continue to progress an integrated Service Improvement Quality Assurance System to consistently learn from complaints, including Service Improvement Plans that arise from complaints investigations.

As with established practice in social care for private and voluntary sector providers, the CHCP has commenced and will develop the gathering and monitoring of complaint activity from all local NHS Contracted Health providers such as GP, Dental pharmacy and Ophthalmic Services. This will be incorporated into the Health and Care Governance process.

6.3 **Equality Impact Assessment**

An equality impact assessment will be undertaken when a single local complaint procedure is being explored and developed.

7.0 IMPLICATIONS

Finance

7.1 There are no financial implications in respect of this report.

Financial Implications:

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There are no implications for the Council's Legal Services.

Human Resources

7.3 There are no implications for Human Resources.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

√	**YES** Equal Opportunities processes and procedures are embedded within the operational practices of CHCP complaints procedures. Governance processes to measure performance on the delivery of equal opportunities and equalities are implemented by the parent organisations of Inverclyde Council's Corporate Services and NHS Greater Glasgow and Clyde.
	NO -

Repopulation

7.5 None

8.0 CONSULTATION

8.1 We consult with all relevant stakeholders through existing mechanisms.

9.0 LIST OF BACKGROUND PAPERS

9.1 The Report of the Independent Review of Regulation, Audit and Inspection and Complaints Handling of Public Services in Scotland, Crerar Review (September 2007)

9.2 Government Response to Crerar Review, The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland. The Scottish Government, (January 2009)

9.3 Scottish Executive Circular – SWS56/1996.

9.4 The Fit-for-purpose Complaints System Action Group, The Scottish Government, Sinclair Report, (November 2008).

9.5 The Public Services Reform (Scotland) Act 2010.

Appendix 1

Inverclyde Community Health & Care Partnership
Annual Complaints Report
2013 – 2014

Contents

1. Introduction

1.1 Inverclyde CHCP regards complaints as an important dimension of service improvement and as such, complaints are given a high profile across all CHCP services and by both parent organisations of Inverclyde Council and NHS Greater Glasgow & Clyde. This is to ensure we have a consistent and quality-assured approach and continue to improve our performance in dealing with both formal and informal complaints and that complaints are used to improve our services.

1.2 CHCP governance processes require us to provide integrated reports on complaint activity weekly, bi-monthly, quarterly and six monthly bases to Senior Management within the CHCP as well as to the parent organisations.

1.3. This document contains performance information in respect of CHCP services during the 2013 – 2014 reporting period.

2. Summary of Performance

2.1 Number of Complaints

The CHCP received 48 formal and 37 informal complaints during the reporting period. There were 68 relating to Social Work services and 17 in respect of health services. The table below gives a breakdown of these:

Table 1 – Number of Complaints 2013-2014

	Number of Formal Complaints	Number of Informal Complaints
Social Work Service	36	32
Community Health Service	12	5
Total	48	37

During the comparable reporting period 2012/13, a total of 75 complaints were received by the CHCP. This indicates a 6.7% increase in the levels of complaints compared with the previous performance period.

2.2 Response Timescales

With regard to formal complaints, currently Health and Social Work have different timescales for complaint investigation and response. These are outlined in Table 2 below together with our performance in meeting them.

Table 2 – Complaint Timescale Reporting

Current & Comparable Year		2013/14				2012/13			
Service Procedure	Timescale	Number and % Met		Number and % Not Met		Number and % Met		Number and % Not Met	
Social Work	Acknowledged within 5 calendar days period.	35	98%	1	2%	35	100%	0	0%
	Completed within 28 days or agreed timescale.	35	98%	1	2%	30	91%	3	9%
Community Health	Acknowledged within 3 working day period.	12	100 %	0	0%	7	100%	0	0%
	Received and responded to within 20 working days.	10	83%	2	17%	2	40%	3	60%

Change Since the Previous Report

In comparison to the previous reporting period (2012/13), there has been a very slight increase in the number of social work complaints (from 35 in the last reporting year to 36 in this reporting year). There has been a higher increase in the number of health complaints, from 7 in the last reporting year to 12 in this reporting year.

Of the 48 formal complaints, 47 were acknowledged within the required timescales representing a 98% positive performance rate. This compares to a 100% positive performance rate in the last reporting period.

With regard to complaints fully responded to within timescales, 45 (94%) met the target compared to last year's performance of 84%. This indicates that although there has been a small increase in the number of formal complaints, our perfomance in responding has improved.

2.3 Formal Complaint Outcomes

Table 3 details the outcome of formal complaints.

Table 3 – Outcome of Complaints

Outcome	Social Work	Community Health
Upheld	7	1
Partially Upheld	12	4
Not Upheld	16	5
Withdrawn	1	1
Forwarded on	0	1

Of the 48 formal complaints, 24 (50%) were either upheld or partially upheld. When complaints are upheld, we work to identify where things went wrong and what can be done to improve what we do for the future.

2.4 Appeals

If complainants are dissatisfied with the outcome of their complaint, they have a right to appeal this decision. All complainants have ultimate recourse to the Scottish Public Services Ombudsman (SPSO) when appealing the outcome of their complaints. However, under the Statutory Complaint Procedure for Social Work Services, there are a further two interim stages of appeal prior to the Ombudsman review. These are:

- Review by Chief Social Work Officer.
- An Independent Review by the Complaints Review Committee.

To inform and assist complainants, they are provided with guidance leaflets at each stage of the process giving timescales within which they can request that the complaint is progressed to the next level of the complaint procedure.

The NHS complaint system has a two stage formal complaint process. These stages are:

- Formal investigation and written response.
- Appeal to the Scottish Public Services Ombudsman.

We are currently reviewing the two processes we have in operation, with a view to harmonising them in line with the principles of streamlining public sector complaints as outlined in the Scottish Government Response to the Crerar Review and the

Report of the Independent Review of Regulation Audit, Inspection and Complaints Handling of Public Services in Scotland. We await the reform of the SPSO systems and processes that will enable them to treat social work complaints by the same process that they currently treat other public sector complaints, and once their reforms are in place we will be able to implement full harmonisation.

The table below sets out the number of complaints progressed to the complaint appeal stages.

Table 4 – Number of appeals 2013-2014

Appeal Stage	No. Social Work	No. NHSGG&C
Chief Social Work Officer Review	9	0
Complaint Review Committee	2	0
SPSO	0	1

2.5 Service Improvement Action Plans

Inverclyde CHCP is committed to delivering quality services and strives to ensure continuous improvement and learning from complaints. As such, following investigation of a complaint, where the complaint is upheld or elements are partially upheld, recommendations may be made in a Service Improvement Action Plan.

Of the **twenty-four** complaints that were upheld or partially upheld, in most cases the service itself had taken immediate action to address the issue so a service improvement action plan was not required.

There were **four** Service Improvement Action Plans issued during the period 2013 / 2014, where **thirteen** recommendations were made. Table 5 below outlines the common themes.

Table 5 – Theme of Improvements

Theme of Recommendation	Number	Percentage
Line Management Action*	2	15.38%
Internal Processes**	9	69.24%

Communication***	2	15.38%

*This may involve actions being followed-up and monitored in staff supervision and staff appraisal.

**This included developing a new process; reviewing an existing process and general tightening of processes.

***Communication includes with service users, as well as within and between CHCP services.

Service Improvement Action Plans are monitored to ensure all recommendations have been addressed appropriately and that learning has been used to improve the quality of service delivery. It is our intention to reinforce this learning over the coming year and to also replicate the Service Improvement Action Plan process across CHCP Health Services.

3. Summary of Private/Voluntary Sector & NHSGG&C Contracted Services Complaints

3.1 Number of Private & Voluntary Social Care Complaints

The CHCP gathers and monitors complaint activity relating to private and voluntary social care organisations contracted to provide care and / or support on behalf of CHCP service users. This equates to approximately **140** (an increase of 20) different organisations providing a broad range of services.

During 2013 / 14 there were a total of 142 complaints received by private and voluntary sector providers.

Of these complaints, 79 (56%) were formal and 63 (44%) were informal.

- 78 (55%) of the 142 complaints related to Older People's services;
- 57 (40%) of the 142 complaints related to Adult services.
- 7 (5%) of the 142 complaints related to Children's services.

3.2 Private & Voluntary Social Care Complaint Outcomes

Table 6 details the outcomes of Independent Sector complaint investigations.

Table 8 – Private & Voluntary Social Care Outcomes

Outcome	Number	Percentage
Upheld	64	45%
Partially Upheld	22	16%
Not Upheld	47	33%
Withdrawn	1	1%
Ongoing	8	5%
Total	74	100%

The overall themes from these complaints focused on:

- Staff Practice - 34
- Care Practice - 37
- Policy and Procedure - 7
- Service Standards - 64

When such complaints are notified to the CHCP, the Commissioning Officers discuss issues and potential improvements at the regular governance meetings. The CHCP Quality & Development Service also uses complaint activity information to analyse themes and inform contract monitoring processes as well as liaison with the Care Inspectorate. This is part of our approach in relational contracting in assisting the provider to update practice improve operating systems or identify contractual service improvements. .

3.3 NHS GG&C Contracted Health Services

NHS private providers such as GPs, pharmacists, optometrists and Dental Practices are contracted to deliver NHS community health services. As part of the Clinical and Care Governance process, the level of complaint activity is monitored and reported.

There were 18 complaints received by GP practices during the 2013/14 reporting period, 17 of which were responded to within the NHS Complaint Procedure timescales.

The themes of the complaints were regarding:

- Non- description - 3
- Administrative Errors - 1
- Poor Clinical Care -3
- Attitude of staff/Communication - 6
- Confidentiality - 2

- Prescribing Errors -1
- Access - 2

The Independent Contractors respond to their own complaints and have their own arrangements for service improvement in response to complaints. However the Clinical and Care Governance Committee will make recommendations as and when required.

3.4 Turning Complaints into Service Improvements

The following case study is an example of how received complaints are transformed into service improvements under current CHCP complaint process following investigation.

Case Study

Background

A relative (complainant) of a Service User (C) submitted a written complaint to the CHCP Complaints Officer within the Quality & Development Service. The complainant stated that C had been left without support during a planned activity.

Basis of complaint

There were two elements to the complaint which were:

1. C was not provided with support as expected. On contacting the coordinators for the service, the relative was advised that the support had been withdrawn despite it being agreed that this would take place following a planned review.

2. The organiser advised that as there was no confirmation of resources by the specified date, the service came to a natural end. However, this had not been communicated to the complainant either by the service or the care manager.

The relative was left feeling unsupported and C vulnerable and felt there was a lack of consideration shown by the CHCP of the impact this had on their situation because of the breakdown in communication between two internal services.

Findings

Further to investigation the complaint was upheld. It was evident that the two departments failed to co-ordinate the service adequately in this instance. The Investigating Officer found that there were contributing factors which led to this situation.

Minutes of the previous review meeting had not been recorded accurately to enable all participants to be clear on future actions.

It was evident there was a lack of adequate communication between the two departments as the deadline for resources approached.

C or the complainant were not informed of the discontinuation of the service after the deadline for resource allocation had passed

Outcome

C and the complainant were provided with a formal written apology with the recognition that the CHCP had failed to provide the anticipated and required service. They were also provided with the information to allow them to escalate the complaint to the next level if they were dissatisfied with the complaint outcome.

Learning and Service Improvement

From the findings, it was recognised by the Investigating Officer that this issue could potentially reoccur and impact on other Service Users and their families, relatives or representatives. Therefore a service improvement action plan was issued making recommendations as follows:

- The Service Managers of the departments were required to meet with the departments involved to determine and reflect on why the issues had occurred and what action should be taken as a contingency if there was uncertainty about resource allocation decisions to the future.

- The services were required to ensure all review meetings were recorded in a minute capturing any subsequent action points and issued to participants to ensure clarity in decisions.

- The designated Service Manager was required to attend a meeting with the Service User and their relative to apologise

and discuss why the event had taken place and the lessons learned from the situation.

Quality Assurance

The Quality Assurance lead officer from the Quality & Development Service made follow-up checks for quality assurance purposes to ensure that the service improvement requirements had been implemented and the learning cascaded to colleagues in the respective departments.

4. Conclusion

This report highlights the performance of the CHCP in undertaking its commitment to providing the highest possible care and services to the local community. The information contained therein demonstrates that complaints and feedback are welcomed as well as valued as a vital service improvement tool. It further demonstrates that the CHCP recognises when we have failed to deliver our services or meet the expectations of Service Users, their representatives or members of the public and are given a high profile within our senior management team.

Helen Watson
Head of Planning, Health Improvement & Commissioning

Inverclyde council

NHS Greater Glasgow and Clyde

AGENDA ITEM NO: 11

Report To:	**Community Health & Care Partnership Sub Committee**	**Date: 28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No: CHCP/40/2014/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement and Commissioning**	**Contact No: 01475 715369**
Subject:	**Inverclyde CHCP Freedom of Information Annual Report**	

1.0 PURPOSE

1.1 The purpose of this report is to inform Sub-Committee Members of the number, themes and sources of Freedom of Information requests from July 2013 to June 2014, and our performance with regard to response timescales.

2.0 SUMMARY

2.1 The Freedom of Information (Scotland) Act 2002 (FOISA) came into force on 1st January 2005. The Act provides a statutory right of access to information held by Scottish public bodies and requires us to respond appropriately to requests for information made under the terms of the Act. Responses should normally be completed and issued within 20 working days of receipt of the request. Information is available through the Council and NHS Board's Publication Schemes, located at www.inverclyde.gov.uk and www.nhsggc.org.uk . Requests for access to information can be made by anyone, whether resident in the UK or not, and can be made for information held prior to enactment of the Act. The right of access to information is subject to a number of exemptions within FOISA.

2.2 During the year from 1st July 2013 to 30th June 2014, we received **153** requests under the terms of the Act, and of these **144 (97%**) were responded to within 20 working days (currently 5 still open and within timeframe).

3.0 RECOMMENDATION

3.1 Sub-Committee members are asked to review our Freedom of Information Annual Report, and comment as required.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Freedom of Information (Scotland) Act 2002 ("the Act") imposes a number of obligations on Scottish public authorities, including NHS Greater Glasgow and Clyde (NHSGG&C) and Inverclyde Council. The Act gives a general right of access to recorded information held by public authorities, subject to certain exemptions. The Act also imposes additional responsibilities:-

(a) to produce a Publication Scheme which is subject to approval by the Scottish Information Commissioner. Publication schemes are high level, strategic documents in which a public authority makes binding commitments to make information available to the general public. Such schemes:-

- provide clear evidence to the public that an authority is meeting its obligations under the Act to be accessible, open & transparent;
- enable the public to see what information is already published, and to access it without having to make a formal request for information;
- give employees clear guidance about the information that they can and should give out to the public so they can respond to information requests efficiently;
- help reinforce leadership messages about openness and accountability to staff at all levels in the organisation;
- are to be easily accessible and designed to be easy to understand and to use by everyone (including those with no internet access).`

(b) to respond to requests (which must be in writing or some other permanent form) made by anyone for information held by the authority within set timescales (normally 20 working days) regardless of when it was created, by whom, or the format in which it is now recorded.

(c) to advise an applicant if information is not held.

(d) to specify within the terms of exemptions set out in the Act if the authority refuses to release the requested information.

(e) to charge for the provision of information only in accordance with regulations made under the Act and to decline to provide information if the cost of doing so exceeds a specified level.

(f) to make applicants aware of their right to seek a review of any decision on a request for information and of the right to pursue an appeal to the Scottish Information Commissioner if dissatisfied with the decision of the authority.

4.2 Given that the CHCP is part of both Inverclyde Council and NHSGGC, there are two different processes in place. We have worked to streamline the system in that we receive FOIs through a central office and comply with the correct organisational procedure which in turn gives an overall picture of FOIs received. It is important to note that while there are slight variations in the detail of organisational processes, the legislation that covers both parent organisations is the same, as are the response timescale requirements.

5.0 REQUESTS RECEIVED

5.1 During the specified time-frame there were **153** FOI requests. Table 1 below outlines our performance in relation to timescales.

Quarter	*Total FOI Requests*	*Completed within Timeframe*	*Timeframe not met*	*Currently Open*
July–Sept 2013	35	32	3	-
October–December 2013	33	32	1	-
January–March 2014	42	42	0	-
April–June 2014	43	38	0	5
Total	**153**	**144**	**4**	**5**

Table 1 – Performance in respect of timescales

All of the above have come through the Council FOI system. There have been no local health FOI requests. Health requests have been centrally co-ordinated at the Health Board, and generally relate to the whole Board area, rather than Inverclyde specifically.

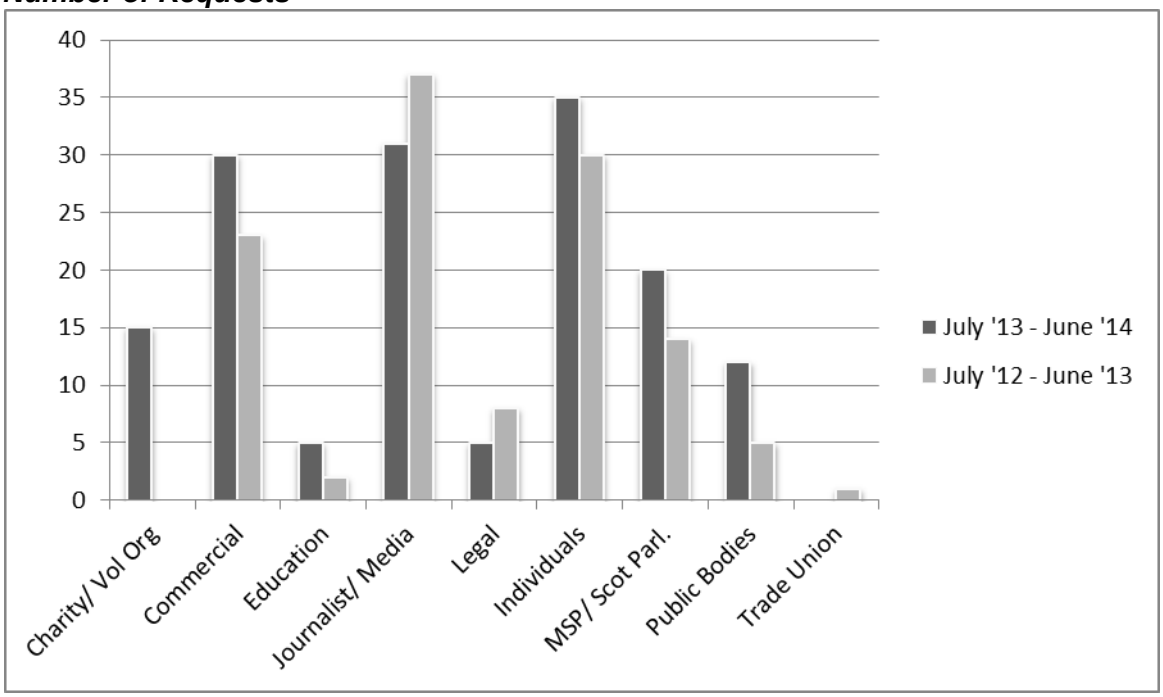
5.2 Table 2 and Figure 1 provide a breakdown of the source of requests for information in respect of Freedom of Information. This shows the majority of requests come from commercial and journalist/ media organisations (40%), followed by requests from individuals (23%).

Indicative source of request	July 2013– June 2014 number	July 2012– June 2013 number
Charity/Campaign/Voluntary organisations	15 (10%)	-
Commercial organisations	30 (20%)	23 (19%)
Education/research	5 (3%)	2 (1%)
Journalist/Media organisation	31 (20%)	37 (31%)
Legal Organisations	5 (3%)	8 (7%)
Individuals	35 (23%)	30 (25%)
MSP/Scottish Parliament/other elected official	20 (13%)	14 (12%)
Employees	0 (0%)	-
Other Public Body	12 (8%)	5 (4%)
Trade Union/Professional Representative body	0 (0%)	1 (1%)
Total	**153**	**120**

Table 2 – Source of requests

Fig 1 – the chart below shows indicative source of requests from July 2013 – June 2014 alongside comparator data from 2012/13.

Number of Requests



5.3 The information shows a 27.5% increase in the number of FOIs received, going from 120 in 2012/13 to 153 in 2013/14. The increase in number has come from third and commercial sector requests, but there have also been increases in the number of requests from individuals, politicians and other public bodies.

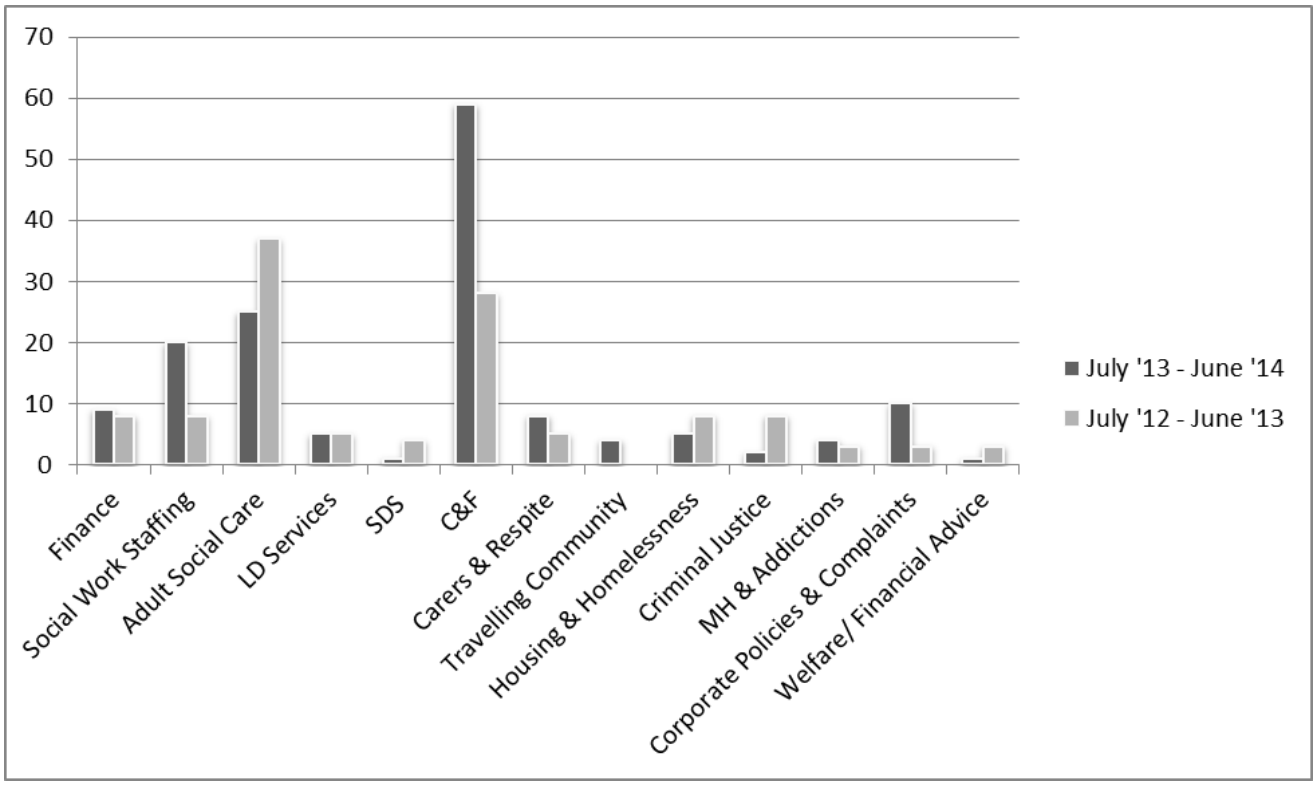
6.0 TYPE OF INFORMATION REQUESTED

6.1 A number of recurring themes were identified in the subject matter of requests for information. These are listed below together with a flavour of the detail of what was asked in relation to each key theme.

Themes	**July 2013 – June 2014 *number***	**July 2012 – June 2013 *number***
Finance	9	8
Social Work Staffing	20	8
Older People – *Social Care Fees/ Care Homes.*	25	37
Learning Disability Services	5	5
SDS Personalisation	1	4
Children & Families	59	28
Carers & Respite Services	8	5
The Travelling Community	4	-
Housing & Homelessness	5	8
Criminal Justice	2	8
Mental Health & Addictions	4	3
Corporate Policies & Reports/ Complaints	10	3
Welfare/ Financial Advice Service	1	3
Total	**153**	**120**

Table 3 – Themes of requests

Fig 2 – Themes are shown below between July 2013 – June 2014 along with comparator data from 2012/13, with detailed analysis showing an increase in FOI requests around Children and Families Services, with a reduction noted in respect of Older People's Services (Adult Social Care).



6.2 The biggest increases in relation to the themes are noted around information requests about Social Work staffing, Children and Families provision and corporate policies and reports/ complaints. We will review the information on the Publication Scheme relating to these aspects to see if it can be improved, to reduce the need for future FOI requests and responses.

7.0 CONCLUSION

7.1 Whilst we embrace the spirit of the Act, it should be noted that there is significant demand on staff with 153 requests from July 2013 to June 2014. We have issued 11 exemption notices during this period, both in respect of time and financial limits as this would have involved an excessive amount of staffing resource including front line practitioner resource to gather and return the information. To date no applicant has requested information which has been deemed exempt due to staff time and resource, therefore no charge for information has been issued by Inverclyde CHCP.

7.2 The majority of requests to Inverclyde CHCP come from individuals, journalists and the commercial media, which we seek to address by working with the corporate functions of the Council to further develop the Scheme of Publication to help interested members of the public, and to reduce the amount of time required to respond to requests.

7.3 The Council is in the process of developing a FOI Steering Group which will:-

- Oversee the implementation of local guidance based on the Scottish Ministers' Code of Practice on the discharge of functions by public authorities under the Freedom of Information (Scotland) Act 2002.
- Review current arrangements and make suggestions for better working and streamlining processes and consistency across the Council.
- Provide a forum for all staff with an FOI remit to come together to share knowledge and expertise.
- Discuss the volume and types of requests received by the Council, and amend the publication scheme as indicated.

- Monitor significant changes in access legislation and update each other on developments in the law.
- Make recommendations relating to the legislation when necessary and/or appropriate.
- Discuss performance of FOIs.
- Report to the Information Governance Steering Group on progress.

7.4 Members are asked to note this updated report on the operation of the Freedom of Information (Scotland) Act 2002 within Inverclyde CHCP and give any comments or view on the format of the report or on any area with regard to the Act.

8.0 IMPLICATIONS

Finance

8.1 Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

8.2 None at the time of this report

Human Resources

8.3 None at the time of this report.

Equalities

8.4 Has an Equality Impact Assessment been carried out?

√	YES EQIA assessment was conducted successfully on the Strategy and Action Plan.
	NO -

Repopulation

8.5 None at the time of this report.

9.0 CONSULTATION

9.1 None.

10.0 LIST OF BACKGROUND PAPERS

10.1 Freedom of Information (Scotland) Act 2002

10.2 http://www.legislation.gov.uk/asp/2002/13/contents

Inverclyde council

AGENDA ITEM NO: 12

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/32/2014/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement and Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Review of Inverclyde Carers Strategy 2012-15**		

1.0 PURPOSE

1.1 To provide elected members with a review of the implementation of the Strategy and Action plan in its third year relating to the Inverclyde (Adult) Carers Strategy 2012-15.

2.0 SUMMARY

2.1 This report advises of progress on the implementation of the action plan relating to the third year of the Strategy.

2.2 It also provides an update in relation to new initiatives, which have impacted on carers in the last year. This involved training for front line staff around the Equal Partners in Care (EpiC) principles as well as the introduction of the self-assessment tool for carers.

3.0 RECOMMENDATIONS

3.1 That the Sub-Committee note progress in relation to the implementation of the Strategy Action Plan in its third year.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 This report is based on a review of the final year progress relating to the implementation of the Inverclyde Carers (Adult) Strategy 2012-15. Progress is reported based on feedback from carers from various events, as well as identified outcomes from activities conducted in the past year.

4.2 **New Developments**

Some new initiatives have been introduced to the Action Plan this year, which included training for frontline staff in recognising carers as equal partners in the planning and delivery of care, and the rolling out of the self-assessment tool for carers.

4.2.1 Inverclyde was one of four areas in Scotland selected as a pilot area for a Joint National Project, organised by NES (National Health Service Education Scotland) and SCSS (Scottish Council of Social Services), which focused on improving staff awareness of the importance of the role played by carers in delivering care and support. The training was focused on principles which included recognising and identifying carers, supporting them by providing information, and signposting them to appropriate resources for support. We developed a partnership approach to the sessions by involving Carers Centre staff and carers, who delivered a short drama on their experiences.

4.2.2 We also took the opportunity during the training sessions to promote the new self-assessment tool for carers, which had been piloted last year, and encouraged staff to signpost carers to the Carers Centre to register and access supports on offer. This process is part of developing a clear pathway for carers with a consistent approach to delivering information and support. Over 120 front line staff participated in the pilot and the training will now be incorporated into the CHCP training plan and rolled out for other staff. We will monitor the outcomes of this training by seeking feedback from carers, through review processes and other feedback mechanisms.

4.2.3 Some areas of progress outlined in this review, are due to the work of staff employed through the Change Fund projects, which are due to terminate in March 2015. These projects have provided the opportunity to pilot different approaches to supporting carers in key areas and explore how we can most effectively integrate these practices into mainstream activity. Discussions are ongoing at the moment with Inverclyde Carers Centre, to develop an exit strategy for these projects and ensure that the learning and outcomes are incorporated into mainstream practice, both in the statutory and voluntary sectors.

5.0 PROGRESS TO DATE

The remainder of this report covers progress made in implementing actions relating to the Strategy in its final year.

5.1 **Short Breaks**

Outcome: Carers are enabled to direct their own support and have access to short breaks

5.1.1 **Direct Payments**

Carers have been provided with briefings around the introduction of SDS both in terms of events and information circulated through newsletters. The Carers Centre is also a partner with Inverclyde Council on Disability and Circles Advocacy in the Consortium, which is funded by the Scottish Government, to offer independent advice and support to carers and other individuals wishing to access SDS.

5.1.2 **Alternative Breaks**

The CHCP continues to offer a selection of choice for carers, by funding short breaks in a variety of settings, including residential, community based and holiday breaks for users of community care services.

5.1.3 **Families feel enabled to have breaks together**

The Short Breaks Bureau can arrange for families to have breaks together and can arrange for care to be provided at the alternative venue following an assessment.

The CHCP provides funding for the Carers Centre to arrange replacement care (sitting services) for a few hours or arrange overnight breaks for groups of carers to get some time away together. Carers have given positive feedback about the benefits of having short breaks of a few hours per week to have some time to themselves, catch up with friends or other family members, go to hairdressers or whatever. Carers also spoke favorably about being able to get away with other carers for a few nights to 'recharge the batteries' and the chance to develop new friendships.

5.1.4 **Carers Feel Supported**

The Carers Centre has effectively managed small budgets to provide short breaks for carers and could potentially play a greater role in this, as part of a preventative approach to supporting carers. Carers can also access the Scottish Government's Better Breaks scheme for families of children with disabilities to have a break away together through Inverclyde Carers Centre.

5.2 **Carers Health and Wellbeing**

Outcome: Carers are supported to live healthy active lives through access to quality services for them and their loved ones.

5.2.1 **Emotional Support**

The CHCP funds the Carers Centre to provide a range of therapies, including stress management, hand massage and relaxation courses, which are available by appointment. In addition, therapies are arranged for carer events and drop-ins at various venues, as part of the outreach work conducted by Carers Centre staff, throughout the community. More recently, stress management sessions have become available at GP practices and carers are being encouraged to access these.

5.2.2 **Health Checks**

There has been considerable progress over the past year in primary care settings towards addressing the needs of carers following the incorporating of carers needs into the core element of GP contracts.

- Health Checks have been offered to carers on an annual basis by nursing staff in GP practices. In recent months more GP practices in the area have been making this opportunity available to carers. Whilst take-up to date has been low, there remains a commitment to continue to promote the importance of these for carers. Nursing staff are starting to collate information gathered through the health checks for monitoring purposes.
- A recent practice learning event for GPs and their staff focused on the needs of older people and their carers. One of the sessions included an input on the EPiC principles and the role of health care staff in identifying carers. GP practices are now distributing the self-assessment tool to carers and signposting them to the Carers Centre.
- Health Improvement Staff have also run sessions for carers on the subject of Bowel Cancer Awareness and Breast Cancer Awareness with the aim of increasing screening levels.

5.2.3 **Counselling**

Counselling continues to be made available for carers through funding from the CHCP. The waiting list for this continues to grow as there is very little opportunity for counselling through other sources. Carers continue to identify this and stress management opportunities as being important supports in their caring role.

5.2.4 **Hospital Discharge**

- Hospital Discharge has been an area of concern for carers throughout the life of this Strategy. Carers have at times reported feeling excluded from the planning process around hospital discharge or feeling they have been given no information about the condition of the person they care for or where to seek support. It was in response to this issue that the Head of Health & Community Care allocated Change Fund funding to meet the needs of older carers to address this.

- The work conducted by Carers Centre staff involved in the Hospital Change Fund Project has met with considerable success, based on feedback from staff and carers alike. Staff from the Larkfield Unit report that they are more aware of the needs of carers and where to get advice and carers report feeling more supported and relieved that someone is focusing on their needs.
- A second post was created to work within the Tower block of the hospital due to the success of the work in the Larkfield Unit.
- Initial feedback would suggest that these posts have been very effective in bringing positive results for carers and also in promoting joined up working between agencies.
- Public transport continues to be an issue for carers in terms of visiting relatives, particularly in the evening.

5.3 **Carers who are facing specific challenges at transition periods**
Outcome: Improving transitions from children to adult services; adult services to specialist services including Dementia, Addictions and Mental Health.

5.3.1 The transition from children to adult services presents challenges to carers in terms of expectations and is linked to good information at the right time. Two case studies will be considered at the end of this Strategy to identify learning around this process and what progress carers feel has been made.

5.3.2 Carers find some situations more complex, for example where the cared for person's health or condition have changed for the worse. Training on specific conditions such as Strokes, Diabetes and Cancer-awareness has been arranged for carers. Alternative approaches to providing information and support are being sought. The establishment of the Self Care Network, designed to bring together a range of community resources will also benefit carers.

5.3.3 With the implementation of the Dementia Strategy and post diagnostic support, more carers are aware of the supports available. However prior to diagnosis, many carers are not aware of where to access support. The Dementia Strategy Communication group is working to raise more awareness around the support available and is working with a variety of agencies on this.

5.3.4 The establishment of the Hidden Carers Support Worker through the Change Fund has also helped to identify older carers, often with a mutual caring role, who may require some support to access services and supports.

5.4 **Carers are well informed and can access supports they need**
Outcome: Improving information available to carers, including assessment processes and advice on benefits and entitlements.

5.4.1 The production of over 2000 Information packs has proved popular with carers of older people and these have been distributed at key points such as hospital discharge and within GP practices. Further information packs are planned to cover a wider distribution of carers involved in a variety of caring situations.

5.4.2 The self-assessment tool has been widely distributed through the CHCP, Inverclyde Council and Partners, as well as on Solus Screens and GP practices. We will monitor the outcomes of the tool from the report, which we receive monthly from the Carers Centre.

5.4.3 The Carers Centre produces quarterly newsletters for carers who are registered with them, to keep them updated on policy developments and social events.

5.4.4 Information and advice sessions delivered by Financial Fitness have proved to be very popular with carers and these have been increased to weekly surgeries at the Centre.

5.4.5 Information events have been organised for carers around specific issues such as SDS, long term planning and the Dementia Strategy.

5.4.6 The Communications Group and the Interagency Carers Information Group continue to develop different approaches to disseminating information through producing a variety of newsletters, updating the website, links to useful websites, and use of Information screens in

GP practices and CHCP Offices.

5.5 **Carers and former Carers can access employment, training and volunteering**
Outcome: improve experience of carers in relation to key areas.

5.5.1 **Training**

- An interagency group of staff including Community Learning and Development, Health Improvement , Alzheimers' Scotland, Inverclyde Carers Centre and CHCP Training Team staff have worked together to arrange training for carers based on their expressed wishes.
- Training has been provided around dealing with Dementia (Ten Tips) and six week courses for carers of people with a new diagnosis.
- Training has been provided around Bowel and Breast Cancer Awareness

5.5.2 **Working with Employers**

- Health Improvement staff seconded to Inverclyde Community Development Trust have focused on working with Employers to address healthy working lives of staff and those who are carers.
- An event will be held for staff that are carers and work within the CHCP during Carers Week to enable them to register as carers and identify any needs that they may have.
- Carers have contributed to the delivery of the EPiC training through presenting drama scenes highlighting the experiences of carers. Staff have found this to be very powerful and effective in conveying the experiences of carers.

5.5.3 **Volunteering**

- Former carers continue to have the opportunity to volunteer at the Centre by assisting with organising events, preparing and mailing the newsletters, supporting other carers and organising social activities.

5.5.4 **Staff Training**

- Training was arranged for 120 staff during the pilot of the EPiC training where staff had an input regarding Carers Centre services, drama regarding the experiences of carers, as well as discussion about the importance of identifying carers and signposting them to the Carers Centre.

5.6 **Carers housing needs are addressed**

Outcome: Carers housing needs are addressed.
Housing continues to feature as an important issue for carers with a number of issues still outstanding towards the end of this strategy

5.6.1

- Carers report that the changes in Allocation policies away from the points system have impacted negatively on carers and feel that their needs are not being taken into account.
- Many carers report on the positive experience that carers have received on advice regarding equipment and aids and adaptations. However issues have also been raised by carers, where they feel decisions to be unfair around refusal to install ramps and other adaptations, which they feel impacts on them in their caring role.
- Carers often feel that they do not have sufficient knowledge or information about the types of aids and adaptations that are available to them
- Carers also report that they feel there is a shortage of suitable adapted housing in the area to meet the needs of the person they care for.

5.7 **Being Involved: Carers are included and involved**

Outcome: Carers are included and involved.

5.7.1 The Carers Network is now established and has representation on the CHCP Advisory Group. The Carers' Representative from this Network will, along with Carers Centre staff, arrange regular meetings of the Network for the purpose of identifying key issues to be raised with the CHCP thus enabling carers to be able to influence the planning and delivery of care.

5.7.2 Carers are involved as equal partners in the planning and delivery of care through involvement in care planning and reviews. The EPiC training conducted with staff across the CHCP will ensure that all staff understand the importance of these principles and outcomes around this will be monitored through feedback from carers.

5.7.3 Substantial work has been undertaken through the Change Fund project based at the Carers Centre around emergency and long term planning for carers. Carers have been supported to work through these plans and a series of information leaflets around legal aspects of long term planning have proved to be a major success. This work has helped to pioneer anticipatory care approaches within the CHCP including the development of an emergency care form to be held in GP practices.

5.7.4 Carers are supported to attend events and take part in planning processes through the provision of replacement care arranged through the Carers Centre.

6.0 IMPLICATIONS

Finance

6.1 There are no financial implications in respect of this report.

Financial Implications:

One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 N/A

Human Resources

6.3 N/A

Equalities

6.4 Has an Equality Impact Assessment been carried out?

√	YES EQIA assessment was conducted successfully on the Strategy and Action Plan.
	NO -

Repopulation

6.5 N/A

7.0 CONSULTATIONS

7.1 Carers were consulted at AGMs of the Carers Council and Carers Centre.

7.2 Carers have given feedback to the Carers Centre through focus groups and individual cases.

7.3 Feedback was also gathered from People Involvement sources including Advisory Group and Service feedback.

Inverclyde council

AGENDA ITEM NO: 13

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/42/2014/SMc**
Contact Officer:	**Sharon McAlees Head of Criminal Justice & Children's Services**	**Contact No:**	**01475 715379**
Subject:	**Scottish Government Proposals to Redesign the Community Justice System**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Sub Committee on the Scottish Government's proposals to redesign the Community Justice System in Scotland and specifically to advise of the Inverclyde response to the latest consultation paper. Comment is also made with regard to the preparatory work that will be required to support the transition from the existing arrangements to the new model.

2.0 SUMMARY

2.1 The Scottish Government has been consulting on the future of Community Justice structures since December 2012. The direction of travel has been towards a predominantly local model, which would see local authority responsibility and accountability for delivery of offenders services extend beyond the current operational responsibility for Criminal Justice Social Work to include strategic multi-agency planning and performance.

2.2 The latest consultation, the 'Future Model for Community Justice', captures current Scottish Government thinking on the new model and covers a breadth of detail. The consultation ran until the 2nd July 2014. In essence, it proposes replacing Community Justice Authorities (CJAs) with a local system, strategically planned and delivered through local partnerships set up within the context of Community Planning Partnerships (CPPs). The proposals also outline the establishment of a national body fulfilling an independent advisory and oversight function and to deliver those Scottish Government and current CJA functions best continued on a national basis.

2.3 The response supports the position being put forward by COSLA, ADSW and SOLACE.

2.4 Whilst the details of new arrangements are currently under consultation, with an announcement anticipated in the Autumn, it is clear that local arrangements for the strategic planning and delivery of community justice will be for CPPs to determine. Thus there is a need for local authorities to look beyond the present consultation process and to begin to consider how these new responsibilities might be implemented.

3.0 RECOMMENDATIONS

3.1 The Sub Committee is asked to note the contents of this report.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 COSLA, ADSW and SOLACE have acted together to promote and strengthen the local elements within the new model for delivery of criminal justice. There is recognition this has resulted in a number of gains that have been reflected in the proposed model. However, there also remains concern that some gains, which are the subject of open questions in the consultation paper, could be at risk of being eroded before the proposals are finalised and become law.

4.2 The principle concern is around the possible subordination of local community justice priorities, partnerships, democratic autonomy and accountability to the national body, Community Justice Improvement Scotland (CJIS).

4.3 Although the consultation paper envisages the national body being a small light touch organisation, the functions that are proposed for it could undermine such a vision in that they could potentially grow the body into something larger and more dominating than is required.

4.4 A further major concern is around the current lack of costing of the new proposal and the local partnership arrangements in particular. Indeed, the consultation does not specifically ask for a response to the issue of funding.

4.5 COSLA, ADSW and SOLACE have asked Councils to ensure their own response is supportive of all aspects of 'the local' within the proposed system.

4.6 There is an element of continuity within the new model, in that CJSW will continue to be managed and delivered at a local level. However, it will also require CPPs to have a closer relationship with CJSW, not least in terms of CPPs being aware of those statutory duties under the Social Work (Scotland) Act 1968 that will continue to exist at a local level. Moreover, how these duties might be supported within the CPPs' new functions of strategic planning and delivery of community justice will also require to be worked through. In addition, the balancing of existing statutory duties to work with offenders in the community alongside the suggested new duty to prioritise preventative approaches could prove challenging if funding remains an issue.

5.0 PROPOSALS

5.1 The Inverclyde consultation response has argued robustly in favour of the responsibility, leadership and accountability for local partnerships, their plans and performance remaining with CPPs, with the national body's role confined to being consultative and enabling. It has also commented on the resourcing of the new arrangements and challenged the assumption that this could be delivered on a cost neutral basis.

5.2 The Scottish Government, COSLA and CJAs have stated their commitment to ensuring that the move from the current structures to the new model for Community Justice in Scotland is as smooth as possible for all partners.

5.3 To facilitate this transition process the Scottish Government has intimated it will establish a change project to work with local partners to assist them in implementing the required local partnership structures.

5.4 CPPs are expected to play a full part in the transition arrangements in terms of beginning planning for their responsibilities under the new arrangements. Both the Scottish Government and CJAs have intimated that there will be awareness raising sessions and training on these new responsibilities.

5.5 As part of the preparatory work for this transition discussions are beginning at a local level to scope out what support and resources the Inverclyde CPP might require in the short, medium and long term to assist with the implementation of the new model.

Critical to this is to develop the thinking around where these new responsibilities will be placed within the CPP governance arrangements. To facilitate the transition process it may also be helpful to consider identifying a lead officer to plan and oversee this.

6.0 IMPLICATIONS

Finance

6.1 A review of the funding arrangements for those monies currently allocated to CJAs for the planning and delivery of services, most notably Criminal Justice Social Work Services, is currently underway. While no decisions have been made, there is growing consensus that the current funding formula is not fit for purpose. This work is being taken forward under the auspices of Reducing Reoffending Programme 2 (RRP2). However, under the new model it is proposed that the Scottish Government will retain responsibility for the allocation of funding, with advice from the new national body as appropriate.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 A legal framework will be required to support the new model. The indicative timetable for implementation suggests the legislation will not be implemented before 2016/17.

Human Resources

6.3 At present there are no staffing implications.

Equalities

6.4 The justice system continues to have a differential impact in relation to specific equality groups. The Scottish Government have indicated their intention to consult with the wider public, including victims and service users. As noted previously there is still a significant amount of detail to be worked through in relation to the proposed model. Thus an Inverclyde Council equalities impact assessment is not required at this juncture.

Has an Equality Impact Assessment been carried out?

√	YES
	NO –

Repopulation

6.5 None

7.0 CONSULTATIONS

7.1 The Scottish Government has held consultation events regarding the current proposals, which have been attended by both CHCP and Council staff.

8.0 CONCLUSIONS

8.1 The local dimension within the proposed model will involve Community Planning Partnerships in new duties and responsibilities with regard to strategic planning and service delivery for community justice. To date much of the focus has been on attempting to influence the new model within both the responses to the current and previous consultations. However, there is now urgency in commencing preparations for the shift from the existing structures to the new model.

9.0 BACKGROUND PAPERS

9.1 Consultation Response to Scottish Government

Inverclyde council

AGENDA ITEM NO: 14

NHS Greater Glasgow and Clyde

Report To:	**Community Health & Care Partnership Sub Committee**	**Date:**	**28th August 2014**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/45/2014/HW**
Contact Officer:	**Helen Watson Head of Planning, Health Improvement and Commissioning**	**Contact No:**	**01475 715369**
Subject:	**Consultation on Draft Regulations to Public Bodies (Joint Working) (Scotland) Act 2014**		

1.0 PURPOSE

1.1 To outline the implications of the Draft Regulations for CHCP Sub Committee and present a summary report of consultations responses.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act received Royal Assent on 1st April 2014. Since then the Scottish Government has issued two sets of draft regulations for consultation, the first set running from 12th May to 1st August, and the second from 27th May to 18th August.

2.2 The draft regulations clarify some of the detail of the legislation, and responses were submitted on behalf of Inverclyde Council and Inverclyde CHCP Sub Committee.

2.3 It should be noted that the requirements of the legislation are largely in line with our current CHCP arrangements, however there are some points of detail that should be considered and these are noted in the draft summary report.

2.4 Some key timeline milestones that should be noted are as follows:

Action	Completed by
Submit Inverclyde CHCP response to set 1 of regulations	1st August 2014
Submit CHCP response to set 2 of the regulations and present summary report on regulations to the CHCP Sub Committee.	18th August 2014
Develop draft Integration Scheme	31st December 2014
Consult on draft Integration Scheme	January-March 2015
Agree Integration Scheme at CHCP Sub Committee	23rd April 2015
Agree membership (both voting and non-voting) of IJB	23rd April 2015
Develop draft proposals for membership and workplan for HSCP strategic planning group	1st January – 28th February 2015
Agree membership of and set up HSCP strategic planning group	23rd April 2015

3.0 RECOMMENDATIONS

3.1 It is recommended that the Sub Committee note and comment on issues raised by both consultation responses.

3.2 The Sub Committee is asked to review and agree the key actions and timescales outlined at 2.4 above.

Brian Moore
Corporate Director
Inverclyde Community Health & Care
Partnership

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act received Royal Assent on 1st April 2014. Since then the Scottish Government has issued two sets of draft regulations for consultation, the first set running from12th May to 1st August, and the second from 27th May to 18th August.

4.2 It should be noted that the requirements of the legislation are largely in line with our current CHCP arrangements, however there are some points of detail that should be considered and these are noted in the report.

4.3 After the consultation period the finalised regulations will inform the content and detail of our HSCP Integration Scheme which will also include the detail of the new governance arrangements.

4.4 This report considers the implications of both sets of draft regulations, for consideration.

5.0 DRAFT REGULATIONS SET 1

5.1 The Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 – Set 1 cover the areas described at 5.2 through to 5.7.

5.2 Prescribed information to be included in our Integration Scheme. We have not identified any problems with the requirements as they align closely with our current Scheme of Establishment. The legislation requires that we include:

- Local governance arrangements for the Integration Joint Board (IJB), including the number of members that will be appointed by the Local Authority and Health Board, and whether the first Chair will be from the Local Authority or Health Board.
- Local operational delivery arrangements for the functions delegated to the IJB.
- Performance targets, improvement measures and reporting arrangements.
- Clinical and care governance of services.
- The operational role of the Chief Officer.
- The line management arrangements for the Chief Officer.
- Plans for workforce development.
- Financial management and reporting arrangements.
- The use of capital assets.
- Participation and engagement arrangements.
- Information sharing and data handling.
- Complaints procedures.
- Risk management.
- Dispute resolution.

5.3 Prescribed functions that must be delegated by the Local Authority.

These are listed thus:

- Social work services for adults and older people;
- Services and support for adults with physical disabilities;
- Services and support for adults with learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse;
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;

- Housing support services, aids and adaptations;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

Most of the functions prescribed are already included within our CHCP arrangements. We note however that Domestic Abuse is included under the prescribed functions and this currently sits with the Council's Community Safety Partnership. We stated in the draft response that there should be an option to include this in HSCPs, but that we would prefer locally that it remains within the Community Safety Partnership because it is best addressed as a cultural issue rather than a service provision issue. We also suggested that sensory impairment services should be considered within the prescribed functions as there are clear potential advantages to linking social work and clinical services in terms of improving referral pathways.

5.4 Prescribed functions that may or must be delegated by the Health Board.

The consultation asked for views on functions that may be delegated, and on services that must be delegated. Given that the *functions* described within the schedule are optional at this stage, these would be subject to further discussion between the Council and the Health Board, as we would need clarity about the potential implications for the HSCP if it was to accept responsibility for some of these functions, and in what context. With regard to the *services* that must be delegated (see appendix 1), we request further clarity in certain areas. For example, with regard to unscheduled care, we would want to be clear that there would be no expectation that the new Inverclyde HSCP will have operational responsibility for Inverclyde Royal Hospital services. Over the past six months we have been piloting work with acute colleagues and local GPs to identify the detail of how our population uses the local hospital. This activity has also highlighted variation in referral patterns and rates from local GPs to hospital departments, and this sets a firm basis for developing an understanding of how we can improve referral and care pathways at the interface between acute and community services. We believe that this considered approach will provide a better means of improving patient outcomes rather than a straight shift in responsibilities that does not take account of the things that might need to change, such as patterns of usage or modes of delivery. With regard to unscheduled care, we also suggested that the reference to "emergency conditions" needs to be clarified. We have assumed that this relates to illnesses but suggest that it would be helpful to make distinction regarding cases of trauma such as serious RTAs or other accidents. Given the level of specialism needed, it may not be possible to resource the required expertise at HSCP level. If this is not explicit, the regulations might raise unrealistic expectations.

We have also suggested a challenge to the inclusion of "Women's Health Services". Modern health services have moved away from "Women's Health Services" thinking and organising of services, in a focused attempt to shift the emphasis on sexual health responsibility away from just women and towards both partners. In Inverclyde we have been particularly successful in this regard with the highest rate of male partner engagement with sexual health services across the whole NHSGGC area. We are also concerned that by placing the emphasis on women, this could create a perception of excluding the MSM population from accessing services. Sexual Health services are currently delivered on a Board-wide basis with local hubs, and this works well. Fragmenting existing arrangements runs a risk of services not having the necessary critical mass of patients to make them clinically sustainable at HSCP level.

5.5 Proposals for national health and wellbeing outcomes.

The consultation sought views on whether the outcomes cover the right areas or if additional areas needed to be covered and whether the outcomes will be understood by users of services as well as by those planning and delivering them. The proposed outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

These proposed outcomes are reflective of earlier iterations and officers are satisfied that they cover the right areas. The outcomes focus on improved experience and person-centred outcomes for service users, while many of our existing performance requirements, targets and returns focus on systems, outputs and processes. This means that the two will potentially be at odds with each other. We therefore proposed that national return requirements need to be fully reviewed and revised to reflect delivery on the outcomes and not the systems.

6.0 DRAFT REGULATIONS SET 2

6.1 The Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014 – Set 2 cover the areas described at 6.2 through to 6.5.

6.2 Prescribed groups which must be consulted when preparing or revising our Integration Scheme; preparing our Strategic Plan, and when making decisions affecting localities.

The regulations specify a list of standard consultees as follows:

- Health Professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

We have not identified any omissions from this list.

6.3 Prescribed membership, powers and proceedings of IJBs.

The regulations largely follow what was set out in the earlier policy statement. The powers of IJBs are prescribed, as well as their membership and how their proceedings are to be conducted.

The membership arrangements set out in the draft Order are intended to ensure parity in both membership and decision making for the Health Board and Local Authority.

Therefore it is proposed that:

- The Local Authority and the Health Board must nominate the same number of representatives to sit on the Integration Joint Board
- The Health Board and the Local Authority must agree on the number of representatives that they will each nominate
- The Health Board and Local Authority must put forward a minimum of three nominees each, however Local Authorities can require that the number of nominees is to be a maximum of 10% of their full council members
- The Local Authority will nominate councillors to sit on the Integration Joint Board
- The Health Board will primarily nominate non-executive directors to sit on the Integration Joint Board

Discussions are ongoing between Inverclyde Council and Greater Glasgow & Clyde Health Board regarding the number of representatives that each will nominate.

N.B. – The Chair and Vice Chair will be appointed with one being an Elected Member and the other being a Health Board appointee. The term of office of Voting Members is to be agreed between the Council and the Health Board but must not exceed 3 years, although Members can be reappointed. The Council and the Health Board must agree who is to appoint the first Chair and the term of office, and where the Council appoints the Chair, the Health Board will appoint the Vice Chair and vice versa. In the case of a tied vote, the Chair will have a casting vote, or where the Chair is absent, the Vice Chair will have a casting vote.

Non-voting Members

- The Chief Social Work Officer.
- A registered health professional employed and chosen by the Health Board.
- The Chief Officer of the IJB.
- One staff-side representative.
- One Third Sector representative.
- One service user representative.
- One carer representative.

With regard to voting members parity of representation has been a central expectation from the outset, and the regulations make allowance that Health Boards might have difficulty in nominating three non-executive directors. On that basis there is provision to reduce the number of non-executive directors to two, and have the third place filled by another “appropriate person”.

While the voting members are prescribed and limited by the regulations, the specified non-voting representatives are set as a minimum and our IJBs will be able to include whatever non-voting representation it regards as appropriate. On that basis officers have not identified any issues with the list of prescribed non-voting members.

The draft regulations also require the IJB to adopt procedural standing orders. In the main, it is for the IJB to decide what should be included in these but certain minimum requirements are included in the regulations relating to:

- Calling of Meetings
- Notice of Meetings
- Quorum (at least two thirds of each party’s Voting Members must be present)
- Conduct of Meetings
- Deputies (can be sent in place of a Voting Member and can vote but, if the depute is there in place of the Chair (or Vice Chair) they may not preside over the meeting and may not have a casting vote)
- Conflict of Interest
- Records

What is not clear from the draft regulations is a description of how the IJB will relate to the Council and the Health Board in terms of governance and accountability.

6.4 Prescribed membership of strategic planning groups.

The Act requires IJB to establish a strategic planning group comprising membership from the following list, as a minimum requirement.

- Health professionals
- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

While we recognise the importance of taking an inclusive approach and note that the list is set as a minimum, our experience as a CHCP has highlighted that it is not always helpful to focus on the need to have separate "health" and "social work" representation, as this can foster an ethos of emphasising differences rather than working to integrate not only in practice, but in thinking and culture. On that basis we propose that the prescribed list should be modified, and suggest the following:

- 2 x Health/Social Care professionals who operate within the local authority area
- 2 x Users of Health/Social Care who reside within the local authority area
- 2 x Carers of users of Health/Social Care who reside within the local authority area
- Commercial providers of health/social care who operate within the local authority area
- Non-commercial providers of health/social care who operate within the local authority area
- Non-commercial providers of social housing within the local authority area
- Third sector bodies within the local authority carrying out activities related to health or social care

We also note that in common with many other local authorities, we do not have commercial providers of (only) health care. Such providers will offer care under a social model of health which makes them difficult to distinguish from commercial providers of social care.

6.5 Prescribed form and content of performance reports.

The regulations prescribe what needs to be included in the annual performance report, specifically:

- Progress to deliver the national health and wellbeing outcomes.
- Information on performance against key indicators or measures.
- How our strategic planning and locality arrangements have contributed to delivering services that reflect the integration principles.
- Details of any review of the strategic plan within the reporting year.
- Any major decisions taken outwith the normal strategic planning mechanisms.
- An overview of the financial performance of the HSCP.
- The extent to which the HSCP has moved resources from institutional to community-based care and support, by reference to changes in the proportion of the budget spent on each type of care and support.

Officers have considered this list and believe that the draft prescribed content should enable robust scrutiny by the IJB as well as support a shift in focus away from service activity and outputs, and towards a focus on service user experience and outcomes.

7.0 IMPLICATIONS

Finance

7.1 Inverclyde Council has received a one-off sum of £135,000 to support the transitional arrangements needed to meet the requirements of the Act.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There will be a requirement to develop revised Standing Orders for the emerging IJB and revisit the existing Standing Orders in respect of the Health and Social Care Committee. We will require legal guidance on ensuring clarity on constitutional issues around how the Council will oversee the IJB and its performance.

Human Resources

7.3 No human resources implications identified at this time.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 No repopulation implications identified at this time

8.0 BACKGROUND PAPERS

8.1 Consultation Documents

Appendix 1

Table: Health services that must be included within integration

This table lists services that **must** be included within the scope of integrated strategic planning, as part of whole system redesign in favour of preventative and anticipatory care in communities.

In each case, integration must include all **adult** provision; inclusion of children's services in integrated arrangements is left to the discretion of local partners. Additional services covered by the list of functions that **may** be included in integration can, of course, also be delegated locally.

Note that, where "patient's home" is referred to as a place where a service is delivered, this includes care homes.

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Unplanned inpatients	Medical care for urgent or emergency conditions in relevant specialities, to be described in statutory guidance	Doctors, nurses, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients who have had an unplanned admission to hospital	In hospital and on occasion part of that care may be provided in the community in 'step-up' and step-down' beds
Outpatients - Accident & Emergency	Medical care for urgent or emergency conditions, not requiring hospital admission	Doctors, nurses, AHPs, dentists and dental care professionals	To review patients seen in A&E with minor problems who do not require admission but do require review	In hospital
Care of Older People (previously known as geriatric medicine)	Medical care for older people, to the extent not covered by unplanned admissions	Doctors, nurses, AHPs, dentists and dental care professionals	To provide assessment, investigation, diagnosis, care planning and treatment of older people	In hospital, surgeries and community clinics

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
District Nursing	Full range of nursing services	Nurses	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In surgeries, community clinics and patients' homes
Health Visiting	Full range of health visiting services, as they apply to adults	Health visitors	To provide assessment, care and protection of children (where relevant) and older people	In surgeries, community clinics, and patients' homes
Clinical Psychology	Full range of clinical psychology services	Clinical psychologists, clinical psychology assistants	To provide assessment, investigation, diagnosis, care planning and treatment of patients with psychological problems and distress	In hospital, community clinics, surgeries and patients' homes
Community Mental Health Teams	Full range of services for those with mental health problems **Note**: Integration Authorities should have a coordination and governance role in relation to more specialist mental health services that the population may require	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with mental health problems and psychological distress	In community clinics, surgeries and patients' homes
Community Learning Difficulties Team	Full range of services for those with a learning difficulty	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with learning difficulties	In community clinics, surgeries and patients' homes

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Addiction Services	Full range of services, inpatient and outpatient, for those with addictions	Doctors, nurses, pharmacists, AHPs	To provide assessment, investigation, diagnosis, care planning and treatment of patients with addictions	In hospital, community clinics, surgeries and patients' homes
Women's Health Services (includes family planning services)	Full range of well woman and family planning services	Doctors, nurses	To provide assessment, investigation, diagnosis, care planning and treatment of women's health, sexual health and contraception (family planning) services	In hospital, community clinics, surgeries and patients' homes
Allied Health Profession Services	Full range of services delivered by all the allied health professionals	Allied Health Professionals	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In hospital, community clinics, surgeries and patients' homes
GP Out-of-Hours	Assessment, treatment and sometimes referral on to specialist care, of those who present with urgent or emergency care needs in the out of hours period	Doctors, nurses	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In out-of-hours centres (hospitals and community clinics) and patients' homes
Public Health Dental Service (previously known as community dental services)	Dental services	Dentists, dental care professionals	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In hospitals, surgeries, community clinics, and patients' homes

Service	What does the service involve?	Who provides the service?	Why is the service provided?	Where is the service delivered?
Continence Services	Assessment, investigation, diagnosis and treatment of those with continence problems	Nurses, technicians	To provide assessment, investigation, diagnosis, care planning and treatment of patients	In community clinics, surgeries and patients' homes
Home Dialysis	Usually patients manage this themselves but some may need nursing assistance to carry out their own renal dialysis	Patients, nurses	To support those who self-manage dialysis in their own homes	In patients' homes
Health Promotion	All aspects of health promotion activity for lifestyle advice, screening for early disease	Doctors, nurses, AHPs, pharmacists, dentists, dental care professionals	To provide all aspects of health promotion, lifestyle and health improvement services	In surgeries, community clinics, and patients' homes
General Medical Services (GMS)	Full range of services provided by general medical practitioners and their teams	Doctors, nurses, Health care assistants, phlebotomists	To provide the full range of general medical services as set out in legislation and guidance, including to the assessment, investigation, diagnosis, anticipatory care, care planning and treatment of patients	In surgeries, community clinics, and patients' homes
Pharmaceutical services - GP prescribing	Prescribing and dispensing of all medication and therapeutic agents	GPs, nurse prescribers, prescribing pharmacists working in GP practices	To provide the full range of prescribing services set out in legislation and guidance	In surgeries, community clinics, and patients' homes

INVERCLYDE COMMUNITY HEALTH AND CARE PARTNERSHIP SUB-COMMITTEE

AGENDA AND ALL PAPERS TO:		
Councillor McIlwee		1
Councillor Jones		1
Councillor McCabe		1
Councillor Rebecchi		1
Councillor MacLeod		1
All other Members (for information only)		15
Officers:		
Chief Executive		1
Corporate Communications & Public Affairs		1
Corporate Director Community Health & Care Partnership		1
Head of Children & Families and Criminal Justice		1
Head of Community Care & Health		1
Head of Planning, Health Improvement & Commissioning		1
Clinical Director		1
Head of Mental Health & Addictions		1
Corporate Director Education, Communities & Organisational Development		1
Head of Finance		2
Acting Corporate Director Environment, Regeneration & Resources		1
Head of Legal & Property Services		1
J Douglas, Legal & Property Services		1
S Lang, Legal & Property Services		1
Chief Internal Auditor		1
File Copy		1
Ken Winter, NHS Greater Glasgow & Clyde		1
Diana McCrone, Staff Partnership Forum		1
Nell McFadden, Public Partnership Forum		1
	TOTAL	**40**
AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:		
Community Councils		10
Karen Haldane, "Your Voice", 12 Clyde Square, Greenock		1
	TOTAL	**51**