
Report To:	Community Health & Care Partnership Sub-Committee	Date:	8th January 2015
Report By:	Brian Moore Corporate Director Inverclyde Community Health & Care Partnership	Report No:	CHCP/03/2014/HW
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Subject:	Learning from Inspection Annual Report 2013 - 2014		

1.0 PURPOSE

- 1.1 This report presents a strategic overview of the inspections undertaken during the period 2013 - 2014 of the CHCP regulated service provision, identifying key themes and outlining potential future developments in supporting these services.

2.0 SUMMARY

- 2.1 From 1st April 2013 – 31st March 2014 there were 10 inspections carried out across all of the CHCP internal regulated services by the Care Inspectorate.
- 2.2 Overall, services achieved “very good” (grade 5) in 55.56% of inspections; “good” (grade 4) in 41.67% and “excellent” (grade 6) in 2.77% of inspections.
- 2.3 The Care Inspectorate made 16 recommendations; 7 in children’s services and 9 in learning disability services. They also stipulated 3 requirements in children’s services.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the CHCP Sub Committee notes the Learning from Inspection Annual Report as set out in Appendix 1.

Brian Moore
Corporate Director
Community Health & Care Partnership

4.0 BACKGROUND

- 4.1 On 1 April 2011 the work of the Care Commission passed to a new body, the Care Inspectorate.
- 4.2 It is an offence under the Public Services Reform (Scotland) Act 2010 to provide a care service that is not registered with the Care Inspectorate.
- 4.3 Registered services must continuously meet the requirements of the Public Services Reform (Scotland) Act 2010, the National Care Standards, and any other legislation relevant to the service including any Scottish Statutory Instruments.
- 4.4 The Care Inspectorate grade against four quality themes, with each of the themes having various quality statements under-pinning them. The quality themes include:

Quality Theme 1: quality of care and support;
Quality Theme 2: quality of environment;
Quality Theme 3: quality of staffing;
Quality Theme 4: quality of management and leadership
- 4.5 There are 13 internal services within the CHCP that are registered and therefore regularly inspected by the Care Inspectorate. This includes six children's services; three learning disability services; 3 older people's services and a homeless service.
- 4.6 Where the Care Inspectorate find there is an aspect of a service that could be done better they may make a recommendation. This recommendation will set out actions the service should take to improve or develop the quality of the service.
- 4.7 Where the Care Inspectorate find a service is not complying with the Public Service Reform (Scotland) Act 2010, or the conditions of its registration, they must make a requirement. A requirement sets out what a service must do to comply and are legally enforceable.
- 4.8 Where any recommendations or requirements have been made, a service will develop an action plan to address the issues identified.

5.0 PROPOSALS

- 5.1 The CHCP could consider several different options for sharing good practice and further development. It may be helpful to develop a forum to discuss common themes identified from inspections. Another option is to develop a formal peer support / critical friend with another service area.
- 5.2 A further focus could be on further developing service user and carer participation. This could include, for example, input in delivering staff training; being lay assessors as part of existing quality assurance processes in services and finally being involved in service developments including in recruitment.

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 this report.

Human Resources

6.3 There are no human resources implications in this report.

Equalities

6.4 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out?

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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 at the time of this report.

7.0 CONSULTATIONS

7.1 There is extensive consultation undertaken as part of each inspection and on an on-going basis by services themselves as part of their respective Participation Policies.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.



Learning from Inspection

Annual Report 2013-2014

Learning from Inspection

Introduction

There are **13** internal services within the CHCP that are registered and therefore regularly inspected by the Care Inspectorate. From 1st April 2013 – 31st March 2014 there were **10** inspections carried out across all of the CHCP internal services. Table 1 details the service and inspection grades, as well as the number of requirements and recommendations made. Care & Support at Home; Inverclyde Day Services; Fitzgerald Centre and the Homeless Service were not inspected during this timescale and are therefore not included in Table 1.

Table 1 – Service Inspections 2013 - 2014

Service	Service Area	Date of Inspection	Quality Theme 1	Quality Theme 2	Quality Theme 3	Quality Theme 4	Requirements	Recommendations
Adoption	Children's Services	14.03.14	Grade 5	-	Grade 5	Grade 4	0	1
Fostering		28.02.14	Grade 5	-	Grade 5	Grade 5	0	1
Crosshill		21.03.14	Grade 4	Grade 5	Grade 5	Grade 4	1	1
Kylemore		29.07.14	Grade 4	Grade 5	Grade 5	Grade 5	0	1
		03.09.13	Grade 5	Grade 5	Grade 6	Grade 5	0	0
Neil Street		16.04.13	Grade 5	Grade 4	Grade 5	Grade 4	2	0
Throughcare		17.01.14	Grade 4	-	Grade 4	Grade 4	0	3
McPherson Resource Centre	Learning Disability Services	09.12.13	Grade 5	Grade 4	Grade 4	Grade 4	0	4
Support & Care at Home		31.01.14	Grade 4	-	Grade 4	Grade 4	0	5
Respite	Older People's Services	09.12.13	Grade 5	Grade 5	Grade 5	Grade 5	0	0

Learning from Inspection

Explanatory Notes

Quality Themes

There are four quality themes the Care Inspectorate can select to inspect and may choose not to look at all four as part of each inspection. The four themes are:

Quality Theme 1• quality of care and support: how well the service meets the needs of each person who uses it.

Quality Theme 2• quality of environment: where the service is delivered: for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is.

Quality Theme 3• quality of staffing: the quality of the staff, including their qualifications and training.

Quality Theme 4• quality of management and leadership: how the service is managed and how it develops to meet the needs of the people who use it.

Each quality theme has several quality statements under-pinning it. These are explored in more detail later in this report.

Grading

The Care Inspectorate use a six point grading scale as outlined below:

Grade 6 – Excellent

Grade 5 – Very good

Grade 4 – Good

Grade 3 – Adequate

Grade 2 – Weak

Grade 1 – Unsatisfactory

Recommendations

Where the Care Inspectorate find there is an aspect of a service that could be done better they may make a recommendation. This recommendation will set out actions the service should take to improve or develop the quality of the service.

Learning from Inspection

Requirements

Where the Care Inspectorate find a service is not complying with the Public Service Reform (Scotland) Act 2010, or the conditions of its registration, they must make a requirement. A requirement sets out what a service must do to comply and are legally enforceable.

Analysis Summary

Overall, services achieved “very good” (grade 5) in **55.56%** of inspections; “good” (grade 4) in **41.67%** and “excellent” (grade 6) in **2.77%** of inspections. Table 2 below outlines the overall grade for each quality theme.

Table 2 – Grade breakdown of Quality Themes

Quality Theme 1		Quality Theme 2		Quality Theme 3		Quality Theme 4	
Grade 6	0	Grade 6	0	Grade 6	10%	Grade 6	0
Grade 5	60%	Grade 5	66.67%	Grade 5	60%	Grade 5	40%
Grade 4	40%	Grade 4	33.33%	Grade 4	30%	Grade 4	60%

There were **16** recommendations made; **7** in children’s services and **9** in learning disability services. There were **3** requirements stipulated and all of these were in children’s services. Both recommendations and requirements are detailed later in this report.

Where any recommendations or requirements have been made, a service will develop an action plan to address the issues identified.

Of particular note is that that the **3** requirements and **5** of the recommendations all relate to the specific quality theme 4, 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”*.

The remainder of this report extracts key sections from inspection reports and presents findings from across service areas. It details individual quality statements and the suggested areas for improvement. This offers a strategic overview to identify common themes and opportunities for learning and peer support.

Learning from Inspection

What the service does well		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People' Services</i>
<ul style="list-style-type: none"> • Partnership working and links with children's health and area teams. • Investment in services • Work with birth parents in planning and decision-making. • Participation methods are embedded in daily practices. • All aspects of care planning and practice are highly personalised to meet individual needs. • Staff focus on building positive relationships. 	<ul style="list-style-type: none"> • There is a range of activities that service users can try. • Health promotion and health passport is good. • There is a health advocacy group. 	<ul style="list-style-type: none"> • Staff are familiar with likes, dislikes and support needs of people. • Flexibility of service. • The use of the "Your voice" forum. • Choice of activities.

The primary strength identified is the links services have with other agencies, particularly with health services. While there are specific factors for each service area; there are also opportunities for learning in, for example, health promotion; participation methods and personalisation.

Learning from Inspection

What the service could do better		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> • Resolve vacant Adoption manager post. • Further develop its response to placement disruptions. • Ensure notifications are made to Inspectorate. • Evidence discussions with young people to demonstrate how they are being supported to manage risk behaviours. • Quality assurance processes are stamped and dated and further develop quality assurance audits. • Promote leadership opportunities within the staff team. • Staff supervision is implemented in line with policy. • Explore additional training opportunities. • Ensure all staff are fully conversant with child protection policy and procedure. 	<ul style="list-style-type: none"> • The service should inform service users and carers of the outcomes following questionnaire analysis. • The service should review how it covers staff absence. 	<ul style="list-style-type: none"> • Involvement of service users / carers in self-assessment.

Commonalities noted in this section include participation and involvement; and managing vacancies / staff absences.

Learning from Inspection

Comments on Self-Assessment		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> • It included areas for development and changes planned. • It described how people who used the service had taken part in the self-assessment. • For one service the manager was advised to update the self-assessment to include identified areas for improvement. • The previous manager had completed self-assessment and had graded all quality statements as excellent. The Care Inspectorate did not agree with this assessment. 	<ul style="list-style-type: none"> • This could be improved by including more details about what outcomes have been achieved. • It needs to demonstrate how service users were involved in the completion of the self-assessment. 	<ul style="list-style-type: none"> • The self-assessment reflected our assessment.

The comments on self-assessment suggest that that could be an opportunity for peer learning across services with regards to collating evidence; involvement of stakeholders in the self-assessment and completing the self-assessment (including grading and identifying improvement to inform an action plan).

There may also be wider learning for CHCP services around self-evaluation linked not only to inspection, but also as part of an overarching quality assurance framework to inform service development and commissioning plans.

Learning from Inspection

Areas for Improvement

Quality Theme 1: Quality of Care and Support		
<i>Quality 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.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> • Further develop approach to service evaluation. • Consider reducing, where possible, the numbers of fostering panel members and consider developing profiles of panel members for those attending to view. • Child friendly questionnaires could be considered for foster carers reviews. • Further develop service newsletter by including a "You Said, We Did" feature. • Review of Viewpoint to ensure young people would want to use this. • Consider implementing solutions identified by young people from recent awareness sessions on impact of new legislation. • The current participation policy, development plan and welcome brochure to be updated to reflect how the service elicits the views of young people. • Service user's should have access to independent advocacy. • Explore how children's champion can develop opportunities for young people to participate in the operational development. • Support plans should be signed by young people as an indication of their agreement. 	<ul style="list-style-type: none"> • The service has developed a new service user questionnaire to be completed quarterly that should report on outcomes achieved and identify future improvements in an action plan. • The service is developing a carers support group who can be involved with the future development of the service. • The service should ensure people are aware of the complaint procedure. • There should be a participation strategy that is specific to the service and staff should be aware of this and it should be communicated to all service users and relatives. • Care plans need to be more outcome focused. 	<ul style="list-style-type: none"> • To continue to build on very good practice.

Learning from Inspection

1. Recommendation for Throughcare, Children's Services

The service should continue to explore and develop methods for young people to participate in the development of the service. It should clearly record comments and suggestions and make sure action plans are in place to address areas that could be improved. Young people should be clear about any action taken following their feedback in meetings or through questionnaires. National Care Standards, Housing Support Services, Standard 3 Management and Staffing, Standard 8 Expressing your Views.

2. Recommendation for McPherson Resource Centre, Learning Disability Services

The provider should create a participation strategy for the McPherson Resource Centre which outlines all the ways that service users and their relatives can get involved in the development of the service. This is a recommendation made against the National Care Standards, Support Services, Standard 1 - Informing and Deciding You have detailed information about the support service in plain English or in a language or format that you can easily understand.

3. Recommendation for Support and Care at Home, Learning Disability Services

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.

It must be noted from the three recommendations outlined above that the common theme across services is around developing their respective participation strategy, ensuring these are explicit on service users / carers involvement at all levels (including individual questionnaires, focus group and staff development); ensuring learning and improvements following any consultation is communicated to service users / carers and action plans are fully implemented.

Learning from Inspection

Quality Theme 1: Quality of Care and Support		
Quality Statement 3: We ensure that service users' health and wellbeing needs are met.		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> • The service has introduced checks to manage the transition for children to their adoptive families, including the transfer of medical records. • The service had previously employed an independent Reviewing Officer. This post has recently been deleted. The service should monitor the impact this may have on the review process. • Although the service makes reference to GIRFEC and the SHANNARRI well-being indicators, this should be further developed to evidence how young people are being supported to achieve healthy lives and how outcomes influence their overall health and wellbeing. • To further evidence effective interventions with young people, who are involved in high risk 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. • The provider had implemented a new monthly summary to track outcomes for young people. This record showed the progress made by young people, and informed review meetings, core group and staff meetings and helped to retain a clear focus on areas affecting young 	<ul style="list-style-type: none"> • The service 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; why this is required: when it will be reviewed: when staff will be expected to take further action. • The service should consider 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. • Best practice guidance around the administration of medication is that as few people are responsible for handling medication as possible. With this in mind, if it is possible for someone to have the timing of their medication changed to avoid them needing to receive medication whilst at the service the management team should have discussions with the 	<ul style="list-style-type: none"> • To continue to develop practice and keep up to date with developments in the field of respite.

Learning from Inspection

<p>people and identify strategies to support them. This should continue to be implemented to demonstrate accurate recordings relating to outcomes.</p> <ul style="list-style-type: none">• 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.• Individual plans for young people should contain the response given by the service, to instances of imposed 'consequences' to specific behaviours.• System developed for recording when medication audits conducted.• Each young person's plan should convey how young people are being supported to achieve positive outcomes and should state specific strategies and approaches suited to each situation.• The service should consider implementing support plans that reflect GIRFEC (Getting it Right for Every Child) for all young people who use the service. This would help staff and young people clearly identify outcomes, evaluate the progress made and identify areas of achievement by young people.	<p>relevant carers and health professionals regarding this. The provider should consider adding this into their medication policy.</p> <ul style="list-style-type: none">• The provider is currently looking at introducing new training for staff around crisis intervention which it has assessed as being better than CALM training; we will explore the impact of this with staff at our next inspection.	
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Learning from Inspection

4. Recommendation for Crosshill, Children's Services

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.

5. Recommendation for McPherson Resource Centre, Learning Disability Services

The provider should consider amending their medication policy to include a section on discussing medication times with relatives and health professionals. This is a recommendation made against the National Care Standards - Management and Staffing Arrangements. You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

6. Recommendation for Support and Care at Home, Learning Disability Services

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.

7. Recommendation for Support and Care at Home, Learning Disability Services

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.

While the recommendations are service specific in Quality Statement 3, there is learning that is applicable to all service areas including around administering medication (recording and audits of this); health promotion and risk assessments.

Learning from Inspection

Quality Theme 2: Quality of Environment		
<i>Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People' Services</i>
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The provider should consider how they can evidence within their self-assessment how service users and their relatives have been involved in the on-going assessment and development of the environment within the service. 	No areas of improvement identified.

The key theme in this quality statement is involvement of service users / carers in improvements in the environment. It would be good practice to involve service users / carers in undertaking environmental audits. This would also address issues identified in quality statement 2.

Learning from Inspection

Quality Theme 2: Quality of Environment		
<i>Quality Statement 2: We make sure that the environment is safe and service users are protected.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> • Risk assess the environment – is there a current need for the alarm in upper floor and young people indicating this is not creating a “homely” aspect. • Confidential paperwork needs to be kept secure • All staff should receive child protection and refresher training. • The service should continue to review and evaluate practices in support of keeping young people safe. • 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. • Repair work should be completed. • The service should ensure that all paper towels are placed in appropriate dispensers to ensure that cross infection does not take place. 	<ul style="list-style-type: none"> • While all new staff have to go through PVG checks to ensure their suitability to work in this service and all established staff undergone Disclosure Scotland checks for the same purpose; the provider does not currently request that these checks are reviewed every 3 year. It is best practice to do this. • The environment in places was old by this we mean in places carpets and linoleum were torn and needing replaced, corridor walls had temporary patches covering dents in the walls. Also while a few doors had automatic push pad openings the majority did not making it difficult for service users to enter and exit rooms by themselves. 	<ul style="list-style-type: none"> • To continue to build on very good practice.

Learning from Inspection

8. Recommendation for Kylemore, Children's Services

The service must ensure that all confidential paperwork is secured safely. NCS 7 Care Homes for Children and Young People - Management and Staffing.

9. Recommendations for McPherson Resource Centre, Learning Disability Services

The provider should review Disclosure Scotland checks every 3 years and update these with PVG checks once the 3 years is up. This is in line with best practice procedures. This is a recommendation made against the National Care Standards, Support Services - Management and Staffing Arrangements.

10. Recommendations for McPherson Resource Centre, Learning Disability Services

The provider should carry out an environmental audit of any repairs required and create an action plan for which these will be completed. This is a recommendation made against the National Care Standards, Support Services - Standard 5 – Your Environment

The key theme for this quality statement is to ensure checks and audits are undertaken routinely to closely monitor a wide range of factors ranging from the physical environment, child / adult protection training and PVG checks.

Learning from Inspection

Quality Theme 3: Quality of Staffing		
<i>Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
There were no areas of improvement identified.	<ul style="list-style-type: none"> • A localised participation policy could highlight the opportunities to be involved in the recruitment process and the local newsletter could be used to remind people. • Annual staff appraisal should include service users views. • Need to consider how they can evidence within their self- assessment how service users and their relatives have been involved in the on-going assessment and development of the staff within the service. • While there was evidence that some service users had been involved in staff recruitment, the service should give service users and/or their relatives the opportunity to be involved in interviews on every occasion. • The service should ensure accessible venues for staff interviews to ensure service user / carer involvement. • The management team should evaluate how feedback has helped the service develop. 	There were no areas of improvement identified.

Peer support across services and opportunities to share learning, experience and best practice would be helpful in relation to this quality statement. While there were no specific areas of improvement identified in both children's services and older people's inspections; this does not exclude them from any peer support opportunities.

Learning from Inspection

Quality Theme 3: Quality of Staffing		
<i>Quality Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> • There is scope to further develop partnership working with area teams. • Fostering and adoption staff could deliver training and development within the local authority. • The service should continue to provide leadership opportunities for staff, to promote positive outcomes for young people. • The service should continue to access training opportunities which help address individual needs of young people. • The service should ensure that the changing needs of the young people are assessed and that staffing levels set accordingly. • The staff training plan could be further enhanced by identifying more specific areas for personal development, linked to staff appraisal. • Supervision should be provided on a regular basis and this should include reflection, action plans and be signed by both parties in Kylemore a staff supervision planner has been developed to ensure this would take place throughout the year. • The service had outlined a range of methods to promote leadership activity within the team and we advised that this work should continue, and afford all members of staff the opportunity to 	<ul style="list-style-type: none"> • Team meetings could introduce a "policy of the month" to keep staff refreshed about policies. • The provider has employed 6 new members of staff which when they start should alleviate pressure on staff, which in turn will free up staff to provide extra support to service users. • Staff should be aware about inspectorate criteria and grading. • There should be training on SDS and outcome focused care planning. • 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. 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. 	<ul style="list-style-type: none"> • To look at ways that those on respite can be involved in staff supervision and appraisal

Learning from Inspection

fully utilise their skills, knowledge and experience. This will encourage greater ownership of decisions and lead to improved practice in support of young people.		
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11. Recommendation for Throughcare, Children's Services

The provider should review record keeping in relation to staff supervision. Supervision records should include supervisor and supervisee signatures and action plans for future development. National Care Standards, Housing Support Services, Standard 3 Management and staffing.

Key themes in this quality statement include ensuring staff receive regular staff supervision and training (beyond mandatory training). Some areas of improvement could be used in other service areas, for example, the idea of introducing a "policy of the month" as part of team meetings.

Learning from Inspection

Quality Theme 4: Quality of Management and Leadership		
<i>Quality Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People's Services</i>
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> The service should detail in their participation policy what methods will be used to assess the quality of management and leadership. The service should detail outcomes from participation. The provider should consider how they can evidence within their self- assessment how service users and their relatives have been involved in the on-going assessment and development of the management and leadership of the service. 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. 	<p>There were no areas of improvement identified.</p>

There are examples of good practice across services for the above quality statement and services are striving to further improve. This is an area where sharing of good practice would be helpful and to consider if there are training and developmental supports that could be provided around participation. Participation is also a key theme within the draft national Clinical and Care Governance Framework and this will inform the future direction and emphasis being placed on evidencing participation.

Learning from Inspection

Quality Theme 4: Quality of Management and Leadership		
<i>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.</i>		
<i>Children's Services</i>	<i>Learning Disability Services</i>	<i>Older People' Services</i>
<ul style="list-style-type: none"> • There were indications that approaches to placement disruptions were inconsistent. Whilst there had been few disruptions, the service should be clear about the role of disruption meetings following these events. • The service should further develop its approach to service planning, ensuring full involvement, particularly of staff and carers, in developing and reviewing plans. Service plans should outline aims which are clear and measurable to allow progress to be monitored. • The service should submit information regarding identified areas for improvement under each quality statement in order to demonstrate a complete assessment of the service. • Although the service had a development plan, the format of this document should be revised to reflect evidence of continuous improvement and be formulated further to having gathered and evaluated the views of all stakeholders. • The service should continue to ensure staff; service users and other stakeholders are informed and included in any operational changes that will affect them. • Staff members' involvement in the service 	<ul style="list-style-type: none"> • Management is currently in discussions with an Inspector from the registration team within the Care Inspectorate to update the current registration certificate. Part of this process will involve the provider updating the dependency levels of the people who use the service which will then form the basis for discussions with the Care Inspectorate over the creation of a new staffing schedule to replace the current one which is out of date. • The management team should ensure that the service acts on feedback from the new service user and relatives questionnaires to make improvements to the service. • Mandatory audits should be fully completed. • 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. • The service should think about creating a more formal quality assurance system by 	<ul style="list-style-type: none"> • To continue to build on very good practice

Learning from Inspection

<p>provider's practice development groups had been limited. We felt their skills and knowledge could be used to better effect.</p> <ul style="list-style-type: none"> • There was a need to further improve approaches to recruitment, with the development of a formal strategy and action plan. • Submit notifications to inspectorate within timescales. • The child protection procedures and complaints procedures must be followed. • Further develop quality assurance processes, audits and how follow-up actions have impacted on outcomes. 	<p>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.</p> <ul style="list-style-type: none"> • The total amount of hours that service users are supported by the service was not always captured within care plans. 	
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While there are aspects of this quality statement where services can evidence good practice; it is also where **3** requirements and **5** recommendations were made. All service areas have developed their own quality assurance processes and it may be helpful for services to share good practice. A CHCP Quality Assurance Framework is currently being developed and should help to embed quality assurance and identify supports in, for example, undertaking external audits. Two requirements are in relation to services failing to submit notifications to the Care Inspectorate within timescales. The Care Inspectorate had also noted in child protection and complaints procedures were not being followed. As previously suggested by the Care Inspectorate, one option could be to include a “policy of the month” in team meetings to enable staff to re-familiarise themselves with existing policy and procedures.

Learning from Inspection

12. Recommendation for Adoption, Children's Services

With the recent appointment of a new adoption manager, the service should involve staff in discussions about service planning, including approaches to recruitment and training. Plans should outline clear and measurable aims which can be reviewed. National Care Standards, Adoption Agencies. Standard 32: Providing a Good Quality Service.

13. Recommendation for Fostering, Children's Services

The service should ensure that focused discussion takes place following any disruption of a young person's placement. This should be recorded and should examine any factors affecting the outcome of the placement and any action to be taken. National Care Standards, Foster Care and Family Placement Services. Standard 13: Management and Staffing.

14. Recommendation for Throughcare, Children's Services

The provider should further develop its quality assurance audits. Records should be kept to demonstrate how follow up action from audits has impacted on outcomes for young people. National Care Standards, Housing Support Services, Standard 3 Management and Staffing

15. Recommendation for Support and Care at Home, Learning Disability Services

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.

16. Recommendation for Support and Care at Home, Learning Disability Services

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.15

Learning from Inspection

1. Requirement for Crosshill, Children's Services

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.

2. Requirement for Neil Street, Children's Services

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.

3. Requirement for Neil Street, Children's Services

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.

Learning from Inspection

Conclusion

In undertaking this strategic overview of inspections of CHCP internal registered services it has confirmed that while the CHCP delivers generally very good services; there are key themes across services where further improvements can be made. The CHCP could consider several different options for sharing good practice and further development. It may be helpful to develop a forum to discuss common themes identified. Another option is to develop a formal peer support / critical friend with another service area. Finally, there is a variety of supports that the Quality and Development Team could provide including around quality assurance; participation; questionnaire analysis; reviewing policy and procedures; and organisational development and training.

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