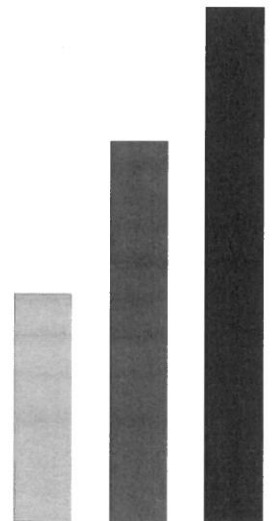


Agenda 2015

Health & Social Care Committee

For meeting on:

01	September	2015
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A meeting of the Health & Social Care Committee will be held on Tuesday 1 September 2015 at 3pm within the Municipal Buildings, Greenock.

GERARD MALONE
Head of Legal and Property Services

BUSINESS

1. Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT	
2. Health & Social Care Committee – Revenue Outturn 2014/15 and 2015/16 as at Period 3 to 30 June 2015 Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
3. Inverclyde Learning Disability Supported Living and Care at Home Service Inspection and Service Review Update Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
4. Inspection of Kylemore Care Home Service – Children and Young People Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
5. Care Inspectorate Inspection of Inverclyde Fostering and Adoption Services Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
6. Update on Delayed Discharge Performance Report by Chief Officer, Inverclyde Health & Social Care Partnership	p
NEW BUSINESS	
7. Implementation of the Homecare Contracts Report by Chief Officer, Inverclyde Health & Social Care Partnership	
<p>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraph 6 of Part I of Schedule 7(A) of the Act.</p>	

PERFORMANCE MANAGEMENT

8. **Governance of HSCP Commissioned External Organisations**
Report by Chief Officer, Inverclyde Health & Social Care Partnership on the performance and progress relating to the HSCP governance process for externally commissioned social care services

p

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

Report To:	Health & Social Care Committee	Date:	1 September 2015
Report By:	Brian Moore Chief Officer Inverclyde Health & Social Care Partnership	Report No:	FIN/67/15/AP/FMCL
	Alan Puckrin Chief Financial Officer		
Contact Officer:	Fiona McLaren	Contact No:	01475 712652
Subject:	Health & Social Care Committee – Revenue Outturn 2014/15 and 2015/16 as at Period 3 to 30 June 2015		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the 2014/15 Revenue Outturn and of the Revenue and Capital Budget for the current year as at Period 3 to 30 June 2015. The 2014/15 outturn is provisional subject to audit of the year end accounts.

2.0 SUMMARY

- 2.1 The Social Work revenue budget was £49,037,000 with a final underspend of £282,000 (0.58%). The main items contributing to this position were:
- Turnover savings of £932,000, which were partly offset by external homecare payments.
 - Older People's Services purchased costs were overspent by £712,000, of which £569,000 related to external homecare and £90,000 to residential and nursing care services. This reflected the national trend for 2014/15.
 - Homelessness services overspent by £145,000 (excluding turnover) which reflected the net reduction in income from temporary furnished flats and the Inverclyde Centre.
- 2.2 The movement since the last reported position at Period 11 was a positive variance of £118,000, mainly due to £90,000 charging order income received at the year end.
- 2.3 The outturn also includes £132,000 which was transferred to the Residential Accommodation and Adoption, Fostering & Kinship Care Earmarked Reserves from Children & Families at the end of the year.
- 2.4 The Social Work original budget is £48,767,000 with a projected overspend of £459,000 (0.94%). The main elements of this overspend are:
- External homecare £393,000 reflecting current package costs, including some vacancy cover; this continues the trend from 2014/15.
 - Children & Families purchased residential accommodation £371,000 mainly due to placements in secure units. This assumes that the £43,000 balance remaining in the Residential Childcare, Fostering & Adoption Earmarked Reserve will be fully utilised to contribute to this costs.
 - Homelessness £156,000 due to under occupancy of temporary furnished flats and the Inverclyde Centre
Offset in part by:
 - Vacancies within internal homecare of £226,000.
 - Residential & Nursing underspend of £102,000, per current client profile.

- 2.5 It should be noted that the 2015/16 budget includes agreed savings for the year of £1,073,000 with a current projected under recovery of £122,000 due to delays against original plans. This shortfall is reflected in the projected outturn above, however the Service are looking at options to meet this cost either within existing resources or Earmarked Reserves.
- 2.6 The Corporate Director and Head of Service will work to mitigate the projected overspend as the year progresses, and take opportunities to reduce expenditure as opportunities arise.
- 2.7 The Social Work capital budget is £1,671,000, with spend to date of only £2,000.
- 2.8 The Social Work Earmarked Reserves for 2015/16 total £2,510,000 with £2,442,000 projected to be spent in the current financial year. To date £305,000 spend has been incurred which is 12.5% of the projected 2015/16 spend.
- 2.9 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 where it is assumed that the remaining balance will be utilised per 2.4 above.
 - Deferred Income.

3.0 RECOMMENDATIONS

- 3.1 That the Committee note the 2014/15 revenue budget outturn of £282,000 as at 31 March 2015.
- 3.2 That the Committee note the current year revenue budget and projected overspend of £459,000 for 2015/16 as at 30 June 2015.
- 3.3 That the Committee note that the HSCP Director will work to contain the projected overspend within the overall Social Work budget for the year.
- 3.4 That the Committee note the current projected capital position.
- 3.5 That the Committee note the current Earmarked Reserves position.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

Alan Puckrin
Chief Financial Officer

4.0 BACKGROUND

- 4.1 The purpose of the report is to advise the Committee of the 2014/15 revenue outturn position, the current position of the 2015/16 Social Work revenue and capital budgets and to highlight the main issues contributing to the 2015/16 £459,000 projected revenue overspend. The 2014/15 outturn is subject to year end audit.
- 4.2 Budget movements in the year are detailed in Appendix 1. The current year revenue position is detailed in Appendix 2. Appendix 3 provides the capital position; Appendix 4 earmarked reserves; Appendix 5 Virements to be approved; Appendix 6 employee cost variance by service.

5.0 2014/15 REVENUE OUTTURN: £282,000 UNDERSPEND (0.58%)

- 5.1 The table below sets out the 2014/15 provisional outturn to budget for Social Work and the movement in projected spend since last reported to the Health & Social Care Committee, as at Period 11 to 28 February 2015.

5.2

	Revised Budget 2014/15	Outturn 2014/15	Variance to Budget		Movement since Period 11
	£'000	£'000	£'000	%	£'000
Strategy	2,130	2,037	(93)	(4.37%)	(18)
Older People	21,328	21,716	388	1.82%	(109)
Learning Disabilities	6,308	6,395	87	1.38%	15
Mental Health	1,209	1,020	(189)	(15.63%)	0
Children & Families	10,027	9,793	(234)	(2.33%)	(19)
Physical & Sensory	2,254	2,128	(126)	(5.59%)	(28)
Addictions / Substance Misuse	1,132	1,097	(35)	(3.09%)	(1)
Support / Management	2,280	2,219	(61)	(2.68%)	34
Assessment & Care Management	1,630	1,477	(153)	(9.39%)	0
Criminal Justice	0	0	0	0	0
Change Fund	0	0	0	0	0
Homelessness	739	873	134	(18.13%)	7
Contribution to ear marked reserves	0	0	0	0	0
Total	49,037	48,755	(282)	(0.58%)	(118)

- 5.3 The key reasons for the overall underspend and the movements since last reported to Committee at Period 11:

- a) Strategy: £93,000 (4.37%) underspend

Mainly due to vacancies, with a further underspend of £18,000 from a number of budget lines.

- b) Older People: £388,000 (1.82%) overspend

The overspend arose due to increased demographics as previously reported, with £90,000 charging order income received at year end being the main reason for the £109,000 reduction in overspend. The final overspend and movement are broken down by service area as follows:

- Homecare £333,000 overspent, an increase of £36,000 within employee costs.
- Residential and Nursing were £35,000 overspent, this was net of the one off contribution from NHS of £274,000 for recognised pressures within the service. This was a reduction in costs of £71,000 mainly due to charging order income received in March.

Budget pressure funding of £750,000 was agreed for 2015/16 reflecting the demographic challenges for this service.

c) Learning Disabilities: £87,000 (1.38%) overspend

The overspend related to a number budgets, as previously reported and was an increase in costs of £15,000. The key areas of overspend remained Client Package costs including transport.

Budget pressure funding £360,000 is included in the 2015/16 budget.

d) Mental Health: £189,000 (15.63%) underspend

The underspend remained primarily due to turnover of £113,000, of which £32,000 related to early achievement of a saving. Client packages costs were £135,000 underspent and property costs were £54,000 over. There was no movement in the projection since Period 11.

e) Children & Families: £234,000 (2.33%) underspend

The main reason related to turnover of £140,000 plus £61,000 on payments to providers, along with additional income of £44,000. The increased underspend of £19,000 was due to minor variances.

There was an underspend within residential childcare, adoption and fostering of £132,000, which was transferred to the earmarked reserve set up to smooth budgetary pressures.

f) Physical & Sensory: £126,000 (5.59%) overspend

This relates to turnover of £49,000, direct payment costs of £43,000 being met by Earmarked Reserves funding and one off utility underspend of £43,000.

This is a further underspend of £28,000 mainly due to equipment costs being met from Earmarked Reserves.

g) Addictions / Substance Misuse: £35,000 (3.09%) underspend

This arose primarily due to £37,000 turnover, a further underspend of £1,000.

h) Support / Management: £61,000 (2.68%) underspend

This arose mainly as a result of turnover. Increased property costs of £34,000 were not reported at period 11.

i) Assessment & Care Management: £153,000 (9.39%) underspend

The underspend mainly related to vacancies. There was no movement in the projection since Period 11.

j) Homelessness: £134,000 (18.13%) overspend

The overspend remained due to occupancy levels within temporary furnished flats and the Inverclyde Centre. This overspend was further compounded by the non-achievement of £40,000 saving in 2014/15 which was predicated on additional income from the additional two units at the Inverclyde Centre. This was an increase in costs of £7,000.

6.0 2015/16 CURRENT REVENUE POSITION: £459,000 PROJECTED OVERSPEND (0.94%)

6.1 The main elements of this overspend are:

- External homecare £393,000 reflecting current package costs, including some vacancy cover continuing the trend from 2014/15.
- Children & Families purchased residential accommodation £371,000 mainly due to placements in secure units. This assumes that the £43,000 balance remaining in the Residential Childcare, Fostering & Adoption Earmarked Reserve will be fully utilised to contribute to this costs.
- Homelessness £156,000 due to under occupancy of temporary furnished flats and the Inverclyde Centre.

Offset in part by:

- Vacancies within internal homecare of £226,000.
- Residential & Nursing underspend of £102,000, per current client profile.

The material projected variances are identified, per service, below:

a) Older People: Projected £165,000 (0.78%) overspend

The projected overspend is mainly a result of additional external provider costs in Homecare of £393,000. This is partially offset by vacancies within internal Homecare of £226,000. There is a projected underspend of £99,000 within Residential and Nursing purchased places, per the current number of clients receiving care.

There will be ongoing monitoring of this budget with some flexibility to contain costs within the Integrated Care Fund and Delayed Discharge funding.

b) Learning Disabilities: Projected £32,000 (0.49%) underspend

The projected underspend comprises:

- £252,000 underspend on client commitments,
- £38,000 overspend on transport costs
- £103,000 shortfall in income received from other local authorities
- £57,000 overspend in employee costs due to additional support costs, an overspend of £16,000 on catering in the day centres.

The transport and employee costs relate to client packages and review of budgets will be undertaken to align these to reflect current activity and package costs.

The current year budget includes £360,000 pressure funding (£200,000 from the 2013/15 budget and £160,000 2015/17 budget). The current projection includes an assumption that costs will be incurred for new clients and clients moving from a hospital to a community care setting, the timings of which are not yet known. Work is ongoing with the service to identify the costs and timings of new packages.

In addition to the revenue budget, a further £40,000 pressure funding was added to Earmarked Reserves for equipment.

c) The projected underspend is primarily due to turnover of £42,000 and a client commitment overspend of £6,000 based on current vacancies and client package costs.

d) Children & Families: Projected £362,000 (3.50%) overspend

The main reason for the overspend is projected residential accommodation costs of £371,000 based on 13 children in residential accommodation and 3 in secure accommodation. Work is ongoing to minimise these costs where possible.

Given the volatile nature of the service and the high cost implications this is difficult 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.

However there is limited funding available is this reserve since a one off contribution from this reserve was agreed as part of the funding structure on the Re provision of Children's Homes including the annual cost of loans charges in financial years 2015/16 and 2016/17.

e) Physical & Sensory: Projected £79,000 (3.64%) underspend

The projected underspend is due to £21,000 turnover along with a projected underspend in client package costs of £59,000.

f) Assessment & Care Management: Projected £38,000 (2.61%) underspend

The projected underspend mainly relates to turnover from vacancies.

g) Homelessness: Projected £156,000 (21.28%) overspend

The projected overspend reflects the under occupancy of the Inverclyde Centre and the temporary furnished flats, which is a continuing trend from 2014/15. A report on Homelessness Services will be presented to a future Committee.

7.0 2015/16 CURRENT CAPITAL POSITION – £nil Variance

7.1 The Social Work capital budget is £3,567,000 over the life of the projects with £1,671,000 for 2015/16, comprising:

- £1,661,000 for the replacement of Neil Street Children's Home,
- £10,000 to finalise the expansion of the Hillend respite unit.

7.2 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 of £1,100,000. Build work is due to commence 2015/16 on Neil Street, with completion in 2016 when the build work will begin on Crosshill.

7.3 There is no slippage in the 2015/16 budget and expenditure to 30th June is just £2,000. Appendix 3 details capital budgets and progress by individual project.

8.0 EARMARKED RESERVES

8.1 The Social Work Earmarked Reserves for 2015/16 total £2,510,000 with £2,442,000 projected to be spent in the current financial year. To date £305,000 spend has been incurred which is 12.5% of the projected 2015/16 spend. Appendix 4 details the individual Earmarked Reserves.

8.2 Within the Earmarked Reserves for 2015/16 is £821,000 relating to the Integrated Care Fund. This is the Council's share of a total allocation to Inverclyde of £1,700,000, with the balance funding a number of NHS projects. The funding has been allocated as follows:

Project	£000
Strategic needs analysis admin support	8
Independent sector integration partner	26
Community resources systems development	20
WOPI	21
Community connectors transition funding	21
Housing	25
Reablement	700
Total funding	821

Separate reports will be provided during the year to Committee on the Integrated Care Fund.

- 8.3 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.

9.0 VIREMENT

- 9.1 Appendix 5 details the virements that the Committee is requested to approve. All virements are reflected within this report.

10.0 OTHER INFORMATION

- 10.1 Work is ongoing to assess the impact and any financial implications of the national minimum wage and those related to changes to sleepover shifts.

11.0 IMPLICATIONS

Finance

- 11.1 All financial implications are discussed in detail within the report below.

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

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

Human Resources

- 11.3 There are no specific Human Resources implications arising from this report.

Equalities

- 11.4 There are no equality implications arising from this report.

Repopulation

- 11.5 There are no repopulation issues arising from this report.

12.0 CONSULTATIONS

12.1 This report has been jointly prepared by the Chief Officer, Inverclyde Community Health & Care Partnership and the Chief Financial Officer.

13.0 BACKGROUND PAPERS

13.1 None.

Social Work Budget Movement - 2015/16**Period 3: 1st April - 30th June 2015**

Service	Approved Budget		Movements			Revised Budget
	2015/16 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transfers to/ (from) Earmarked Reserves £000	2015/16 £000
Strategy	2,065					2,065
Older Persons	21,347		(107)			21,240
Learning Disabilities	6,413		197			6,610
Mental Health	1,106		38			1,144
Children & Families	10,345					10,345
Physical & Sensory	2,156					2,156
Addiction / Substance Misuse	1,039					1,039
Support / Management	1,980					1,980
Assessment & Care Management	1,584		(128)			1,456
Criminal Justice / Scottish Prison Service	0					0
Homelessness	732					732
Totals	<u>48,767</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>48,767</u>

Supplementary Budget Detail

£000

External ResourcesInternal ResourcesSavings/Reductions0

SOCIAL WORK**REVENUE BUDGET PROJECTED POSITION****PERIOD 3: 1 April 2015 - 30 June 2015**

2014/15 Actual £000	SUBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over/(Under) Spend £000	Percentage Variance
	SOCIAL WORK					
25,242	Employee Costs	25,235	25,146	24,774	(372)	(1.48%)
1,441	Property costs	1,361	1,356	1,259	(97)	(7.15%)
951	Supplies and Services	740	739	808	69	9.34%
479	Transport and Plant	371	383	437	54	14.10%
1,024	Administration Costs	735	783	845	62	7.92%
33,967	Payments to Other Bodies	34,613	34,579	34,963	384	1.11%
(14,349)	Income	(14,288)	(14,219)	(13,860)	359	(2.52%)
	Contribution to Earmarked Reserves					
48,755	SOCIAL WORK NET EXPENDITURE	48,767	48,767	49,226	459	0.94%

2014/15 Actual £000	OBJECTIVE ANALYSIS	Approved Budget 2015/16 £000	Revised Budget 2015/16 £000	Projected Out-turn 2015/16 £000	Projected Over / (Under) Spend £000	Percentage Variance
	SOCIAL WORK					
2,005	Strategy	2,065	2,065	2,070	5	0.24%
21,541	Older Persons	21,347	21,239	21,403	164	0.77%
6,159	Learning Disabilities	6,413	6,610	6,578	(32)	(0.48%)
1,308	Mental Health	1,106	1,144	1,108	(36)	(3.15%)
9,070	Children & Families	10,345	10,344	10,663	319	3.08%
2,465	Physical & Sensory	2,156	2,156	2,077	(79)	(3.66%)
1,033	Addiction / Substance Misuse	1,039	1,039	1,045	6	0.58%
2,128	Support / Management	1,980	1,980	1,974	(6)	(0.30%)
1,576	Assessment & Care Management	1,584	1,458	1,420	(38)	(2.61%)
1	0 Criminal Justice / Scottish Prison Service	0	0	0	0	0.00%
647	Homelessness	732	732	888	156	21.31%
	Contribution to Earmarked Reserves					
47,932	SOCIAL WORK NET EXPENDITURE	48,767	48,767	49,226	459	0.94%

() denotes an underspend per Council reporting conventions

1 £1.7m Criminal Justice and £0.3m Greenock Prison fully funded from external income hence nil bottom line position.

2 £9 million Resource Transfer / Delayed Discharge expenditure and income included above.

3 There are currently 294 clients receiving Self Directed Support care packages.

SOCIAL WORK - CAPITAL BUDGET 2014/15**Period 3: 1 April 2015 to 30 June 2015**

<u>Project Name</u>	<u>Est Total Cost</u>	<u>Actual to 31/3/15</u>	<u>Approved Budget 2015/16</u>	<u>Revised Est 2015/16</u>	<u>Actual to 30/06/15</u>	<u>Est 2016/17</u>	<u>Est 2017/18</u>	<u>Future Years</u>	<u>Start Date</u>	<u>Original Completion Date</u>	<u>Current Completion Date</u>	<u>Status</u>
	£000	£000	£000	£000	£000	£000	£000	£000				
SOCIAL WORK												
Hillend Respite Unit	87	77	10	10	0	0	0	0	28/05/14		14/11/14	Increase of one bed within respite unit. Building work has been completed.
Neil Street Childrens Home Replacement	1,858	114	661	1,661	2	83	0	0	01/04/14	31/03/16		Build to commence 2015/16.
Crosshill Childrens Home Replacement	1,622	0	0	0	0	1,622	0	0	01/04/14	31/03/17		Planning phase 2015/16.
Social Work Total	3,567	191	671	1,671	2	1,705	0	0				

**EARMARKED RESERVES POSITION STATEMENT
CHCP SUB COMMITTEE**

APPENDIX 4

<u>Project</u>	<u>Lead Officer/ Responsible Manager</u>	<u>c/f Funding 2014/15</u>	<u>New Funding Reserves</u>	<u>New Funding Other 2015/16</u>	<u>Total Funding 2015/16</u>	<u>Phased Budget To Period 3 2015/16</u>	<u>Actual To Period 3 2015/16</u>	<u>Projected Spend 2015/16</u>	<u>Amount to be Earmarked for 2016/17 & Beyond</u>	<u>Lead Officer Update</u>
		<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	
Self Directed Support / SWIFT Finance Module	Derrick Pearce / Andrina Hunter	132			132	49	49	132	0	SDS project and SWIFT financial module. Spend plans are currently being reviewed.
Growth Fund - Loan Default Write Off	Helen Watson	27			27	0	0	2	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.
Integrated Care Fund/ Delayed Discharge	Brian Moore	0		1,349	1,349	200	200	1,349	0	The Integrated Care Fund is new funding to be received. Funding is currently being allocated to a number of projects and the total funding may change as the year progresses. Delayed Discharge funding is also be received and work is underway to allocate that to specific projects.
Support all Aspects of Independent Living	Brian Moore	231			231	9	9	231	0	This reserve includes the Dementia Strategy of £70k and a contribution of £150k from NHS for equipment.
Support for Young Carers	Sharon McAlees	43			43	9	9	43	0	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.
Caladh House Renovations	Beth Culshaw	449			449	5	5	449	0	Options for reprovion of service are being considered.
Welfare Reform - CHCP	Andrina Hunter	44		112	156	26	26	156	0	This reserve is to fund expenditure on Welfare Reform within the CHCP. The current funding is covering staff costs and other projects.
Funding for Equipment - Adults with Learning Disabilities		0	40		40	0	0	40		This reserve is for the purchase of equipment within Learning Disabilities.
Information Governance Policy Officer	Helen Watson	0	83		83	7	7	40	43	The spend relates to the Council's Information Governance Officer.
Total		926	123	1,461	2,510	305	305	2,442	68	

HEALTH & SOCIAL CARE COMMITTEE**VIREMENT REQUESTS**

Budget Heading	Increase Budget £'000	(Decrease) Budget £'000
1. Assessment & Care Management - Employee Costs		(128)
1. Learning Disabilities - Employee Costs	197	
1. Older People - Employee Costs		(107)
1. Mental Health - Employee Costs	38	
2. Criminal Justice - Employee Costs		(113)
2. Criminal Justice - Property Costs		(5)
2. Criminal Justice - Transport Costs		(7)
2. Criminal Justice - Supplies & Services Costs	3	
2. Criminal Justice - Admin Costs	49	
2. Criminal Justice - Payments to Other Bodies		(21)
2. Criminal Justice - Income	94	
3. P,HI&C - Employee Costs	24	
3. P,HI&C - Income		(24)
	405	(405)

Notes

1. Realignment of budgets to reflect management responsibility
2. Reallocation of budgets to reflect grant funding
3. Employee temporarily funded from income from Health Board. Post finishes in 2015/16.

APPENDIX 6

EMPLOYEE COST VARIANCES

PERIOD 3: 1 April 2015 - 30 June 2015

ANALYSIS OF EMPLOYEE COST VARIANCES		Early Achievement of Savings £000	Turnover from Vacancies £000	Total Over / (Under) Spend £000
SOCIAL WORK				
1	Strategy	0	9	9
2	Older Persons	0	(190)	(190)
3	Learning Disabilities	0	57	57
4	Mental Health	0	(42)	(42)
5	Children & Families	0	(61)	(61)
6	Physical & Sensory	0	(21)	(21)
7	Addiction / Substance Misuse	0	(7)	(7)
8	Support / Management	0	(12)	(12)
9	Assessment & Care Management	0	(42)	(42)
10	Criminal Justice / Scottish Prison Service	0	(68)	(68)
11	Homelessness	0	5	5
SOCIAL WORK EMPLOYEE UNDERSPEND		0	(372)	(372)

- 1 Turnover not yet achieved
- 2 Currently 50 vacancies along with maternity leave savings - NB offset by external costs due to recruitment issues
- 3 Currently 10 vacancies which are in the process of being filled, however turnover target & additional cover arrangements mean that there is currently an overspend predicted.
- 4 Currently 5 vacancies which are in the process of being filled
- 5 Currently 13 vacancies along with maternity leave savings, with 6 of these posts potentially not filled this year.
- 6 Currently 3 vacancies which are in the process of being filled
- 7 Currently 1 vacancy which is in the process of being filled
- 8 Currently 8 vacancies, with 1 of these posts potentially not filled this year.
- 9 Currently 3 vacancies which are in the process of being filled
- 10 Currently 7 vacancies which are in the process of being filled
- 11 Turnover not yet achieved

Report To: Health & Social Care Committee **Date:** 1st September 2015

Report By: Brian Moore
Chief Officer
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** SW/12/2015/BC

Contact Officer: Beth Culshaw
Head of Health & Community
Care **Contact No:** 01475 715283

Subject: Inverclyde Learning Disability Supported Living and Care at Home Service Inspection and Service Review Update.

1.0 PURPOSE

- 1.1 To advise members of the outcome of the Care Inspectorate inspection held in January 2015 in relation to Inverclyde Learning Disability Supported Living and Care at Home Services and to inform Committee of the proposed future of service delivery at James Watt Court and MacGillivray Avenue.

2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection on 26th January 2015.

2.2 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 5 - Very Good

Quality of Management and Leadership - 4 - Good

Statement 1 5 - Very Good
Statement 4 4 - Good

2.3 What the service has done to meet the recommendations made at the last inspection

- The service has produced a Participation Strategy and implemented it.
- A number of the Keys to Life action points have been implemented.
- A Quality Assurance Self-Assessment and Monitoring system has been devised and implemented.
- The service monitoring process and policy have been reviewed and updated.

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

- Service users spoken to were very happy with the service and the staff supporting them.
- They felt included in all aspects of service provision from their own individual care

and support plan to more general issues which affected others and their living environment.

- Relatives' written comments were very complimentary of the service.

2.5 An exercise is underway to review the service delivery at James Watt Court and MacGillivray Avenue to ensure effective and efficient use of resources in meeting service users' needs.

3.0 RECOMMENDATIONS

3.1 The Committee is asked to note the outcome of the inspection and the actions taken to address the recommendations highlighted within it.

3.2 The Committee is asked to note the review and evaluation of service delivery at James Watt Court and MacGillivray Avenue and agree that at this time the service continues to be directly provided by the Local Authority.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Inspection

James Watt Court/MacGillivray Ave provide 24/7 support to 14 adults with learning disabilities and Inverclyde Supported Living Team provides support to 28 adults with learning disabilities who live in their own tenancies in the community but do not require 24 hour support. These services were inspected jointly on 26th January 2015. The inspection considered the quality themes of Care and Support, Staffing and Management and Leadership.

4.2 The inspection was unannounced and carried out on a low intensity basis. This reflects the grading history of the service.

4.3 The grades this year are the same as last year but, within the grades, 3 of the 6 statements are graded 5 (Very Good) in comparison to 1 of 6 last year.

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

- **The service should ensure that information held about service users and their support is current and accurate, in particular risk assessments should be reviewed.**

Action We will review our risk assessments. If there are areas of specific risk to individual service users, we will have a separate risk assessment. This recommendation was pertaining to the Supported Living Team.

- **Outcome focused support plans should chart the progress and outcomes achieved.**

Action We will review service users' support plans to ensure they are more Outcome Focused. When setting new goals for service users we will detail avenues that have been explored to achieve these goals and the progress that has been made. This recommendation was pertaining to James Watt Court/MacGillivray Ave.

4.5 Review and evaluation of service delivery

The accommodation within James Watt Court and MacGillivray Avenue has provided supported living services for adults with Learning Disability since 2003/04. The tenancies were commissioned from Cloch Housing Association as a result of the reprovisioning of Oronsay Hostel in Port Glasgow, Finnart Hostel in Greenock and in response to the continuing programme of Learning Disability hospital closure at that time.

4.6 With the Scottish Government 'Same as You' (2000) review of services for adults with learning disabilities came a focus for looking at people's lifestyles that included health and social care, housing, education and employment. There was a focus on people living their lives in 'ordinary houses', either family homes or their own accommodation where support could be personalised and people would have choice and control over their lives.

The closure of the more institutional models of support at Oronsay and Finnart hostels and people moving to supported living arrangements within their own tenancies realised this vision.

4.7 Currently James Watt Court supports 10 service users within 6 single tenancies and 2 shared tenancies (1 vacancy) within the same building providing a very sheltered supported accommodation model of support. The building is situated in

a central Greenock locale close to Greenock Health Centre.

The service at James Watt Court delivers 455.5 direct hours of support to service users per week with 1 staff sleepover per night.

- 4.8 MacGillivray Avenue currently supports 4 service users in 2 co-located semi-detached houses in the east end of Greenock. The houses are also located next door to a supported living service provided by Key Community Supports. The Key Community Support Service consists of a house of multiple occupancy supporting 5 service users with learning disability.
- 4.9 Currently the service at MacGillivray Avenue delivers 153 direct support hours to service users per week with 1 staff sleepover per night. In addition 2 service users currently receive Independent Living Funds (ILF) of 64 hours per week. These hours are delivered by Key Community Supports from the service located next door, referred to above.
- 4.10 Jointly the staff team consists of 1 Service Coordinator, 2 Senior Support workers and 19 Support workers working a range of hours from 39 hours per week to 20 hours per week. The service also has a sessional bank of staff.
- 4.11 As part of the strategic review of Inverclyde's Learning Disability Services, an evaluation and review of the service delivery at both James Watt Court and MacGillivray Avenue is being undertaken jointly by the staff from the service, Care Management and LD Redesign Team.

The process includes a desk top analysis of individually assessed and cumulative hours against staffing levels and includes Independent Living Funds (ILF) hours delivered, and all additional day opportunities support from other services both internal and external including transport.

- 4.12 The combined budget for James Watt Court and MacGillivray Avenue for 14 service users is £479,760. The total support hours are 608 hours per week, plus an additional 64 hours ILF.
- 4.13 11 of the 14 service users attend HSCP day opportunities for 39 days per week at a cost of £114.30 per day; £213,970 per year (48 weeks).

1 service user attends college and 1 service user attends a local gardening project 2 days per week funded by the HSCP.

- 4.14 Staffing levels within both areas require to be maintained at levels agreed by the Care Inspectorate and in accordance with the assessed needs of service users and includes public holidays, annual holidays and staff sickness and any vacancies.
- 4.15 Following on from the desk top exercise a programme of reviewing individual service users' hours and ILF support hours will form the next phase in the evaluation.

Early indications are that there is an over delivery of hours in some areas with potential options to utilise ILF hours more creatively and realise some efficiencies of hours delivered.

The process will continue over the next 2 months, involving all service users and carers as appropriate.

- 4.16 In addition to the review of individual service users' needs, following the latest round of budget savings proposals, we have explored the option of achieving savings by transferring the service to an external provider. This has informed the view that the efficiencies which could be achieved are marginal and it is,

therefore, recommended that the service at this time remains directly provided by the Local Authority.

5.0 PROPOSALS

- 5.1 To continue the reviewing process of individual care in James Watt Court and MacGillivray Avenue.

6.0 IMPLICATIONS

Finance

- 6.1 There are no direct financial implications arising from 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 issues within this report.

Human Resources

- 6.3 There are no Human Resource implications.

Equalities

- 6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

7.0 CONSULTATION

7.1 Staff from the service, service users, carers and stakeholders are involved in the review process.

8.0 LIST OF BACKGROUND PAPERS

8.1 Scottish Government – Keys to Life.

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

Type of inspection: Unannounced

Inspection completed on: 26 January 2015



HAPPY TO TRANSLATE

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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2004078035

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at 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 Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The service provides housing support and care at home services to disabled adults in the community. The service is provided within service users' own homes, within small residential complexes and in the community.

The service utilises experienced staff and supervisors who are clearly committed to the best care and welfare of service users and the achievement of their desired goals and outcomes.

What the service could do better

The service has undergone changes in management and staff in particular were aware of imminent re-structuring decisions, related to budget constraints. This has led to concerns about the future of the service, affecting morale. A number of procedures and strategies have been implemented including a participation strategy and a more outcomes-focussed methodology which need time to become established. A number of recording systems would benefit from review.

What the service has done since the last inspection

A participation strategy, suggested at inspection, has been designed and implemented consolidating and improving this area of support. A number of 'Keys to Life' areas have been utilised in support planning. While the monitoring of service users is rarely used, procedures have been reviewed as suggested. A number of new quality assurance procedures have been adopted building upon existing ones. Care

plans contain the care agreement and number of hours of support agreed. The service continues to provide a quality service to those it supports.

Conclusion

Inverclyde Learning Disability Support Service provides a person-centred and outcomes-focussed service to individuals which is effective and greatly appreciated. They do so by using experienced, committed and knowledgeable staff and managers who work in the interest of those they support and their families.

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.careinspectorate.com

This service was previously registered with the care commission and transferred 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 recognise 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 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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 fifty people using the service at the time of the inspection.

The service provides twenty four 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 0345 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 of the service on Friday 23 and Monday 26 January 2015 between 9am and 4pm. The inspection was carried out by Inspector David Lindsay. Feedback was given to the Resource Officer, Service Manager and Senior Support Worker on 26 January 2015.

During our inspection we spoke with: - The Resource Officer, Service Manager, two Senior Support Workers, four Support Workers and six service users.

We examined - Files and documents including:-

Service Participation Strategy, Carers' Questionnaire (Example), Disability Hate Crime guide and toolkit. Healthy Eating menus, information leaflet on Sexual Wellbeing and Relationships. Quality Assurance Self-Assessment and Monitoring procedure, Service User Survey Questionnaires, Support Plans, Daily Recordings File, Photo Albums of events and activities attended. Medication Records including MAR Sheets, Staff Meetings - Minutes, Tenant's Meetings - Minutes, Tenant's Reviews - Minutes, Staff Personnel Files including Supervision Records, Staff Training Records and Accident/Incident 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

The service has produced a participation strategy is has implemented it.

A number of the Keys to Life action points have been implemented and more are planned.

The Monitoring process and policy has been reviewed.

A Quality Assurance Self-Assessment and Monitoring system has been devised and implemented.

A Support Agreement and plan now appears within each service user's care plan.

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.

Self-Assessment was well completed and submitted in good time.

Taking the views of people using the care service into account

Service users spoken to were largely very happy with the service and the staff supporting them.

Taking carers' views into account

There was no opportunity to speak to carers but their written comments were noted. They were very complimentary of the service.

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

We found that the service encouraged and facilitated service user involvement in quality improvement in a number of ways.

Service users and their family carers regularly attended reviews and various meetings and forums at which their views and opinions were sought. Service user questionnaires and carer's questionnaires were utilised by the service to gauge opinions as to how the service was performing and how it could improve.

We noted that the service had employed a 'Service User Participation Strategy'. Their 'Participation Principles' included :-

'Treat people with respect and dignity', 'Work and make decisions with people', 'Make sure that people are encouraged and supported to speak their minds and have their say about our services'

The 'Strategy Aims' included:-

'To develop service user participation across all aspects of our service's delivery and planning' 'To develop service user support so that participation is meaningful and not just a 'token'.

We considered that these Principles and Aims demonstrated a commitment by the service to ensure that service user participation continued to develop.

We noted that the service had found that engaging the participation of carers was more challenging particularly as many of those supported had little or no regular family contact from people who could become involved. The service intended to

develop a Carers' Focus Group but this was proving difficult. A newly developed carers' questionnaire had been created by the Local Authority which, it was hoped, would prove to be more successful in ascertaining the views and opinions of family carers.

The service had organised a number of events with service users to which friends and family were invited and which were generally attended. Staff took these opportunities together with visits by family members to the residential complexes to engage carers and ascertain their views.

We noted in particular when viewing care plans, questionnaires and speaking to service users that they felt included in all aspects of service provision from their own individual care support plan to more general issues which affected others and their living environment.

The service also used other methods to enable and empower service users to become involved in developing the way services were delivered including Tenant's Meetings at which ideas and decisions were developed including activity and holiday destinations and fund-raising events. Service users were also annually encouraged and supported to consider and complete a satisfaction questionnaire which once again provided an opportunity to participate in service improvement.

Areas for improvement

The service should continue to develop an outcomes-focussed approach to support and explore all opportunities to involve family carers in the improvement of service quality.

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

We found evidence through examination of documentation and by speaking to individuals that the service made a great effort to maintain the health and wellbeing of service users and that this informed practice and procedures.

We noted in particular that support plans contained full and comprehensive health-related information. Some sections of these plans were coloured with symbols and were in an easy-read format which was very user-friendly. Important details of health conditions, related medication and treatment needed and contact information for health and social service professionals involved were clearly documented. Healthy eating programmes, activity and exercise, health advice relating to sexual health, cancer advice and other subjects were included and participation in learning about them encouraged.

Hospital Passports were included and which we saw being used to good effect when a resident had been taken unwell. The service also used a 'Personal Identification Profile' document for each service user which provided an immediate profile for emergency services should the individual go missing.

Correspondence and appointments information showed that an established relationship with health professionals existed and was supported for those less able to do so.

We were made aware that the service had supported several service users to secure their own tenancy and achieve many personal goals. We noted that the service had adopted a more outcomes-focussed approach to supporting service users. One of the tools used was a 'SHANARRI WHEEL'. This is an acronym for Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. This tool was used to support service users to consider and improve upon these aspects of their lives in which ever order and at what ever pace they chose. We also noted that the service had adopted the 'Keys to Life' initiative, had distributed copies to all staff members and had, following consultation with service users, focussed upon 'Promoting Healthy Diets' and 'Exercise'. This was in recognition of existing weight issues around a number of service users.

Areas for improvement

We considered while examining documentation that a number of areas would benefit from review. As this was a Local Authority service, risk assessments were mainly Social Work orientated. We felt that many were historic and required to reflect risks directly related to the individual areas of support and intervention where risk had

currently been identified. We also felt that where desired goals or outcomes were identified, the progress or successful conclusion of these was not always updated and a new goal identified. The service should ensure that these records and procedures accurately reflect the service users' current status. We have made a recommendation regarding this.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that information held about service users and their support is current and accurate. In particular risk assessments should be reviewed and outcomes-focussed support plans should chart the progress and outcomes achieved.

NCS 3 Care at Home - Your Personal Plan

NCS 4 Housing Support Services - Housing Support Planning

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

We found that the service facilitated service users and family carers to influence the assessment and improvement of staffing in a number of ways.

As indicated previously, service users and family carers were encouraged to participate in care reviews, meetings and complete a number of questionnaires as part of their care plan but also in response to the services' participation policy. All of those actions tended to inform staff quality.

Informally, service users freely interacted with their support team during and outwith support activity and used these opportunities to raise and discuss any issues they wished to be addressed. We noted that the service was open to staff changes if poor compatibility became an issue for service users or their families. To avoid this, allocated support staff and key workers were introduced to service users and their family carers where appropriate to allow them to become familiar with each other. A period of shadowing an experienced practitioner was normally undertaken prior to new staff working with an individual.

We learned that while the service were committed to staff continuity for the benefit of service users and the development of experience, they also attempted to rotate key workers on an annual basis. We were advised that this was both for staff development reasons and to prevent close attachment and detrimental dependency from forming.

We noted that service users were involved in the recruitment of staff and depending upon their wishes, contributed questions to be put to candidates or participated in interviews. This practice was greatly valued by service users who felt involved in a very real way in influencing the quality of staff working in the service. We learned that in the previous year, service users had interviewed candidates for a senior support worker post providing feedback which informed the final choice.

The service had now taken service user involvement in staff development a stage further by consulting service users prior to staff appraisals. This gave the service an important and unique perspective upon staff performance.

Areas for improvement

The service should continue to involve service users and family carers in the improvement of staff quality. The introduction of outcomes-focussed support provides another opportunity for service users to consider how well staff were promoting the implementation of this. The service may wish to consider the further involvement of service users in staff training.

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 that support staff employed by the service were properly selected, well matched with service users, well-trained, experienced and motivated.

Although concerned about what the future may hold for their service, staff were committed to their caring and supporting role and clearly had the welfare of those for whom they had responsibility as a priority.

We noted that staff were fully trained in all relevant core subjects and also in some more specialised subjects in response to service users' specific needs. Staff were encouraged to pursue personal development and further education and many had done so. SSSC registration was being undertaken by those not yet registered in line with regulations.

We saw that staff were made aware of policies and procedures relevant to their employment and responsibilities including risk assessment, Adult Support and Protection, grievance, complaints and whistleblowing policies. We also noted that each member of staff was given a copy of the 'Keys to Life' booklet in line with the service's uptake of this initiative. Staff had also had training regarding new employment benefits changes and outcome-focussed care plans.

We also noted that although the service embraced a more outcomes-focussed strategy, this type of work was already being undertaken and implemented by staff. In particular, independence, development and self-determination were continuous and common themes for support and we were told of a number of cases where this had been successful for individuals. One service user we met had spent much of their earlier life within residential institutions and hospitals. They were now living in their own tenancy in the community with only a modest package of support.

We saw that staff attended and participated in service user reviews, staff meetings, team meetings and other events and we viewed minutes showing that they regularly made comments and suggestions which were listened to and acted upon. We also noted that managers were not slow to praise and commend the regular good practice they witnessed from staff.

We saw that staff were properly and regularly supervised and supported in their challenging work by supervisors both formally and informally. Staff we spoke to were confident that they had strong support from management. It was also apparent to us

that staff were passionate about the care and support they provided to service users and their family carers which they felt had to continue despite budget and resource constraints.

Areas for improvement

We felt that staff were unsure about Self Directed Support and how it would affect service users, family carers and their support of them. The service should consider the provision of information or training regarding this.

We noted that, although apparently being provided, records of supervision and appraisal were in some cases not up to date. The service should ensure that staff are fully appraised and have regular supervision and that this is recorded including any reasons why this was not possible or delayed. The service should, in light of known pressures upon budgets and resources, ensure that they always maintain a sufficiency of staff available to meet the needs and wishes of the individuals they support.

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

We noted that in the same way as service users and family carers participated in and contributed to assessing and improving the quality of the service and staff. They also as a consequence, did so in respect of management and leadership. The related evidence reported at statements 1.1 and 3.1 is also relevant here.

As part of the service's participation policy, specific sections related to the performance of and satisfaction with management and leadership and ways in which service users in particular could influence change and improvement in this area. The newly adopted carer's questionnaire also included a section about management and leadership, inviting comment.

Questionnaires and survey feedback examined all indicated that service users and their family carers were very happy with the way in which the service was managed and operated.

Staff felt that management were approachable, valued their opinions and listened and responded to their concerns.

Service users we spoke to and those whose questionnaires we consulted felt that they had a good rapport with supervisors and managers as well as support staff and were happy to approach or contact them. During our inspection we witnessed them doing so on several occasions and it was apparent that they considered managers and leaders to be both approachable and receptive to their needs, wishes and concerns.

Areas for improvement

The service should continue to identify ways in which service users and family carers can become involved in discussions and decisions which take place at a more managerial level.

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 the service employed a number of quality assurance systems and processes at both local level and local authority level which aimed to monitor, review and improve service provision.

We noted that the service implemented a Quality Assurance, Self-assessment and Monitoring Tool which they applied on a six-monthly basis. Headings to be addressed by this tool included 'Safe Services', 'Being part of my community', 'Helping service users to keep healthy and feel good', 'Achieving', 'Nurtured', 'Respected', 'Responsible', and 'Included'. We observed that this system was very outcomes-focussed in its approach and that related survey forms returned predominantly scored the service 'very good' by those completing them.

We saw an example of the new carer's survey which was about to be rolled out and found that, although very statistical in nature, it covered all relevant aspects of service provision about which the carer's view was sought.

Staff we spoke to felt that they were well supervised and kept apprised of procedural developments and requirements. This was evidenced in the training, supervision and questionnaire documentation we examined.

We considered however that the most effective method of quality assurance employed by the service was the close and trusting relationship which clearly existed between managers and leaders and the service users, family carers, staff and others.

We noted the efficacy of both formal and informal quality assurance systems in two incidents we were made aware of. In one case a staff member had left the service following a number of issues being raised due to the robust monitoring systems in place and the confidence of staff and service users in management to come forward. In the other case a service user had become unhappy about certain aspects of a staff member's performance. The service user had been encouraged to approach staff and management about any issues they were unhappy about and did so, allowing management to take the appropriate preventative action. This benefitted both the service user involved and others.

Areas for improvement

While we found that the service utilised a number of relevant and comprehensive systems to provide quality assurance in service provision there were a number of weaknesses.

As indicated previously, the carer's survey gave the appearance of a statistical return and while this aspect is valuable it should not be the main purpose of this exercise. Making the form more user- friendly and relevant to carers may attract a much needed improved response. Similarly, the service user's survey, while covering most aspects of service provision, did not provide an opportunity to summarise issues raised or record any subsequent response or follow up thus denying the service the opportunity for this to be used as an effective outcomes-focussed monitoring tool.

We considered that risk assessments should go beyond a general social needs assessment aimed at appropriate placement and consider specific areas of risk identified in respect of and relevant to areas of support and care provision including supporting activities. This will provide not only a valuable assessment exercise for keyworkers and support staff but will provide an essential record and point of reference for all those delivering care and support.

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

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	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
31 Jan 2014	Announced (Short Notice)	Care and support 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
4 Feb 2013	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
28 Sep 2011	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
27 Jan 2011	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership 5 - Very Good
26 Jan 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good

Inspection report continued

		Management and Leadership	Not Assessed
19 Feb 2009	Announced	Care and support	5 - Very Good
		Staffing	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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Report To:	Health & Social Care Committee	Date:	1st September 2015
Report By:	Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/14/2015/SM
Contact Officer:	Sharon McAlees Head of Service Children Families & Criminal Justice	Contact No:	01475 715282
Subject:	Inspection of Kylemore Care Home Service Children and Young People		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of the unannounced inspection of Kylemore Residential Children's Unit completed by the Care Inspectorate on 15th May 2015.

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.
- 2.2 In conducting the inspection of Kylemore, 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.
- 2.3 A full public report of the inspection and grades is published on the Care Inspectorate website
- 2.4 The summary of grades awarded are:-
- | | |
|--------------------------------------|-------------------|
| 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 |
- 2.5 The Care Inspectorate made no specific recommendations or requirements in respect of any of the quality themes and statements.

3.0 RECOMMENDATIONS

- 3.1 The Health and Social Care Committee is asked to note the outcome of the Inspection report.

**Brian Moore
Chief Officer
Inverclyde HSCP**

4.0 BACKGROUND

- 4.1 Kylemore Residential Children's Unit was the first purpose built residential childcare facility to open in Inverclyde as part of an ambitious re-provision of all three residential child care units. Kylemore replaced Redholm Residential Children's Unit and opened in 2013. Stage two of the re-provision, the replacement of Neil St Children's Unit, has commenced. Following consultation with community members a planning application was submitted on 2nd July 2015 to build a six bedded house in Cardross Crescent at the site of the former Kings Glen Primary School. The estimated completion date for the build is September 2016. Thereafter, the plan is to decant Crosshill Children's Unit to Neil St to allow Crosshill to be demolished and replaced with a purpose built six bedded house the same specification as Kylemore. with a target completion date November 2017
- 4.2 An unannounced inspection of Kylemore Children's Unit by the Care Inspectorate took place in May 2015
During the inspection process evidence was gathered from a range of sources including policies, procedures and other documents. The inspector consulted directly with young people, parents, managers, staff and the Children's Rights Officer.
- 4.3 The service was graded with how it performed against the four following quality themes and statements.
- 4.4 **Quality of Care and Support - awarded 5 Very Good.**

Kylemore promoted an ethos of respect and value on the views and participation of young people and their families. A major development was the work of staff and young people with the support of the Children's Rights Officer in gaining UNICEF Rights Respecting Unit status. This achievement is a first in Scotland and was recognised at the annual CELCIS Conference where the service received a highly commended award.

The service was noted to have a strong commitment to offering all young people a range of choices aimed at opportunities for growth and development. Opportunities within education also allowed young people to choose courses and achieve success in their learning.

The service worked in partnership with other agencies to maximise safety and wellbeing and tried to be creative in approaches which prevent young people from engaging in serious risk taking behaviour.

4.5 Quality of Environment – awarded 5 Very Good

The physical environment of Kylemore was considered to be of a very high standard and young people were encouraged to incorporate their ideas into the décor. The inspector saw evidence of how the environment had been adapted to accommodate a young person's pet, enabling the young person to develop a sense of responsibility.

There was clear evidence of care planning and risk assessment based on wellbeing indicators and the service being proactive in promoting young people's understanding of risk. The recent appointment of a designated police liaison officer who links directly with young people had improved communication and information sharing allowing collaborative work to help reduce risk behaviour of some young people. Young people confirmed that they felt safe and protected.

4.6 Quality of Staffing - awarded 5 Very Good

The service had clear expectations about how young people could influence the quality of staffing. The development of the Moving 4ward forum allowed young people to express their views about how they felt their support could be improved. Young people are involved in recruitment of staff and were part of the performance reviews of sessional staff.

The inspection reviewed staffing arrangements and found managers and staff responded flexibly to meet the needs of young people. Where an increase of staff was required, there was a clear commitment to providing support and in some instances this practice had enabled young people to make positive choices.

The inspection looked at staff supervision, training and opportunities for leadership. It was noted that the management team had embedded a culture of learning within the team focused on continuous improvement. In addition to formal training some staff had adopted leadership roles and these had resulted in improved outcomes for young people.

4.7 Quality of Management and Leadership awarded 5 Very Good

As a local authority committed to full participation senior managers were visible and accessible to young people and their families. The level of awareness of the young people's needs helped demonstrate that young people's plans remained at the forefront of the Local Authority's practice. It was noted that a range of quality assurance measures were in place which have resulted in an ambitious service improvement plan with clear identification of agreed outcomes. The systematic approach to ensuring the quality of provision ensures that young people and their families receive very good support from a competent and committed staff team.

4.8 The Care Inspectorate issued no recommendations or requirements as a result of this inspection.

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications: None

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are/are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

X

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

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP). A full copy of Inspection Report is attached.

7.0 BACKGROUND PAPERS

7.1 None.

Care service inspection report

Full inspection

Kylemore Care Home Service

13 Kylemore Terrace
Greenock



HAPPY TO TRANSLATE

Service provided by: Inverclyde Council

Service provider number: SP2003000212

Care service number: CS2003001106

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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	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 service provides very good care and support for young people and a strong commitment to participation is evidenced throughout this report.

What the service could do better

The service should continue to embed the very good practices found during this inspection process.

What the service has done since the last inspection

The service has continued to promote the involvement of young people in all aspects of their care and support.

The service has been instrumental in the development towards becoming a Rights Respecting Unit. Strong links with the Children's Rights officer had resulted in the creation of formal assessment criteria towards achieving this status.

Managers had continued to review and implement improved practices in relation to supervision procedures and outcome focused care plans.

Conclusion

Kylemore supported young people to achieve positive outcomes in line with agreed plans and worked collaboratively with other agencies to minimise risk behaviours of some young people.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

Kylemore is a newly built residential house 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 en suites, spacious and well designed communal areas and a large garden with an impressive decking area.

The function of the house 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.'

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 0345 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 process, we gathered evidence from a range of sources including relevant sections of policies, procedures and other documents. These included:

- Certificates of registration and insurances
- Care plans
- Risk assessments
- Individual management plans (IMPs)
- Rights respecting unit assessment framework
- Development plan
- Staff supervision notes
- Training records
- Moving 4ward forum minutes
- Service questionnaires
- Young people's questions for staff recruitment
- Risk assessments for activities
- Training materials
- Supervision policy and guidance
- Induction training programme
- Photographic evidence of activities
- Come Dine with Me menus
- Team meeting and manager meeting minutes
- Young people's eco plans.

We spoke with:

- Two young people
- One parent

- The manager and deputy manager
- Six staff members
- The cook
- The external manager
- The Children's Rights officer.

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.firescotland.gov.uk

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.

We received a self assessment from the provider and used this to inform this inspection process.

Taking the views of people using the care service into account

We met with two young people whose views are conveyed within the body of this report.

Taking carers' views into account

We spoke with one parent whose comments included:

"I have good relationships with people here"

"People don't judge me. There's nae badness"

"I'm really happy with here for XX. I think XX has really good relationships with other young people"

"I trust the staff to be careful with XX. They know his moods and can give him what he needs"

"XX is brilliant. If I have any concerns I know I can speak to her"

"I think XX has done really well here. Much more grown up and more confident"

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

At this inspection, we found that the performance of the service was very good for this statement. We looked at the range of participation methods used to involve young people and their families in assessing the quality of care and support.

The service continued to view the participation of young people as central to every day practices. As part of the wider Inverclyde Council participation strategy, the Kylemore service strategy promoted an ethos of respect and value placed upon the views of young people and their families. Young people were actively involved in discussion which took account of their views and this ensured that the service operated from person centred values and principles. Examples of young people giving their opinions were found within individual plans, service questionnaires, natural opportunities for discussion and Moving 4ward, a forum where young people across Inverclyde's residential services were consulted on a range of matters relating to policy and practice.

Young people's plans had developed since the last inspection. These were now more outcome focused and contained clearer evidence of young people's comments, which helped to determine future objectives. We saw that young

people provided 'guidance' to staff, in relation to how they preferred to be supported. One young person commented, "I talk if something is annoying me but sometimes I can't be bothered. Staff do listen to me. I like to talk without being asked". Similarly, the service tried to encourage young people to express how they felt about their support. Young people said, "I like to have my own personal space and do not like it when staff go into my room. I feel I'm ready to move on at the moment". By listening to young people's views, the service developed a clearer understanding of how to help young people to feel supported and accept help and to make positive transitions.

Service questionnaires were produced in a child friendly format and were based on the SHANARRI well-being indicators. We saw that young people were asked about their quality of care and support and noted that all young people had responded positively about living at Kylemore. By exploring how young people felt about their placement and gathering their views about how the service could improve for them, we saw that the service had responded to young people's suggestions about new bedding for their bedrooms, furnishings for the sun room and additions to the garden. The service had planned for items to be purchased with young people and this helped young people to feel valued for their contribution.

We sat in on an 'informal' meeting with young people and staff and observed natural conversation taking place at dinner time about preferred activities for the holidays. Those involved explored possibilities and young people contributed in ways most suited to them as individuals. We considered interactions between young people and staff as being relaxed and positive, with mature attitudes from young people, which helped to guide the discussion. Although no concrete decisions were made, young people were asked to think about possible opportunities for relaxation and recreation. Evidence from other meetings showed that young people had offered suggestions for holidays and this had resulted in a trip to Turkey, while more local events included skiing and visiting the circus.

We saw that the Moving 4ward forum, attended by young people and staff from Kylemore, provided consistent opportunities for young people to influence wider decisions within Inverclyde Council. Staff recruitment involvement and the installation of WiFi in residential units, formed part of the agenda and

discussion. We saw that young people advocated strongly on behalf of themselves and other young people, when requesting WiFi. One young person stated that it was almost like a "life line" to young people as it meant being in touch with family and friends. Another key discussion focused on whether young people wished their residential houses to be called, houses or units. Following a period of consultation, with all young people across Inverclyde's residential houses, young people agreed that the term "unit", most suited what they felt these should be called. It was acknowledged by all involved, that this was a decision reached by young people.

A significant development over the past year involved the continued focus on gaining the Rights Respecting Unit status. The service had been instrumental in taking this forward alongside the Children's Rights officer and we saw that very good progress, had resulted in the development of assessment criteria, which had been approved by the Director of UNICEF. Further to this, recognition of the proposal to create a rights respecting residential award, had been recognised by CELCIS as being 'Highly Commended' in the Reaching Higher award category at this year's SIRCC awards. Two young people would be attending a ceremony in recognition of this achievement. We spoke with the Children's Rights officer involved with this initiative, who told us, "Young people in Kylemore have been fantastic. They gave lots of ideas about how they wanted to plan events and raise money for charities. That had never happened before. We did training for young people on children's rights and from this young people decided on the design of a family tree and took the decision that they no longer wanted to have formal young people's meetings. Young people are part of the ethos of the place". In our discussion with the Children's Rights officer, they confirmed that young people at Kylemore were encouraged to be aware of and, where necessary, be empowered to invoke their rights by a management and staff team who were strongly committed to "working together" with young people. Additional comments including, "I see much more mutual respect between young people and staff at Kylemore. Young people's rights are unconditional", further demonstrated that young people's views were central to every day practices.

In February of this year, the young people and staff held a coffee morning within the service. They decided to invite their neighbours in order to get to know them better and to re-assess their views and perceptions of the service,

now that the 'settling in' period had passed. Young people sat in the company of neighbours, many of whom were long-term residents in the area and who shared their experiences of living in the area. Neighbours chatted to young people about bringing up their own children and young people living at Kylemore spoke about their experiences. Young people commented how they felt "welcomed and everyone was always really friendly, saying hello when I pass by". This relaxed event, meant that young people could develop relationships with their neighbours and feel part of the local community.

Comments from some of the neighbours included, "The unit has done very well and I wouldn't change a thing. Everyone is so friendly" and "We have been pleased by the warmth and friendliness of both staff and residents since day one. We feel that we are part of the street family and nice touches like Christmas cards and invites for tea". These comments helped to show that young people were valued by their neighbours and were seen as part of the community.

Areas for improvement

The service should continue to promote practices which incorporate the values and principles of the Rights Respecting Unit framework and should maintain its commitment to gathering and evaluating the views of young people and their parents/carers. Through strong approaches, implemented consistently by the staff team, young people and their families will feel enabled influence decisions affecting the young person's care and support.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

“We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.”

Service strengths

At this inspection, we found that the performance of the service was very good for this statement. We looked at how young people were supported to make choices which led to better outcomes, to assess this statement.

We saw that many young people were actively engaged in their care plans and that plans promoted the opportunity to make positive choices and achieve positive outcomes. Strong examples included young people achieving and sustaining work placements and, as a result, had developed an improved ability to travel independently. This meant that for those young people, they had built self-confidence and improved connections within their community. For others, making the choice to be actively involved in the Moving 4ward forum, had improved their ability to express their views and contribute to decisions affecting themselves and other young people, while other young people had chosen to fully participate in cooking and preparing meals for others through Come Dine with Me events. We saw that through good attention to detail, young people were able to learn about the traditions and foods of other countries and this had encouraged young people to suggest new recipes for the unit.

The strong commitment within the service to offering young people a range of choices, aimed at providing opportunities for growth and development, was also evidenced through collective decisions about group holidays and we saw that for some young people, they had gained in confidence and had improved their relationships with others, while enjoying the experience of visiting other countries. Similarly, more local events, such as learning to ski, had been arranged further to one young person asking for this activity to be made available. This had now become a sport that the young person wished to continue to take part in and the service had arranged for lessons to improve their skill and confidence.

Opportunities within education had also allowed young people to choose courses and achieve success in their learning. For some young people, an adapted timetable had helped to structure their school day and through positive engagement, become the only young person in school to achieve a Gold Award in a particular ASDAN module. Others showed that by participating in sexual health programmes, devised by those working in the service, they had improved their awareness of healthy choices.

For others, the service continued to work in partnership with other agencies and Council departments to maximise young people's safety and well-being. Where young people were experiencing significant pressures in their local communities, the service tried to be creative about approaches which would prevent some young people from engaging in serious risk behaviours and where significant health issues had been experienced by young people, extensive support had been offered to ensure that the young person understood the need to ensure a healthy diet and take the appropriate medications, in order to maintain good health. In supporting one young person, who said, "I am aware of how important it is for me to take all my medication every day. I am self-administering my medication and aware I need to do this for my future", staff provided help to attend appointments and make phone calls to arrange for medication prescriptions. This meant that where young people either asked directly for help or where it was identified that interventions and support would assist, young people were encouraged to make safe and healthy choices.

Areas for improvement

The service should continue to ensure consistent approaches to supporting young people to make choices regarding their lives. As a unit committed to an ethos of involvement, the service should ensure that all paperwork relating to young people, provides clear evidence of 'working together' with young people, to achieve positive outcomes. This practice will help to embed outcome focused recordings, which young people contribute to and can reflect upon, in order to measure their progress.

Grade

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

At this inspection, we found that the performance of the service was very good for this statement. We looked at ways in which young people influenced the quality of their environment, to assess this statement.

The physical environment within Kylemore is of a very high standard. However, we saw that young people had personalised their bedrooms, with soft furnishings and items of their choice. In addition, some other areas throughout the unit had also been improved further to ideas from the young people. A 'family' tree, decorated the hallway and young people had been involved in sourcing and choosing this particular piece of artwork and had paid keen attention to the use of particular words, which they felt best represented their view of living at the service. We also noted that young people chose the pictures which were displayed around the unit and had suggested changes to the usage of some areas, including one of the lounges that they wanted to become a games room and the sun lounge, that they felt should become a 'chill out' area. We found that young people's comments about living at Kylemore were very positive and all expressed that they felt their views were taken into account when making changes to the environment.

Kylemore's commitment to allowing young people to personalise their space and to make choices which enhanced their quality of life, was to support young people who were keen to keep pets within their rooms. We had the pleasure of being shown how one young person looks after their pet and how this had helped them to develop a sense of responsibility toward the safety and well-

being of their pet. We saw that great consideration had been given to how the environment could be adapted to accommodate a pet and this was further evidence of how young people could influence the environment to suit theirs and their pets needs.

Areas for improvement

We found that young people living at Kylemore were very involved in suggesting ideas which would enhance the physical environment. We suggest that the service continues to explore with young people, how improvements could be made to the unit. This practice will ensure that young people continue to feel valued and respected for their contribution.

Grade

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 care plans, risk assessments, questionnaires, staff rotas, links with other agencies and safety and security of the physical environment to assess this statement.

The service is accessed via a secure entry system. Visitors were asked to sign in and show identification to state the purpose of their visit. Kylemore provided a very high standard of accommodation for young people and safety was a priority. A sprinkler system reduced the risk of fire and adaptations to window catches offered additional security. Safety treads on decking and accessible toilets provided.

Young people's plans, based on SHANARRI well-being indicators, included information about how young people's safety was being promoted. We saw that where young people presented a risk to themselves and others, the service was proactive in promoting an increased understanding of the potential risks associated with fire. By providing 'training' to some young people about the dangers of matches and by involving local fire services in this process, those young people were supported to keep themselves safe, while considering the safety of others. Where other young people were at significant risk in their local communities, the service worked creatively to find solutions which were aimed at minimising the risk associated with alcohol and drug misuse. By attempting to engage those young people in meditation and relaxation techniques and by making the environment as low arousal as possible, those young people were encouraged to remain in the unit and refrain from absconding. These interventions were met with some success and were in direct response to those young people asking for help to reduce their behavioural patterns.

To further support the safety of young people, the implementation of individual risk assessments, which used the 'traffic light' system to highlight the level of risk and the more recent appointment of a Police Liaison officer, who linked directly with young people and the service, meant that risk behaviours were more easily identified. Through improved communication and information sharing between all involved, this collaborative work helped to reduce risk behaviours of some young people. We met with this officer, who told us, "I phone the unit every Monday to find out about the young people's weekend. In one case, the unit shared information about a young person and because I'm also the link for the high school, I spoke to the guidance teacher and then met with XX to find out if he had any concerns. I was able to talk to the young person about a period when he was 'missing' and feed this back to the unit and school". In other instances, these joint working practices, and improved relationships between young people and the police, helped to reassure young people, that where decisions had been taken to move them to another placement, in order to reduce significant risk factors, all agencies were involved in ensuring a suitable plan was in place to safeguard this young person.

Staff rotas provided safe and adequate support to ensure young people's safety and well-being within the service. We looked at arrangements for holidays for young people and reviewed the generic and individual risk assessments that were compiled for a recent holiday where young people lived in a wigwam for a few nights. The service had extensively considered the staffing ratios, sleeping arrangements, risk posed by specific behaviours, consent from parents/carers and the necessary checks prior to departure, such as the suitability of the vehicle, resources and emergency information. It was clear that, given the attention to detail and preparations for this holiday, young people's safety was a primary concern and due to the very good practice when assessing the needs of those involved, young people experienced an enjoyable and safe holiday.

In order to be assured of young people's views about their personal safety, the service issued questionnaires to young people and others involved in their care and support. The service used this feedback to identify areas for improvement. We sampled questionnaires and reviewed the responses from young people, to questionnaires issued by the Care Inspectorate. In all instances where young people responded, including four completed Care Inspectorate forms, young

people stated that they felt protected from bullying and abuse. Young people also confirmed that they felt safe.

Areas for improvement

During our discussions with managers and staff, we noted that inconsistent approaches by staff had the potential to undermine the positive steps taken to reduce risk factors for some young people. Managers and staff should ensure that agreed practices are followed at all times, in order to properly safeguard the needs of young people living at the service.

Grade

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 looked at the range of ways in which young people could influence the quality of staffing, to assess this statement.

The service had clear expectations about how young people could influence the quality of staffing. The creative development of the Moving 4ward forum, meant that young people could discuss their views about how they felt their support could be improved. We saw that young people were part of the performance reviews for sessional staff and that they had been asked to comment on what should be assessed and put into the performance pack, to determine how staff had settled into their posts. Young people created sample questions and added scenarios relating to child protection and social media and this information was used to conduct this process. This helped to show young people that their views were important and valued.

With a keen commitment to involving young people in the recruitment process for staff, we saw that young people had been involved in devising questions and being part of the interview process, both for new appointments and for promoted posts within the Authority's residential units. We found that young people's views had been taken into account, to the extent, that decisions were made not to employ specific candidates. This showed young people that they played an important part in this process and helped to teach them about responsibility towards others.

We reviewed staffing arrangements during this inspection process and found that managers and staff responded flexibly to meeting the needs of young people. Where an increase in staff was required, there was a clear commitment to providing support to young people who required additional support. In some instances, this practice had helped to reduce instances of absconding and had supported young people to make more positive choices.

Areas for improvement

We noted that as part of the aims and objectives of the Moving 4ward forum, it had been identified that young people would be supported to develop questionnaires, for young people across all residential units. We agreed that this would allow young people the opportunity to ask the questions that they felt were relevant and that these would include questions about the quality of staff support. By encouraging this work to be taken forward, young people will feel that they are in control of the type of information gathered, to inform on improvements.

Grade

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 staff supervision, training records, opportunities for leadership roles and spoke with staff and managers, to assess this statement.

Since the last inspection, the management team within the service had worked hard to embed a learning culture within the staff team. We spoke with staff, who told us, "The managers are fantastic. Really open to new ideas and are very passionate about making things better", and "The manager is very forward thinking and supportive. I think we have good relationships in the team and where issues arise, I feel I am able to talk about it". Other staff commented, "The best things about the job is the relationships with young people and seeing them develop. You learn most of your skills from the young people". These positive remarks helped to show that managers and staff working at Kylemore were committed to providing the best experiences for young people in their care. When asked about how well staff supported them, young people commented that they felt staff listened to them and that they were treated fairly.

Improvements to staff supervision, meant that all staff were receiving more regular supervision from managers. The service continued to embed a learning culture within the staff team, which included a focus on learning objectives and outcomes. Through a focus on continuous improvement, staff were supported to enhance their practice, through access to a range of training and reading materials. We saw that examples of materials included information about child sexual exploitation and staff were guided to this material in order to improve their awareness. Staff spoken with as part of this inspection confirmed their awareness of the issues facing some young people.

Training plans showed that staff had accessed a range of on-line events alongside attendance at courses. Examples of training included Promoting Positive Behaviour (PPB), Child Sexual Abuse, Self Harming, Mediation Skills, New Psychoactive Substances and Child Protection. Through a wide range of events, aimed at improving the skills and knowledge of those supporting young people, staff had developed the key skills to offer young people a safe and supportive environment in which they could feel nurtured and respected.

In addition to formal training, we saw that some staff had adopted leadership roles and that these had resulted in improved outcomes for young people. Examples included staff leading on participation and within their night shift remit, this staff member remained keenly aware and involved in developments. Another example showed that interventions used to improve young people's awareness of sexual health had produced positive levels of engagement from those young people and, as a result, an increased knowledge of how to remain healthy.

Areas for improvement

The service should continue to create leadership roles for members of the staff team. It was clear from the evidence provided during this inspection process, that the skills and enthusiasm conveyed by members of the staff team, would further benefit young people, where opportunities arose to lead on developments.

Grade

5 - Very Good

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

At this inspection, we found that the performance of the service was very good for this statement. We considered the range of ways in which young people had access to managers at all levels, and how this informed improvements, to assess this statement.

As a local authority, committed to the full participation of young people living at Kylemore, senior managers were visible and accessible to young people and their families. With a keen focus on corporate parenting and a commitment to ensuring that young people and their families were integral to assessment, planning and interventions about the young person, we noted that visits by external managers take place routinely. This allowed young people the opportunity to meet with managers and express their views and make suggestions for improvement. We found the external manager to be very well-informed about issues facing young people and it was clear from our observations of interactions between young people and the external manager, that this manager knew all young people personally and was fully aware of current developments in young people's lives. This level of awareness and understanding of the evolving needs of young people, helped to show that young people's plans remained at the forefront of the authority's practices and in our discussions with parents it was clear that they felt that they could approach managers, where any issues arose.

The Moving 4ward forum provided another opportunity for young people to influence decisions and advocate on behalf of themselves and others. This monthly meeting, led by the external manager, had resulted in young people planning and implementing events to raise money for charity, to review staff recruitment practices and through links with the Children's Rights Officer, to take forward the rights respecting units framework. Additionally, the involvement of the police liaison officer at the meetings, had encouraged young people to design a poster for the units, highlighting a zero tolerance to violence against staff. These and other key developments meant that young people could feel part of decision-making processes and could see that their contribution had resulted in improvements for themselves and others. A key development within this forum was the involvement of an ex-resident from one of the residential units. This young person provided a mentoring role and as this was still at an early stage, we will review progress at the next inspection.

Areas for improvement

Managers should continue to develop opportunities for young people to influence the quality of management and leadership within the service. The Moving 4ward forum will provide the basis through which all young people are represented by their peers and will enhance outcomes for young people living at the service. The service should continue to ensure representation on this forum.

Grade

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 very good for this statement. We looked at the range of quality assurance practices which helped to promote positive outcomes for young people and their families, to assess this statement.

Kylemore implemented a range of quality assurance measures, which led to improvements. These included regular supervision for managers and staff, ongoing review of outcomes identified within young people's plans, health and safety checks, medication audits and quarterly evaluation by the external manager. By adopting a systematic approach to ensuring the quality of provision, young people and their families received very good support from a competent and committed staff team.

The service actively used the feedback generated from Care Inspectorate inspections, to help formulate a service improvement plan and similarly, we saw that the service had considered the way in which it completed the self assessment form, required by the Care Inspectorate each year. Based more on direct feedback and outcomes for young people, we recognised that this was a work in progress and we noted the manager's commitment to improving upon this going forward. In responding to inspection feedback, the service had improved the way in which it captured the views of young people, in relation to their care plans. This meant that young people's comments about the quality of their support, was more readily available to all involved and could more easily influence improvements.

Further improvements were noted in the way in which staff supervision was conducted. A revised supervision policy and guidance notes for residential units had been implemented, with a focus on reflective and responsive practice. Through a culture of continuous improvement and learning, all staff in the

service were receiving regular supervision in line with policy. By quality assuring staff practice and promoting leadership roles within the staff team, we saw that outcomes for young people had improved. Examples of staff leading on participation and the development of sexual health programmes for some young people, we found that supervision provided a supportive mechanism, while monitoring the quality of daily practices. This meant that young people could be assured of a quality service from those supporting them on a daily basis.

The development of the service improvement plan had allowed for the identification of clear and agreed outcomes. We saw that an ambitious plan, informed by all stakeholders, had resulted in improvements to staff training plans, which were now directly linked to supervision and a continued commitment to the Moving 4ward agenda. These improvements meant that the ways in which the service supported young people to achieve positive outcomes, was better evidenced.

Areas for improvement

The service should continue to evidence progress through the range of quality assurance measures currently in place and endeavour to embed these in daily practices. By systematically implementing these measures, young people and their families will be assured of a quality of provision.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

7 Complaints

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

8 Enforcements

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

9 Additional Information

None.

10 Inspection and grading history

Date	Type	Gradings	
29 Jul 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 5 - Very Good
3 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 6 - Excellent 5 - Very Good
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

To find out more

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Report To: Health and Social Care Committee **Date:** 1st September 2015

Report By: Brian Moore
Chief Officer
Inverclyde Health and Social
Care Partnership (HSCP) **Report No:** SW/15/2015/SM

Contact Officer: Sharon McAlees
Head of Service **Contact No:** 01475 715282

Subject: CARE INSPECTORATE INSPECTION OF INVERCLYDE
FOSTERING AND ADOPTION SERVICES

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of the outcome of the Care Inspectorate short notice inspection of Inverclyde's Adoption and Fostering Services January 2015.

2.0 SUMMARY

- 2.1 Inverclyde Adoption and Fostering Services are subject to annual inspections by the Care Inspectorate. The Care Inspectorate is an independent scrutiny and improvement body which regulates care services across Scotland ensuring that service users receive a high level of care and support.
- 2.2 In conducting the inspection of the Adoption and Fostering Services the Care Inspectorate gathered a range of evidence provided by each of the services including policies, procedures and other documents along with conversations with a range of staff, stakeholders and carers and young people.
- 2.3 A full public report of the inspection and grades is published on the Care Inspectorate website
- 2.4 The summary of grades awarded are:-

Adoption Services

Quality of Care and Support	grade 5 very good
Quality of Staffing	grade 5 very good
Quality of Management and Leadership	grade 5 very good

Fostering Services

Quality of Care and Support	grade 5 very good
Quality of Staffing	grade 5 very good
Quality of Management and Leadership	grade 5 very good

- 2.5 The inspection concluded that Inverclyde Adoption and Fostering Services continue to provide a high quality service.
- 2.6 Two service recommendations were made in respect of Adoption Services and no requirements were issued.

2.7 One service recommendation was made in respect of Fostering Services and no requirements were issued.

3.0 RECOMMENDATIONS

3.1 The Health and Social Care Committee is asked to note the outcome of the inspection.

**Brian Moore
Chief Officer
Inverclyde HSCP**

4.0 BACKGROUND

4.1 A short notice inspection of Inverclyde's Adoption and Fostering Services took place in December 2014 and the finalised report was published on the Care Inspectorate website in January 2015.

4.2 During the inspection process evidence was gathered from a range of sources including, procedures, supervision, training records, and case files. The inspector consulted directly with adopters, foster carers, managers, and a range of staff.

4.3 The service was graded with how it performed against three quality themes and statements.

4.4 Adoption Services

Quality of Care and Support- Grade 5 Very Good.

The performance of the service was very good in this area. Adopters were consulted about the quality of training information and support given in order that service could continue to improve. The inspection noted that the involvement of birth parents in the permanency process was promoted; they were given the opportunity to give their views to the Adoption and Permanence Panel and children's views about being adopted were included when the child was of an age to express their view. Adopters underwent rigorous assessment which took account of the resources and support networks available to the applicants. It was recommended that Inverclyde managers should seek ways to ensure that in all instances when a child is placed within Inverclyde by another authority that the placing authority fully contributes to the post placement support. The Service has sought to address this by ensuring that clear transition and post adoption support plans are agreed by all relevant professionals.

4.5 Quality of Staffing- Grade 5 Very Good.

Adopters reported that staff were, supportive, professional, caring and knowledgeable. There were leadership and training opportunities for staff and access to a well-equipped resource library and online research materials. It was noted that staff challenged discriminatory attitudes and took a role in being educators in promoting diversity.

4.6 Quality of Management Grade 5 Very Good.

Inverclyde had a commitment to ensuring children who required adoption were placed in adoptive families without delay. Children's Services management closely monitored the progress of permanency planning and there were improved outcomes for children who could not return to their birth families. The chair of the Adoption and Permanence Panel and panel members had appraisals and opportunities to undertake training to enable them to keep abreast of changing legislation and research. It was noted that at the time of the inspection, there was a social worker vacancy within the team and this resulted in the Care Inspectorate making a recommendation that there is adequate staffing to continue to provide a quality service. The service has subsequently filled that particular vacancy.

4.7 Fostering Services

Quality of Care and Support Grade 5 Very Good.

The inspection found that the Fostering Service continued to involve people in assessing and improving the quality of care and support, staffing and quality of management. A range of opportunities existed to ensure that foster carers and young people can reflect views that inform service improvement. It was noted that care

plans were in place for children and a new detailed placement plan had been developed with included purpose of placement, expectation of the foster carer and desired outcome for the child. The service continued to provide foster carers with a good range of training opportunities. The inspection found that children benefited from living in a secure base and older children were remaining in placement with transition planning delivered at their pace linked to through care workers who worked with them towards independence. The inspection was told about some difficulties with arrangements with LAAC reviews and how this could impact on the carer's ability to prepare the child and contribute to care planning in a meaningful way. Whilst LAAC reviews met statutory timescales they were not always meeting Inverclyde's own timescales. It was recommended that the service manager and locality managers address review scheduling issues. This area of service improvement is being addressed by children's services quality assurance team monitoring and support along with recent training in relation to chairing LAAC reviews.

4.8 Quality of Staffing Grade 5 Very Good.

This section was graded in conjunction with Adoption Services as it refers to the same group of staff. The performance of the service was found to be very good.

4.9 Quality of Management and Leadership Grade 5 Very Good.

This section was graded in conjunction with Adoption Services as it refers to the same group of staff and managers. The performance of the service was found to be very good and included the same recommendation as Adoption Services that the service ensures there is adequate staffing to continue to provide a quality service.

5.0 IMPLICATIONS

FINANCE

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

One off Costs

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

Annually Recurring Costs/ (Savings)

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

LEGAL

5.2 There are no legal issues within this report.

HUMAN RESOURCES

5.3 There are no human resources issues within this report.

EQUALITIES

5.4 There are no equality issues within this report.

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

5.5 There are no repopulation issues within this report.

6.0 CONSULTATION

6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Fostering and Adoption Services.

7.0 BACKGROUND PAPERS

7.1 None.

Care service inspection report

Inverclyde Council Adoption Service

Adoption Service

Inverclyde CHCP

Kirn House

Ravenscraig Hospital

Inverkip Road

Greenock

PA16 9HA

Telephone: 01475 714 038

Type of inspection: Announced (Short Notice)

Inspection completed on: 8 January 2015



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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2005087048

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at 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 Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service continues to provide very good support to adopters and children, both prior to and following adoption. Introductions are very well-managed. Inverclyde adoption service continue in their commitment in engaging birth parents during the permanency process. This is strengthened by the approach and practice of permanency panel members.

What the service could do better

The service management should ensure that placed social workers from outwith the Local Authority carry out their responsibilities to the child, post placement. The provider should consider any impact to service performance when making any staffing changes.

What the service has done since the last inspection

The service continues to strengthen post adoption support, permanency planning and the involvement of adopters, in the service improvement agenda. New procedures are in place for letterbox contact.

Conclusion

Inverclyde Council Adoption Service continue to provide a high quality service to adoptive families.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.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 could 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 Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Inverclyde Council Adoption Agency provides a service for children and young people, aged from birth to 18 years, and their families. The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members and whose needs have been assessed.

Following the last inspection Inverclyde council had placed five children for adoption. One adoptive family had been approved and had a child placed. There were no adopters waiting for child to be placed. There were five potential adopters being assessed and no potential adopters awaiting assessment. At the time of the inspection had 11 children with approved permanence plans and POA awaiting adoption.

The service is part of Inverclyde's CHCP8 Clyde Square, Greenock.

Inverclyde Council Fostering Service was inspected at the same time and has been reported on separately.

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 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 0345 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

This short notice announced inspection commenced on 8 December 2014. During the inspection we spoke with the following:

- Two adoptive couples during home visits
- A group of three adopters
- Four supervising social workers
- The resource worker
- The kinship care social worker
- Two team leads- adoption and permanence
- The service manager

We examined relevant documentation during the inspection some of which included:

- Two Adopters case files
- Two children files
- Staff training and supervision records
- Staff meeting minutes
- Adoption support plans
- Panel business meeting minutes
- Letter box protocol
- The finding of the audit conducted on 14 May 2014.

We provided verbal feedback to the manager and external manager on 8 January 2015.

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

1. 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.

The recommendation is met: Please see Quality Theme 3, Statement 3, for details.

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 manager provided a self assessment which included strengths and some areas for development.

Taking the views of people using the care service into account

During the inspection we visited two adoptive couples in their homes and met with a small focus group of three adopters. All spoke highly of the staff, who were described as being very supportive, helpful and extremely reliable. All felt that the assessment process was made easier due to the professionalism of the supervising workers. The preparatory groups were described as being very useful and helpful in understanding the needs of the children they may one day parent and of the commitment this required. Most adopters felt well prepared for their child.

Foster carers were described as being "a fantastic support" and several of the adopters remained in contact with foster carers. All expressed complete confidence that any request of support would be provided. The only criticism was of the support from placing social workers which was specifically relating to children placed from outwith Inverclyde.

Taking carers' views into account

We did not meet with any birth parent or birth relatives at 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

We found the performance of the service to be very good for this statement. The service continues to involve adopters and adopted children in a variety of ways. We reached this conclusion after speaking with adopters, consulting documents and speaking with staff.

Participants in the preparation groups were asked their views about the quality of the information provided and of the training and presentations during the preparation groups. We found that these views were overall positive but also changes were made as a result of suggestions made. Adopters valued the input from an experienced adopter who contributed to the preparation group sessions.

The adoption panel members sought the views of adopters when attending the panel, which included their experience of the process with responses recorded in the minute of the adoption panel.

A support group comprising of adopters and children meets regularly. This gives adopters the opportunity to exchange views, experiences and provide mutual support. Guest speakers are also invited to give presentations to the group on matters relevant to adoption. This gives adopters additional sources of advice in parenting children, who may have some trouble behaviour as a result of early trauma and neglect.

Adopted and birth children also attend the group attending the crèche provided. This offered the children the opportunity to make friends with other children who have been adopted or who have adopted siblings.

Support group members were consulted about the group and how they wish it to develop. The support group was also used as a forum to collect views of how to improve and develop the service. This had included giving views on post adoption support and in compiling the procedures for letter box contact.

An adoptive parent is a member of the Adoption and Permanence Panel, which gives an adopter's perspective to the panel discussion.

We found that the involvement of birth parents during the permanency planning process was promoted. This included some adopters meeting birth parents. Adopters we spoke with were appreciative of the opportunity to meet with birth parents. They were of the view that it would benefit their child when older, when asking about their identity and they would also be able to describe the birth parents physical characteristics.

Members of the permanence panel met with birth parents to discuss the permanency plan. This was extremely sensitively managed and meant that birth parents views were taken account of, when the panel came to making a recommendation. Birth parents were also offered the opportunity to write their views which were also shared at the permanency panel.

Birth parents views were included in the child's BAAF (British adoption and fostering) Form E. This included the type of adoptive family for their child. We found that where possible and appropriate these views were respected. This had included seeking parents of the same faith of birth parents and adopters of the same ethnicity.

We found children's views about being adopted were included on the BAAF form E when the child was of age to express their views.

Areas for improvement

The service was continuing to refine the adoption support plans to ensure that help and support provided was of the type and level wished for by adopters.

The service was exploring the potential for using of email letterbox contact.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

We found the performance of the service to be 5 - Very Good for this statement. We found adopters underwent a rigorous assessment, to ensure they were suitable. This included making sure they were of good character, healthy, had appropriate values and attitudes to adopt children. A full assessment also took account of resources available to applicants such as, support network, finances and the home environment.

The assessment of applicants included full consideration of their strengths and this enabled them to make informed decisions about their ability to meet the child's needs at the point of adoption and in the future. We found that this included meeting with the medical advisor to fully discuss health history and areas of developmental uncertainty. Adopters told us that the match between themselves and children had been excellent and attribute this to staff getting to know them and their strengths.

Inverclyde identify vulnerable babies' pre-informed about their children's needs and history.

Prospective adopters and the child's foster parents meet before the child and adopters are matched at Panel. This ensures the prospective adopters are as fully informed as possible about the child. Prospective adopters told us they are also given access to educational reports, or meet key figures, in the child's nursery or school.

Resources including financial assistance were made available to adopters, in order to ensure the child was placed in the family most equipped to meet their needs and provide a loving family. Where possible, children were placed in adoptive families along with their birth siblings. This was in recognition of bonds and identity. For children who were separated from siblings we found adopters supported and facilitated post adoption contact.

Pre introduction planning meetings were well organised and there was evidence of excellent communication between adopters and foster carers. Foster carers were actively involved in the families finding process and adopters told us the contact from foster carers was invaluable in the early stages of the adoption. Introductions were well planned and transitions sensitively managed taking account of the child's daily routine and preferences. Toys and photographs of the child from the previous foster home were used to give the child a sense of self and record of the past.

Contact with foster carers also strengthened the adopters support network when seeking any additional information and advice about the child. This was seen as

particularly important during the formative stages of the adoption.

Post placement meetings were routine practice. Adopters spoke positively about the usefulness of these meetings and felt extremely well supported by the service. There was robust, coordinated planning for the child's needs, in terms of education, health and emotional support. This had included phased introductions to nursery and planning meetings with the school, prior to the school placement commencing.

Adopters advised that the preparatory training was good quality training and had given them a fuller understanding of their child's behaviour and how to help their child. The service encouraged adopters to borrow from their extensive library of books on child development and adoption.

There was evidence that children benefited from being adopted, growing and developing within a secure family base. We observed children had developed attachments with adopters, were making great progress in meeting developmental milestones, forming relationships and bonding with their family.

At any time, adopters could seek support from the service and this would be provided. Post adoption support plans were in use. Adopters who met with the inspector stated that post adoption support provided was excellent. We found that adopters returned for and received help as needed. This had included play therapy for children, access to child psychology and counselling and access to secure base training for adoptive parents. Many adopters chose to remain in regular contact with the service by attending the adopters support group.

The service pursued all avenues to ensure children were placed for adoption without unnecessary delay. Joint authority approach through the new partnership arrangement with two neighbouring Local Authorities had increased the choice of families available to children, within their cultural area. Eight placements between the three Authorities had been made. The service also participated in Adoption Exchange Days, use of the adoption register and linking with voluntary adoption agencies.

Areas for improvement

Some adopters stated the support from placing social workers following their child being placed could improve. This was specifically in relation to children placed from outwith Inverclyde. This included passing on photographs, later life letters and visiting the child in placement.

(Refer to recommendation 1)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The management of the service should seek ways to ensure that in all instances the child's social worker from placing Local Authorities contributes to the post placement support.

National Care Standards, Adoption Agencies, Standard 29: At the point of placement.

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

Based on our findings in relation to Quality Theme 1, Statement 1, we accept that a very good standard had been achieved in relation to this Quality Statement.

Areas for improvement

No additional areas for improvement were identified under this statement .

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 the performance of the service to be 5 - Very Good for this statement.

Adopters told us that the staff were, supportive, professional, caring and knowledgeable. We were told that the assessment process was insightful and that staff were extremely sensitive and skilled in carrying out the assessment.

Staff members told us they are a close-knit team who support one another and value each other's skills, knowledge and experience.

We found the quality of assessment reports of applicants were completed to a high standard with reference made to research. When applicant assessments were not completed within six months, the reasons were stated clearly.

Family placement workers were qualified social workers and registered with the Scottish Social Service Council. Most staff had completed post qualification certificated training such as 'Securing children's futures' and 'Child protection'. A member of the team was a Mental Health Officer and shared knowledge with the team. Staff members were regular contributors to national consultations relating to fostering and adoption and also gave a presentation on 'Achieving permanence for disabled children' in recognition of recent success in placing two children with disabilities with permanent foster carers.

Regular team meetings were held with discussions on practice, progress of assessments and children needing adoption. Practice issues were discussed on a routine basis, with topic specific meetings set up as required to consider specific matters; for example, letterbox contact, the assessment process and support planning. Staff were involved in determining the agenda and contributed to the action plan following meetings and development days.

The manager of the fostering service, until recently, was is the chair of the BAAF practice development forum and the Scottish representative of the UK social work practice advisory committee which is a national BAAF committee. As the adoption team and fostering team work jointly this meant that share had access to the most recent research and ensured that practice within the team reflected best practice.

There were leadership opportunities for staff within the team; for example, leading training on life story, facilitating the support group and maximising the participation of children and young people.

Staff had access to a well-equipped resource library and access to online research. Staff regularly loaned resources to adopters and those going through the assessment process to enhance their knowledge. Staff also received a periodical from BAAF (British Adoption and Fostering).

Formal supervision and appraisals were in place for the team. Policy and procedures were kept up-to date and in line with new legislation and best practice. Updating of the adoption procedures, the fostering procedures and the foster carers' manual was in progress. We were told that training requests were met, when relevant to professional development and the service delivery.

We found staff challenged discriminatory language and attitudes. Staff also took on the role of being educators in promoting diversity.

An assistant service manager and one member of staff had attended a course on "Assessing gay and lesbian carers" where valuing diversity was the main focus. This learning enhanced workers' ability in the conducting homes studies of same sex couples.

A two day training on The Adoption and Children (Scotland) Act 2007 was developed and delivered to the fostering and adoption team, locality social workers and senior social workers.

Areas for improvement

Staff members who spoke with us reported low morale within the team. Staff stated they received outstanding support from the assistant manager and that dissatisfaction related to matters outwith their managers sphere of responsibility. This included the uncertainty of future staffing, in light of proposals for council budget savings and lack of team identity as a result of moving to the new premises. This was discussed at the feedback to the inspection.

Management were aware of the current morale of the staff and of the need to keep staff updated as and when future staffing decisions were made. The manager intended to invite a member of the team to be part of the group which considers issues relating to the new accommodation.

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: 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

Based on our findings in relation to Quality Theme 1, Statement 1, we accept that a very good standard had been achieved in relation to this Quality Statement.

Areas for improvement

No additional areas for improvement were identified under this statement.

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 the performance of the service to be 5 - Very Good for this statement.

We found assessments were robust. Second opinion visits were conducted and reports fully quality assured by the manager prior to being presented to permanence and adoption panel. This meant that, in most cases, the panel had sufficient information which allowed them to proceed to make a recommendation without delay.

Team members carried out post placement visits to ensure that the child and adopters support successful transitions. We found that if a child or adopters were not bonding or coping, then full discussions would take place to identify what supports were required.

The managers of the fostering and adoption team met routinely with Locality staff, to be informed of children who would be requiring adoption or permanence. This meant that assessments of the prospective adopters would be prioritised, to prevent delay in children being placed.

Inverclyde had a commitment to preventing 'drift' and ensure children were placed in adoptive families without delay. The team continued to support area team colleagues in permanency planning processes, including how to compile BAAF Form E reports and Section 17 reports. Management for children services within the Care and Health partnership closely monitored the progress of permanency planning and there was improved outcomes for children who could not return to birth families. The legal department provides legal advice to ensure that adoption can be secured without unnecessary delay and unforeseen legal challenges.

The permanence and adoption panel was independently chaired with the chairperson having a breadth of knowledge and experience of fostering and adoption services and of children requiring adoption. Panel members also had knowledge of the needs of looked after children and the qualities required to be a good adoptive parent.

We found that the panel members met with birth parents prior to and outwith the panel when decisions were being made to pursue permanency. This commitment to hearing the views of parents was evident the time and effort taken to secure the necessary arrangements. The permanence and adoption panel members scrutinised reports, fed back to management on the quality and when appropriate recalled the panel to allow time for matters to be further clarified.

The panel chair and panel members had appraisals and the opportunities to undertake training. This meant that they were able to develop in their role and keep abreast of changing legislation and recent research.

Staff received regular supervision and group supervision had been introduced. The manager discussed practice and monitored performance within this process.

The quality assurance team from Inverclyde Care and Health Partnership had completed a small scale file audit of 10 children who were looked after and accommodated. We found similar findings to those identified within the audit; for example, the need to improve administrative birth planning of the most vulnerable children had positive outcomes in placing children quicker with adoptive families, that social background reports were being used instead of the Integrated assessment framework and the need to make care plans more outcome focused. The findings have to be used to improve care planning for children.

The service issued questionnaires to adopters about the effectiveness of the service response to enquiries and quality of information provided. This confirmed that information was helpful and had been provided within seven days.

We found complaints were rigorously investigated. Full reports were compiled and included detail on the findings and the rationale for the outcome and action plans.

Areas for improvement

The service had a fulltime post of Supervising Social Worker vacant. We found that tracker sheets indicated that two applicant assessments were delayed although this was prior to the staff vacancy. However the provider should keep this situation under review to ensure that there is adequate staffing for the work of the service. (Refer to recommendation)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that there is adequate staffing to continue to provide a quality service.

National Care Standards, Adoption Agencies, Standard 32: Providing a good quality service.

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

N/A.

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 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
14 Mar 2014	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
14 Feb 2013	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
24 Mar 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
31 Mar 2009	Announced	Care and support 5 - Very Good Staffing 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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Care service inspection report

Inverclyde Council Fostering Service

Fostering Service

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Greenock
PA16 9HA
Telephone: 01475 714060

Type of inspection: Announced (Short Notice)

Inspection completed on: 8 January 2015



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Service provided by:

Inverclyde Council

Service provider number:

SP2003000212

Care service number:

CS2005087054

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at 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 Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The staff team continue to be central to the very good performance of the service. The support and guidance to foster carers continues to be of a high standard. The manager continues to provide excellent leadership. The care provided by dedicated, caring foster carers continues to provide nurture and safety to vulnerable children and young people.

What the service could do better

The service should seek to work in partnership with locality staff to improve the planning of Looked after child reviews.

The service should explore how to improve the educational support to children who require this.

The provider should monitor the impact on staffing changes and take action to prevent any detriment to the service performance.

What the service has done since the last inspection

The service has an appointed and additional team lead who acts as the independent chair to foster home reviews.

The service continues to update documentation, policy and procedure to meet changing legislation, research and best practice. This has included the process and

procedures for the re-assessment of short term carers as permanent carers, the foster home review documentation and the allegations against carers protocol.

Conclusion

Inverclyde Council Fostering service continues to provide a high quality service.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.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 could 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 Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Inverclyde Council's Fostering Service provides a fostering and family placement service for children and young people aged from birth to 18 years who are assessed as needing the service. The service recruits and supports carer families to provide a range of fostering services including temporary and permanent foster care and respite care.

At the time of the inspection 38 children from Inverclyde Council placed within Inverclyde's 38 approved foster care households. There were no children waiting for a fostering placement. One child was waiting for a permanent foster care placement. Five children were placed with foster carers provided by another registered fostering service. There were three assessments of potential foster carers going and there were no applicants waiting to be allocated a supervising social worker. Eight carer households had been approved in the last year.

Inverclyde Council Adoption Service was inspected at the same time and has been reported on separately.

The service is part of Inverclyde's CHCP8 Clyde Square, Greenock.

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 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 0345 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

This short notice announced inspection commenced on 8 December 2014. During the inspection we spoke with the following:

- A foster carer during a visit
- A group of foster carer attending the support group
- Five permanent foster carers
- Four supervising social workers
- The resource worker
- The kinship care social worker
- The registered manager of the service
- The service manager.

We examined relevant documentation during the inspection some of which included:

- Three foster carer's files
- Three children's files
- Staff training and supervision records
- Staff meeting minutes
- Foster carer training records
- Support group minutes
- Newsletters
- Complaints documentation
- Panel business meeting minutes
- Deregistration reports
- A placement disruption report
- The finding of the audit conducted on 14 May 2014.

We provided verbal feedback to the manager and external manager on the 8 January 2015.

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

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.

The recommendation is met: Please see Quality Theme 4, Statement 4, for details.

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 manager provided a self assessment which included strengths and some areas for development.

Taking the views of people using the care service into account

We visited one foster carer in her home and met with a group of foster carers at the support group and in a separate group with permanent foster carers. Foster carers told us they had good relationships with supervising social workers and valued their support and professionalism. Support groups were described as being a good opportunity to give views, share experiences, give and receive support. We were told training opportunities were good and that staff sought their views about training needed and the quality of training provided. Carers felt training helped equip them with skills in working with children and enhanced their understanding of the impact of childhood trauma and neglect.

The majority of carers felt they were given an opportunity to contribute with the service development and some felt this could be expanded.

Contact with children's social workers was described as variable dependent on the worker. All carers felt that the staff in the team would pursue issues they were unhappy with. Some carers felt that more support was needed for children who either needed additional educational support, or, were achieving but needed extra tuition to fully reach their potential.

Taking carers' views into account

We did not meet with any birth parents during 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

We found the performance of the service to be very good for this statement.

We found at this inspection that the fostering service continued to involve people in assessing and improving the quality of care and support, quality of staffing and quality of management. We came to this conclusion after we looked at various documents, policies and procedures, speaking to foster carers and staff who worked in the fostering service.

The support group for foster carers was well attended and foster carers we spoke with told us that they found these groups to be very useful. They told us that this was an opportunity to meet with other foster carers and provide and receive advice and support. We were told that they were encouraged to give their views to develop the service. This had included agreeing training needs, planning social events and new developments in foster care. Focus groups comprising of staff and foster carers had been established; which included, planning a recruit strategy to recruit new foster carers and taking part in the recruitment events, compiled new guidance and procedures to be used in the event of allegations about carers. Foster carers had been involved in the creation of the new foster home review materials which had recently been implemented.

The service had also established a permanent carers group in recognition of their growing numbers and the difference in their role. This was valued by the permanent carers group.

When applicants attended the preparation groups they were encouraged to put their views on a comments wall. This gave the group facilitators and opportunity to review the content of the sessions. Experienced foster carers attended the preparation groups to share their experiences, the rewards and challenges of being a foster carer. This was valued by new applicants.

Foster carers were provided with feedback forms following training events or when they attended the fostering panel. We looked at a selection of these during this inspection. We found that most responses were favourable. We found the service took action when improvements were suggested. Examples included amending the therapeutic play training to being more focused on practical intervention as opposed to theoretical. We found that access to water jugs was now available for those attending the fostering panel.

Foster carers completed their own report to the foster home review and were asked their views about the quality of support and training provided at the fostering panel. We found foster carers felt very well supported and valued the training opportunities.

The participation of children and young people had been strengthened with the involvement of the resource worker to the team. This included support to children in completing a questionnaire six weeks after their placement commenced. This allowed the children to reflect and discuss views with someone who had a degree of objectivity. We found children were very positive about their living in foster care and stated they were feeling safe, well supported and cared for. A focus group of young people are currently working with the resource worker to refresh the questionnaires used with young people to ensure more child friendly language is used.

Children and young people were also able to contribute their views to formal Looked After reviews electronically using 'viewpoint' or completing a written having your say report. Young people were also encouraged to attend reviews to give their views. Children and Young people also contribute to the formal foster home review meeting and when they attended the fostering panel.

A newsletter was issued and carers and children contributed to some. The newsletter updated carers on service developments, the achievements of foster carers and children and introduced new carers and staff. Articles relevant to fostering were included, such as; "Ten top tips for moving children on" which was distributed via the Newsletter following foster carers expressing this could be a difficult time. The newsletter was also used to invite foster carers to volunteer their service to working groups and events.

Information leaflets were issued to the friends and relatives of those applying to foster. This included information about the process of assessment, some of the difficulties children may have who come to live in foster care and the challenges this can present for their foster carers. Relatives and friends are also told of the need to report any disclosure a child makes to them. This information leaflet helped give friends and relatives an insight into fostering and the needs of children in foster care.

The manager has asked each foster carer to list the three most helpful and unhelpful issues in their role as foster carer. The need for better communication and better understanding of their role with children's social workers was identified as a recurring theme. As a result, a paper describing the roles and responsibilities of foster carers, social workers and family placement workers had been written. The manager met regularly with area team management to discuss and resolve issues arising and plans were in place for a joint training day.

We found that birth parents views were sought and, when provided, contribute to the foster home review.

Sons and daughters completed end of placement reports. One young person stated, "I feel really good about being part of a foster family" and another, "It's just like normal life, I enjoyed having them around, it was nice having a younger sibling to play with".

Areas for improvement

We suggested the method of evaluating the preparation groups could be more structured.

Foster carers told us that communication with some children's social workers was still problematic. The manager was hope that a future joint event would help resolve this.

The service is continuing to look at ways to gather the views of birth parents as it was found the use of questionnaires met with little response.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

We found the performance of the service to be very good for this statement.

We found that care plans were in place for children and reviews were taking place within statutory timescales. A new placement plan had been introduced a contain a good level of detail which meant that foster carers were well informed of the children's needs; including, immediate health needs, contact arrangements, preferences and educational arrangements. The plans also included the initial plan, purpose of placement and specific expectations of foster carers.

Children's health needs were identified at medicals with foster carers accompanying children to routine and specialist health appointments. This had included children attending dental appointments, opticians and attending the doctor when unwell. The LAAC nurse was available to give support and advice on matters other than primary health care needs; such as, counselling and sexual health advice.

Foster carers had very good contact with schools to ensure that children were receiving the help they required to overcome past adversity. Resources were identified for some children to support their learning and development. This had included some children attending nurture groups within school and school timetables tailored to the child's needs. We found foster carers were ambitious for the children in their care with many older children being supported to achieve formal qualifications and some going onto further education. Inverclyde benefitted from free children's books from the Dolly Parton foundation. Foster carers promoted early learning and had taken part in the paired reading scheme to develop reading skills. We also found foster carers encouraged young people to seek and gain employment and supported this important step to independence.

We found foster carers gave children the opportunity to achieve and develop hobbies and interests. We found children were supported to join clubs to meet other children and establish links in the community, such as, football teams, toddler groups, dancing classes, the brownies and scouts. Children were encouraged to learn musical instruments. Young people benefitted from going on holiday with carers and attending special family events.

Inverclyde continued to provide foster carers with good training opportunities. Training continued to focus on helping children overcome trauma and neglect. It was evident when speaking with foster carers they had a sound understanding of how this impacted on development and behaviour. The carers non-judgemental attitudes and values was a testimony to their professionalism and caring. We found children were

benefiting from living in a secure family base and were forming good attachments with their foster carers. Some children were now placed on a permanent basis and regarded their foster home as their family. Older children were remaining in foster care placements with their transition to eventual independence at a pace which met their needs and preferences. Older children were linked to through care workers who worked with them in the transition to living independence. This meant young people could still benefit from support when living in the community.

We found foster carers supported children contact by facilitating contact with siblings and sharing good communication with birth parents.

The children's rights worker visited all children over 12 years within a week of being received into care. The children rights book was issued and a complaints leaflet. This meant children and foster carers were aware of whom to contact in the event of a child feeling their rights were not being taken into account.

Areas for improvement

Inverclyde have foster carers with Akamas training and SVQ awards, however are waiting the detail of the new learning career pathway to be clarified by the Scottish Social Services Council before introducing new certificated training for foster carers.

Foster carers told us that support in education could be better in terms to tuition for children at examine times and to help them 'catch up' with peers. We found that some of the children's written care plans did not make good use of the GIRFEC being indicators and the actions planned were not sufficiently clear. We appreciate this is not the responsibility of the fostering service; however, it impacts on children receiving a fostering service. We also acknowledge that issues of inconsistency regarding the quality of written care plans were identified at a recent audit conducted by locality management. This was discussed fully at the inspection feedback meeting. The external service manager stated that the provision for tutors lay with the education department and she would raise this matter with them.

We were told that there had been difficulties with the arrangements for LAAC reviews. Examples we were told about included; reviews held at short notice, short notice cancellations and not being informed about reviews (family placement workers and foster carers). We were told this impacted on carers ability to prepare the child and contribute to care planning in a meaningful way. We found that LAAC reviews, whilst meeting statutory timescales were not always meeting Inverclyde councils own timescales. (Refer to recommendation)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should seek to resolve the issues with LAAC review scheduling with locality team management.

National Care Standards, Foster Care and Family Placement Services, Standard 13.3: Management and Staffing.

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

Based on our findings in relation to Quality Theme 1, Statement 1, we accept that a very good standard had been achieved in relation to this Quality Statement.

Areas for improvement

No additional areas for improvement were identified under this statement .

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 the performance of the service to be very good for this statement.

Foster carers told us that the staff were, supportive, professional, caring and knowledgeable about the fostering task and the needs of children who were fostered.

Staff members told us they are a close-knit team who support one another and value each other's skills, knowledge and experience.

We found the quality of assessment reports of applicants were completed to a high standard with reference made to research. When applicant assessments were not completed within six months the reasons were stated clearly.

Family placement workers were qualified social workers and registered with the Scottish Social service council. Most staff had completed post qualification certificated training such as 'Securing children's futures' and 'Child protection'. A member of the team was a Mental health Officer and shared knowledge with team. Staff members were regular contributors to national consultations relating to fostering and adoption and also gave a presentation on 'Achieving permanence for disabled children' in recognition of recent success in placing two children with disabilities with permanent foster carers.

The manager of the service, until recently, was is the chair of the BAAF practice development forum and the Scottish representative of the UK social work practice advisory committee which is a national BAAF committee. This meant that share had access to the most recent research and ensured that practice within the team reflected best practice.

Regular team meetings discussion on practice, progress and support needs of carers. Carers told us all workers are known and accessible to them and this is extremely reassuring and helpful particularly at times of crisis.

Practice issues were discussed on a routine basis with topic specific meetings set up as required to consider specific matters; for example, letterbox contact, the assessment process and support planning. Staff were involved in determining the agenda and contributed to the action plan following meetings and development days. There were leadership opportunities for staff within the team; for example, leading training on life story, facilitating the support group and maximising the participation of children and young people.

equipped resource library and access to online research. Staff regularly loaned resource to foster carers and those going through the assessment process to enhance their knowledge. Staff also received a periodical from BAAF (British Adoption and Fostering).

Formal supervision and appraisals were in place for the team. The staff we spoke with told us that the manager was always available to give guidance and provided support.

Policy and procedures were kept up-to date and in line with new legislation and best practice. Updating of the adoption procedures, the fostering procedures and the foster carers' manual was in progress.

We found staff challenged discriminatory language and attitudes. Staff also took on the role of being educators in promoting diversity.

The manager and one member of staff had attended a course on "Assessing gay and lesbian carers" where valuing diversity was the main focus. This learning was shared in training with foster carers. Foster carer evaluations of the training stated that they felt more informed about the value of diversity in our communities.

Individual training records were in place for staff and we were told that training requests were met when relevant to professional development and the service delivery.

A two day training on The Adoption and Children (Scotland) Act 2007 was developed and delivered to the fostering and adoption team, locality social workers and senior social workers.

Areas for improvement

Staff members who spoke with us reported low morale within the team. Staff stated they received outstanding support from the assistant manager and that dissatisfaction related to matters outwith their managers sphere of responsibility. This included the uncertainty of future staffing in light of proposals for council budget savings and lack of team identity as a result of moving to the new premises. This was discussed at the feedback to the inspection. Management were aware of the current morale of the staff and of the need to keep staff updated as and when future staffing decisions were made. The manager intended to invite a member of the team to be part of the group which considers issues relating to the new accommodation.

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: 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

Based on our findings in relation to Quality Theme 1, Statement 1, we accept that a very good standard had been achieved in relation to this Quality Statement.

Areas for improvement

No additional areas for improvement were identified under this statement .

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 the performance of the service to be very good for this statement.

We found assessments were robust. Second opinion visits were conducted and reports fully quality assured by the manager prior to being presented to panel. This meant that in most cases the panel had sufficient information which allowed them to proceed to make a recommendation on the day of the panel.

The newly introduced foster care review paperwork ensured the views of foster carers, placing social workers, children and birth parents were included. We found that placing social workers, children and birth parents were complimentary about the care provided by foster carers. Foster carers were happy with the support and training provided. We found that matters of dissatisfaction raised by any party were fully investigated and managed appropriately.

The Foster home reviews were chaired by team lead, who although part of the team, did not have direct line management of the supervising worker or a supervising role to the foster carers. This brought a level of objectivity to the process. We found that reviews of foster carers were well organised and took account of the ongoing fitness of carers, training needs, support provided and the quality of carer provide to children in the placement. Unannounced visits took place and an account of the observations from visits recorded in case files.

The panel was independently chaired and knowledgeable about fostering and adoption and children who are looked after and accommodated. Panel members also had knowledge of the needs of looked after children and the qualities required to be a good foster carer and adoptive parent. We found that the panel members met with birth parents prior to and outwith the panel when decisions were being made to pursue permanency. This commitment to hearing the views of parents was evident the time and effort taken to secure the necessary arrangements. The fostering panel scrutinised reports, feedback to management on the quality and when appropriate recalled panel to allow time for matters to be further clarified.

The panel chair and panel members had appraisals and the opportunities to undertake training. This meant that they were able to develop in their role and keep abreast of changing legislation and recent research.

Staff received regular supervision and group supervision had been introduced. The manager discussed practice and monitored performance within this process.

The quality assurance team from Inverclyde Care and Health Partnership had completed a small scale file audit of 10 children who were looked after and accommodated. We found similar findings to those identified within the audit, for example; The need to improve administrative systems in the planning of Looked after reviews, that good pre-birth planning of the most vulnerable children had positive outcomes in placing children quicker with adoptive families, that social background reports were being used instead of the Integrated assessment framework and the need to make care plans more outcome focused. The findings have to be used to improve care planning for children.

The service issued questionnaires to those who had expressed an interest in becoming foster carers to assess the effectiveness of the service response to enquiries and quality of information provided. This confirmed that information was helpful and had been provided within seven days.

We found complaints were rigorously investigated. Full reports compiled with included a detail on the findings and the rationale for the outcome and action plans. We found staff conducted this work sensitively appreciating the difficulty and challenge allegations presented to foster carers. The service has further strengthened their helpful approach by setting up a consultation group with carers to look at compiling a protocol for allegations. The Fostering network were also provided training on managing allegations to carers.

We found the service look reflectively at any fostering breakdown and adopted a lessons learned approach for the future. The reasons for the recommendation to deregister foster carers were clearly documented in a report which was presented to the fostering panel.

Areas for improvement

The service manager was collating information for the completion of the annual report.

The service had a fulltime post of Supervising Social Worker vacant. We found that two applicant assessments were delayed although this was prior to the staff vacancy. However, the provider should keep this situation under review to ensure that there is adequate staffing for the work of the service. (Refer to recommendation)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that there is adequate staffing to continue to provide a quality service. National Care Standards, Foster Care and Family Placement Services, Standard 13: Management and Staffing.

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 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
28 Feb 2014	Announced (Short Notice)	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
14 Feb 2013	Announced (Short Notice)	Care and support 6 - Excellent Staffing 5 - Very Good Management and Leadership 5 - Very Good
24 Mar 2010	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership Not Assessed
31 Mar 2009	Announced	Care and support 5 - Very Good Staffing 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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Report To: Health and Social Care Committee **Date:** 1st September 2015

Report By: Brian Moore
Chief Officer
Inverclyde Health and Social
Care Partnership (HSCP) **Report No:** SW/10/2015/BC

Contact Officer: Beth Culshaw
Head of Health and
Community Care **Contact No:** 01475 715283

Subject: Update on Delayed Discharge Performance

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health and Social Care Committee of performance towards achieving the target for Delayed Discharge.

2.0 SUMMARY

- 2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks on 1 April 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

3.0 RECOMMENDATIONS

- 3.1 Members are asked to note the progress towards achieving the target and the ongoing work to maintain performance.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 From April 2015 the target for Delayed Discharge, which had been in place since 2013, decreased from 4 weeks to 2 weeks. Greater Glasgow and Clyde Health Board has also reported on the number of bed days lost due to delayed discharges; this provides a more complete picture of the impact of hospital delays.
- 4.2 There is a proposal for a new target to discharge a higher proportion of patients within 72 hours of being ready for discharge. We have therefore started to measure the proportion of patients discharged within 72 hours of being ready and the associated bed days lost. This data will be reported on in future reports although at this time it is recorded for May and June (Appendix A Chart 1.)

5.0 PERFORMANCE

- 5.1 We continue to maintain positive performance in relation to the 14 day Delayed Discharge target.

We have consistently achieved zero delays of more than 4 weeks since February 2015 and zero delays over 2 weeks since April 2015 (Appendix A Chart 1). In July the census data will show that we again had zero service users staying longer than 14 days with 2 service users who were medically fit and waiting on support packages to be arranged.

We have also had a corresponding reduction in the number of acute bed days lost for all adults and particularly for those over 65 years of age (Appendix A Chart 2).

The performance indicates positive outcomes for service users who are returning home or moving on to appropriate care settings earlier and spending less time inappropriately in hospital.

- 5.2 There are a decreasing number of service users experiencing a delay in discharge from hospital (Table 1).

Table 1

2015	Jan	Feb	Mar	Apr	May	Jun
No. of Individual delays	23	18	16	19	14	16

This performance is set against a background of increasing referrals for social care and community supports following discharge (Appendix A Chart 3). During June 2015, 152 individuals were referred for social care support of which 34 people required a single shared assessment indicating complex support needs. A total of 16 individuals were identified as being delayed following the decision they were medically fit for discharge, 10.5% of referrals.

- 5.3 Work with colleagues at Inverclyde Royal Hospital continues to demonstrate the effectiveness of early commencement of assessments regarding future care needs in achieving an appropriate, timely and safe discharge. The result is that the majority of individuals are assessed and discharged home as soon as they are deemed medically fit for discharge, including those requiring a home care package and residential care placement.

5.4 To demonstrate outcomes for service users we have included examples of three recent discharges:-

- a) A patient had poor skin integrity which required turning at regular intervals throughout the day and night. The decision to facilitate a return home was based on the service user's wishes and using the Home First ethos. Early identification of needs and collaboration between the Discharge Team, Ward and the Inreach District Nurse identified a safe discharge plan.

Use of the Through the Night Homecare service, along with District Nurses Night Service, allowed for assessment of overnight care and health needs ensuring appropriate care arrangements were established. This support plan prevented an admission to long term care and was in place before the service user was a delayed discharge.

- b) An older service user was admitted to hospital in a very weak condition partly due to physical frailty and dementia. Within a few days of admission the service user was medically fit for discharge. This decision though appropriate was unexpected for the family who were concerned how to support the discharge within 14 days.

Intensive support was given to the family by the Discharge Team to manage the impact of the change in their parent's health upon the family. It enabled them to fully participate in the assessment process and to plan for discharge. The discharge subsequently went ahead 9 days after the medically fit date with the full agreement and involvement of the family. The Discharge Team had identified the service user at admission and so were well placed to meet with the family and support them through an emotional time as they took a decision on the long term care requirements of their parent.

The improved early identification was instrumental in early assessment and timely discharge for this individual. The impact on the family was recognised and addressed early, as this can often be one of the main factors in a delayed discharge.

- c) An older service user was admitted to hospital following a stroke. Due to poor balance and an unsteady gait there was an evident risk of falls particularly during the night when attempting to get out of bed to use the toilet.

Discharge Team staff were able to secure a change in accommodation within a very sheltered housing complex where the service user moved to on discharge.

The support plan included the Through The Night service for 2 weeks to support a continence management programme devised by the District Nurses. This complemented the Homecare Reablement service which worked with the service user to regain confidence around transfers and mobilising, improving gait and balance reducing the risk of further falls.

This illustrates the effectiveness of discharge planning which in this case meant facilitating an assessment in the person's home rather than in the hospital ward. This allowed for a discharge home the service user was counted as a delayed discharge.

6.0 PROPOSALS

- 6.1 Partnership working across the HSCP and Inverclyde Royal Hospital has focused on improving our discharge processes and is informed by the Joint Improvement Team 'Home First' document.
- 6.2 We continue to utilise and update our Home First Strategic Action Plan (Appendix B), monitored at a monthly Strategic Discharge meeting attended by senior managers of the HSCP and Inverclyde Royal Hospital. The attached action plan shows progress in each of the 10 areas.
- 6.3 There is a continued focus to develop integrated and joint improvements to continually improve the hospital journey and discharge processes.
- 6.4 Key elements of the work plan include:-
- We are looking at providing staff in A&E with access to the SWIFT database. This will allow for an understanding of current community supports and contacts and will inform decisions around admission
 - We are exploring the nursing/medical interventions in the community which could avoid admission
 - Following the redesign of the Discharge Team we are now scoping the current Nursing staff (Community and Acute) that has a specific focus on discharge.
- 6.5 We will continue to develop our performance monitoring with an emphasis on the hospital discharge pathway and in particular the outcomes for service users, their families and carers.

7.0 IMPLICATIONS

Finance

- 7.1 There are no specific financial implications from this report. All activity will be contained within existing budgets.

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 None.

Human Resources

- 7.3 There are no Human Resource implications at this time.

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

Repopulation

7.5 None.

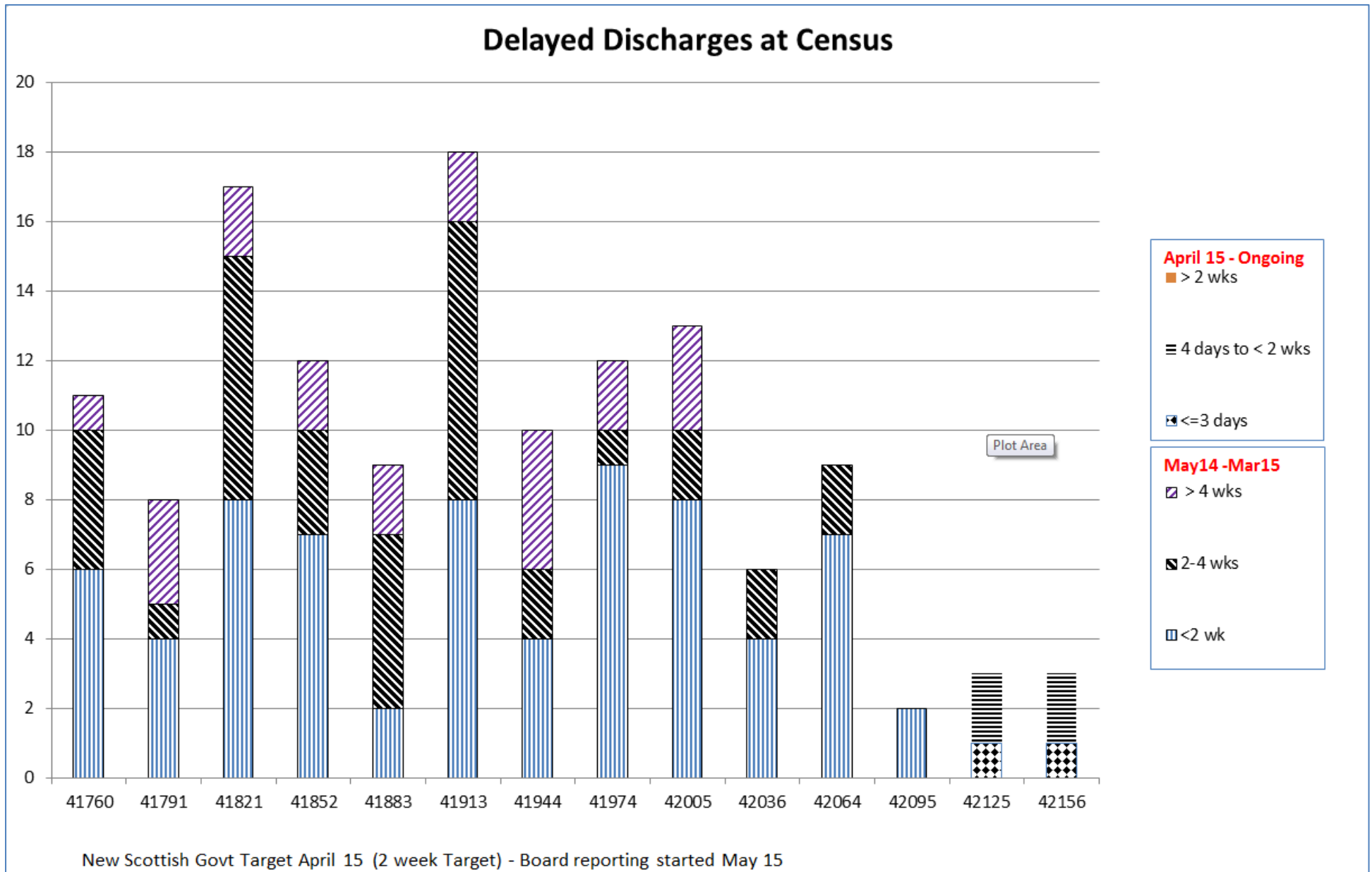
8.0 CONSULTATIONS

8.1 The Inverclyde Delayed Discharge Plan is jointly developed alongside our partners in NHS Greater Glasgow and Clyde.

9.0 LIST OF BACKGROUND PAPERS

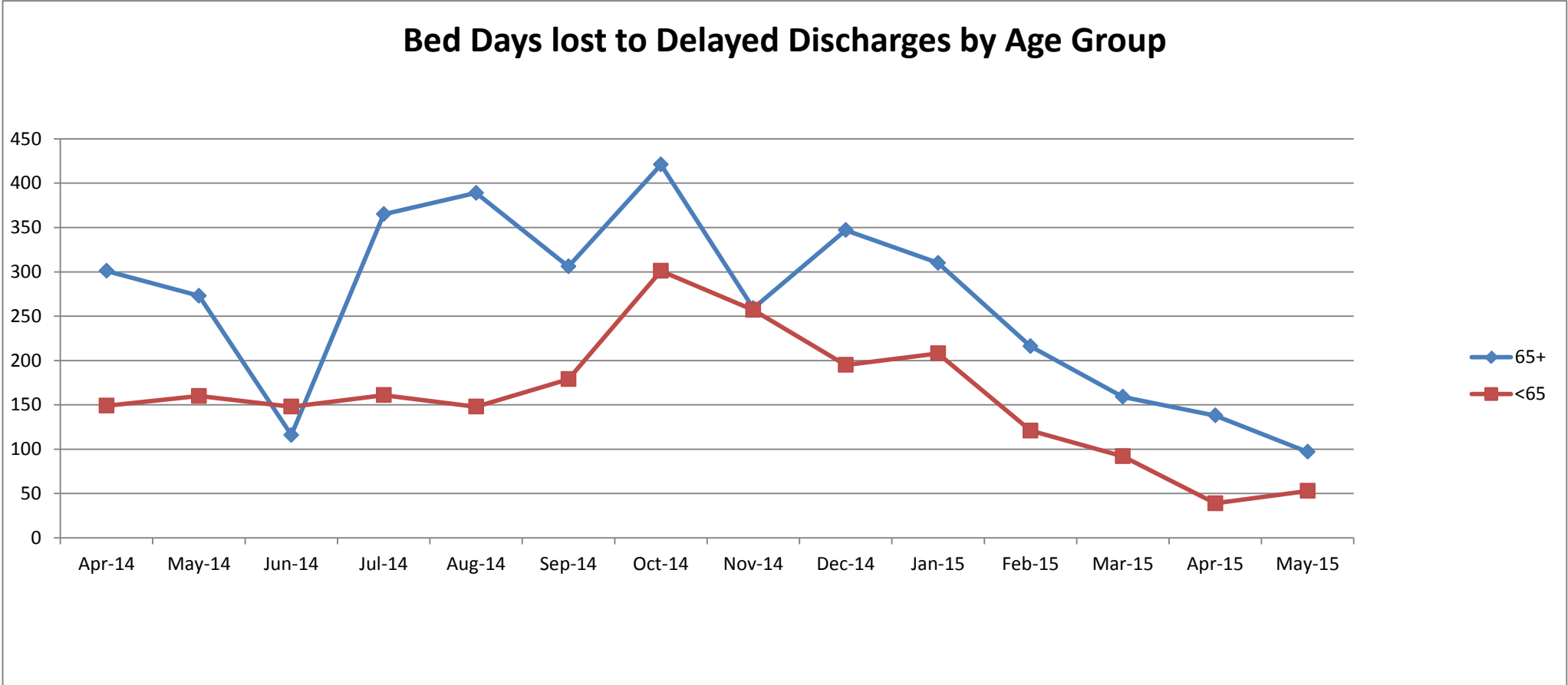
9.1 None.

Appendix A Chart1



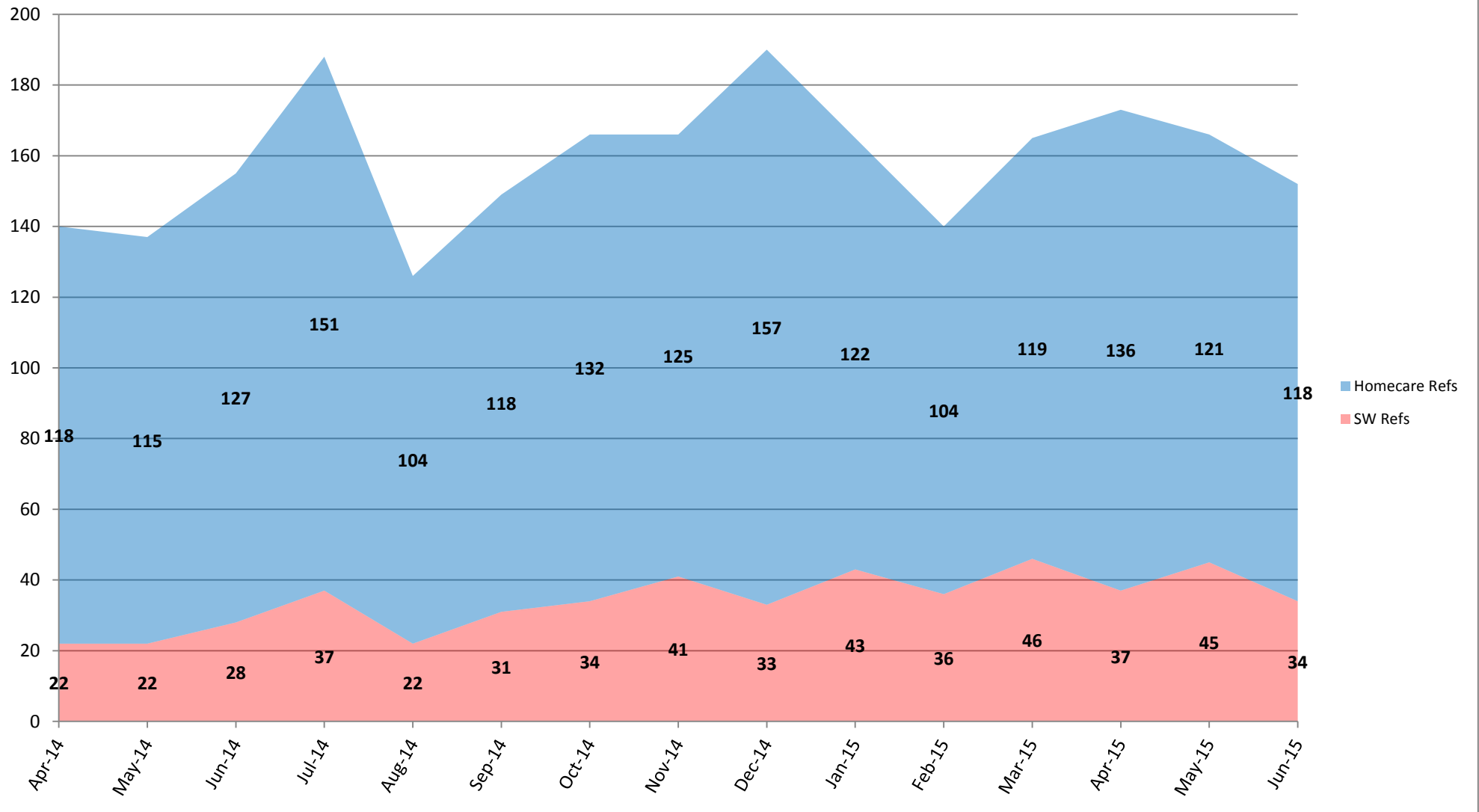
Appendix A Chart 2

Bed Days lost to Delayed Discharges by Age Group



Appendix A Chart 3

IRH Discharge Team - Referrals



Appendix B

Home First- Ten Actions to Transform Discharge Action Plan July 2015

Action	Task	Responsible	Update	Action	Issues	Timescale
Use Data to Know How You Are Doing	Performance Management	Service Manager Assessment & Care Management	Monitor effectiveness of new processes in SW discharge team New spreadsheet in place to monitor all discharges Capture more comprehensive information Delayed Discharge numbers reduced Lessons learned from Discharges	Monitor use of spreadsheet Identify SU journey key points and develop Performance Management Report Case Review	Capture work of In reach DN Admin support	Review July 15
	Embed a change culture	All managers	Admissions from community Older People's Service Development Reference Group (OPSDRG) will be conduit for development monitoring and sharing.	Review Anticipatory Care Plans Utilise case studies and share practice at OPSDRG		Sept 15 Review

Action	Task	Responsible	Update	Action	Issues	Timescale
Scale up Coordinated and Anticipatory Care.	Embed anticipatory care approaches in practice	Project Manager-Reshaping Care	Awareness raising and training planned for Summer- links to other pathways, falls, A&E, etc.	Deliver revised objectives and ACP work plan Outcome of eKIS review will inform approaches in acute		July 15
	Review where access to read only SWIFT would add value.	Project Manager-Reshaping Care	A&E identified as key area New discharge nurse trained	Consider as part of ongoing intermediate care/falls/A&E response pathway General Manager ECMS will attend next meeting	Discuss key acute lead at next meeting	July 15
	Review use of EKIS and ACP's within A&E and wards	Project Manager-Reshaping Care	This is part of the ACP group action plan	GP AP Lead will lead review of medical use	Inputting and sharing information via eKIS continues to be challenging	July 15
	Improve knowledge and education in care homes	Independent Sector Lead	Links to intermediate care strategy and specialist nurse review/ role development	CHLN supporting SPAR & ACP's Virtual team of staff established and meeting regularly to establish support and sharing practice.	Monitor admissions via CH liaison nurses.	Review September 2015
	Improve knowledge in primary care of community services which can support	Project Manager-Reshaping Care Project Manager-Primary care	CPD group to be arranged by GP ACP Lead	Promote discharge to assess and home first strategy. Promote stroke portal.		Review September 2015

	someone to stay at home.					
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Action	Task	Responsible	Update	Action	Issues	Timescale
Develop Intermediate Care	Develop Intermediate Care Strategy and deliver step up beds.	Project Manager-Reshaping Care	Draft complete	Establish process and timescales for tender. Comments from partners.		August 15

Action	Task	Responsible	Update	Action	Issues	Timescale
Screen and Assess for Frailty	Review role of Fast Track Assessment service.	To be discussed at next meeting	Gerontology nurse is now seeing increased numbers of patients in community working as part of RES	Identify use, capacity and effectiveness of fast track clinic. Develop strategic approach to development of service alongside gerontology role.	Role Geriatrician	August
	Consider relevance of early Comprehensive Geriatric Assessment at IRH	General Manager – RAD	Research evidence suggests, more appropriate admissions, reduced LOS etc.	Strategic Group considering a model which relies more on the MDT		September 2015

Action	Task	Responsible	Update	Action	Issues	Timescale
Integrate Discharge Planning		Lead Nurse-RAD DN In reach?	Explore tissue viability guidance.	(Re) Assessment from community base	This issue has implications	July - Dec

			Prescribed active nursing care.		for care delivery in community and relationships with families.	
	Review number and role of Staff linked directly to discharge in Inverclyde	Lead Nurse RAD DN Team Leader	Looking at restructure of service and use of Nurses/AHP focus on discharge. OT in reach post and ECAN nurse at recruitment.	There will be a SLWG with 2 work streams Starting with nurses and moving on to AHPs EC&CG will attend the first meeting. Aims: -Clarity of roles -Awareness of services -Gaps & overlaps -Processes Ensure active Nursing Support transition from Acute to Community is included	Discharge Nurses x2 DN In reach x1 Gerontology Nurse x1 ECAN x2 (Pending) OT In reach X1 RAS x2 (Physio OT) SW Discharge Team SW x2.5 SWA x2 TL x.5	July - Dec
	Monitor new SW assistant role in discharge team	ASM Assessment & Care Management	SW assistant is now managing noncomplex cases and highlighting complex/ potential delayed discharges in	Continue to review		July

			advance			
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Action	Task	Responsible	Update	Action	Issues	Timescale
Build Capacity for Care & Support at Home	OPMHT	Service Manager Mental Health	Adopted same process as discharge early identification of service users. Dedicated SW to ward 4	Progressing well.		Sept Review
	Finalise local hospital discharge booklet	Project Manager- Reshaping Care	Final meeting taken place with Your Voice.	Final editing and to pass to communications group and Strategic group for sign off. Agree how this will be disseminated will raise in huddle for information when ready for use		August
	Consider extended/revised hours and access to community rehabilitation, enablement etc.	RES Team leader Lead OT ASM Assessment & Care Management	Links to intermediate care strategy, falls pathway etc. Extended hours for Discharge Team	Review referral data Identify current demand and capacity Identify options for changing / extending hours to best effect.		August 2015
	Lack of access to transport out of	Discuss at next meeting		Consider models of provision elsewhere	This has potential	Timescale to be agreed at

	hours				to compromise use of extended hours services and future OOH developments for supporting discharge/admission avoidance	next meeting
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Action	Task	Responsible	Update	Action	Issues	Timescale
Assertive Management of Risk	Awareness Campaign Embed Home First ethos	Project Manager-Reshaping Care	Lead Nurse Meeting for ECMS to be completed	Discharge Nurses to be involved	Discuss acute lead at next meeting	July
	Risk awareness training	Project Manager-Reshaping Care	Utilise the above meetings to raise awareness prior to formal training	Identify Training Facilitator Plan Training Lessons learned from recent discharges- case studies.	Discuss acute lead at next meeting	July

Action	Task	Responsible	Update	Action	Issues	Timescale
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Support People Moving on to Long Term Care	Supporting individuals wishes & supporting families and carers and decision making	ASM Assessment & Care Management	Utilise the home first meetings to raise awareness prior to formal training. Use of ward meetings and DPM. Carers In reach worker.	Investigate advocacy at an early stage. Identification of SU and Families wishes at referral stage. Arrange meeting to review carers input	Referral stage too early?	July June July
	Ensure Choice Guidance is understood and followed.	Discharge Manager	Discharge manager updated strategic meeting on 01/04/15	Continue to raise / discuss on an individual case by case basis.		Completed

Action	Task	Responsible	Update	Action	Issues	Timescale
Understand Adults with Incapacity Issues	Ensure process for assessing capacity and 13za is timely and within legislation	Service Manager Assessment & Care Management	Process more transparent on Larkfield wards due to use of 5 point action plan	Continue to monitor and review	Retain for monitoring	August

Report To:	Health and Social Care Committee	Date:	1st September 2015
Report By:	Brian Moore Chief Officer Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/11/2015/BC
Contact Officer:	Beth Culshaw Head of Health and Community Care	Contact No:	01475 715283
Subject:	Implementation of the Homecare Contracts		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update on the progress of the implementation of the Homecare Contracts.

2.0 SUMMARY

- 2.1 The tender for homecare services was advertised in November 2014. The tender process was concluded in March 2015 with successful providers informed following Committee approval with a commencement date of 1 May 2015. There was an agreed implementation period of 3 months up to the end of July 2015. The phased implementation was agreed to enable the transition from the existing service providers to the new successful providers in the tender process. The Council is working with all new and existing providers for a smooth transition and as little disruption to service users as possible.
- 2.2 The tender contained 7 geographical lots and an additional lot (8) that is intended to be used when hours are refused by the successful providers for lots 1 to 7. The contract was divided into smaller, local lots due to the transportation costs linked to geographical dispersion and to create competition amongst smaller suppliers who would otherwise have been unable to bid.
- 2.3 Across Inverclyde a total of 452 people receive homecare service provided by third sector organisations. There was a total of 255 service users affected by the implementation of the new homecare contracts. All service users have received information about the introduction of the new providers explaining the reasons and benefits of the new contractual arrangements. A home visit has been carried out with each service user, in addition to written communication and contact with carers and family members.
- 2.4 With the introduction of Self Directed Support all service users had the opportunity to decide about the level of choice and control over how their support is planned and provided. Of the total service users 34% have chosen to remain with their current provider enabling people to take more control over arranging their care and the HSCP will organise payment on their behalf. A total of 294 service users now receive support from providers within the new contract with the Council continuing to organise their support.

2.5 A key benefit to the HSCP is the ability to electronically monitor the external purchased service. This results in improved monitoring and quality of the homecare service. This will enable an increase in continuity and punctuality ensuring providers are meeting agreed targets.

3.0 RECOMMENDATION

3.1 The Committee is requested to note progress and impact regarding implementation of the contracts for the provision of homecare services.

Brian Moore
Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 An independent review of homecare services was conducted in 2011. The review process looked at both internally provided services and at services commissioned from the independent sector and concluded that the external provision should be tendered. This proposal was accepted by Committee and the associated services were then put to tender.
- 4.2 Tenders were advertised on the basis of a 3 year contract with a potential 1 year extension. Committee approved a proposed change to the weightings applied to the tender of 40% cost and 60% quality in October 2014 and the tender was subsequently advertised. The tender contained 7 geographical lots and an additional lot (8) that is intended to be used when available hours are refused by the successful providers for lots 1 to 7. The contract was divided into smaller, local lots due to the transportation costs linked to geographical dispersion and to create competition amongst smaller suppliers who would otherwise have been unable to bid.
- 4.3 Tenders were advertised in late 2014 after an extensive period of communication with both existing and potential providers. This work ensured that all potential tenderers were aware of the strategy for homecare, the requirements around software and could be comfortable in making a sustainable bid. Tenders were received from 10 suppliers. The overall completed evaluation indicates the lowest tender for each of the 8 lots was £2,504,380.00 per annum.
- 4.4 The most economically advantageous tenderers for all 8 lots are detailed in the table below.

Table 1

Lot	Geographical Location	Ranked	Providers Name
1	Greenock West & Gourock		Allied
2	Greenock East		Allied
3	Port Glasgow		ICDT
4	Kilmacolm & Quarriers – East		RLO T/A 1 st Homecare
5	Kilmacolm & Quarriers – West		RLO T/A 1 st Homecare
6	Greenock South West (Inner)		Evergreen
7	Greenock South West (Outer), Inverkip & Wemyss Bay		No award
8	Inverclyde Wide – Adhoc	1 st	Allied
		2 nd	ICDT
		3 rd	Evergreen
		4 th	Carewatch
		5 th	Blackwood

5.0 OPERATION AND IMPLEMENTATION OF THE CONTRACT

- 5.1 The purpose of the tender was to provide flexibility with 1 provider per lot of supply for each geographical lot. A tender for all of the available hours would have led to a limited number of bids from suitable providers and a potential for vastly increased costs as smaller providers did not have the capacity to contract.
- 5.2 The tender was put together with the knowledge that costs were likely to increase. National press coverage has highlighted the cost pressures involved in external homecare provision. In order to incentivise providers to submit a sustainable offer, the tender was advertised on the basis of 65% of the current hours being provided in each lot guaranteed to the successful provider. Where a client chooses option 2 Self-

Directed Support, the associated hours will be deducted from the total and the 65% guarantee will be measured against the balance of hours that are left.

- 5.3 Where a provider in any lot has their Care Inspectorate grade reduced below 3, in all quality themes, the contract will allow for a percentage of hours to be re-allocated using a provider from lot 8. The Council also has the right to withdraw business from any provider who persistently refuses the hours on offer.
- 5.4 The contract commenced on 1 May 2015. There has been a phased implementation in order for existing service users to transition to new providers that gain business as a result of this tender exercise. The Council is working with all new and existing providers for a smooth transition and as little disruption to service users as possible.
- 5.5 Across Inverclyde a total of 452 people receive homecare service provided by third sector organisations. There was a total of 255 service users affected by the implementation of the new contracts. All service users have received information about the introduction of the new providers explaining the reasons and benefits of the new contractual arrangements. A home visit has been carried out with each service user, in addition to written communication and contact with carers and family members.
- 5.6 With the introduction of Self-Directed Support all service users had the opportunity to decide about the level of choice and control over how their support is planned and provided. Of the total service users 34% have chosen to remain with their current provider enabling people to take more control over arranging their care and the HSCP will organise payment on their behalf. A total of 294 service users now receive support from providers within the new contract with the Council continuing to organise their support.
- 5.7 A key benefit to the HSCP is the ability to electronically monitor the external purchased service. This results in improved monitoring and quality of the home care service. This will enable an increase in continuity and punctuality ensuring providers are meeting agreed targets.
- 5.8 Information with regard to the new homecare providers has been circulated throughout Community Care teams within the HSCP and more widely in the community through Your Voice and Inverclyde Carers Centre.

6.0 IMPLICATIONS

Finance

- 6.1 There are no additional financial implications from this report.

One off Costs:

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

Annually Recurring Costs/ (Savings)

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

Legal

6.2 None

Human Resources

6.3 None

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

7.0 CONSULTATION

7.1 The Head of Legal and Property Services has been consulted.

8.0 BACKGROUND PAPERS

8.1 None.

**INVERCLYDE COUNCIL
HEALTH AND SOCIAL CARE PARTNERSHIP**

AGENDA AND ALL PAPERS TO:

Councillor McIlwee	1
Councillor Jones	1
Councillor Dorrian	1
Councillor McCabe	1
Councillor Brennan	1
Councillor McCormick	1
Councillor Ahlfeld	1
Councillor Rebecchi	1
Councillor MacLeod	1
Councillor Grieve	1
Councillor Campbell-Sturgess	1

All other Members (for information only) 9

Officers:

Chief Executive	1
Corporate Communications & Public Affairs	1
Chief Officer Health & Social Care Partnership	1
Head of Children & Families & 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
Chief Financial Officer	2
Corporate Director Environment, Regeneration & Resources	1
Head of Legal & Property Services	1
Vicky Pollock, Legal & Property Services	1
S Lang, Legal & Property Services	1
Chief Internal Auditor	1
File Copy	1

TOTAL 37

AGENDA AND ALL NON-CONFIDENTIAL PAPERS TO:

Community Councils 10

TOTAL 47