

**Executive Sub-Committee of Lifelong Learning Committee****24 April 2013****CARE INSPECTORATE INSPECTIONS OF SUPPORT AND RESIDENTIAL CARE SERVICES FOR CHILDREN AND YOUNG PEOPLE****Report by Executive Director (Education and Children's Services)****PURPOSE OF REPORT**

This report sets out the key findings following the inspections of Woodlea Cottages and The Cottages by the Care Inspectorate. Progress is shown against areas for improvement for scrutiny by the Executive Sub-Committee of Lifelong Learning Committee.

**1. BACKGROUND**

- 1.1 The Care Inspectorate (also known as Social Care and Social Work Improvement Scotland - SCSWIS) was created by the [Public Services Reform \(Scotland\) Act 2010](#). The Act sets out general principles, in accordance with which the Care Inspectorate must exercise its functions. These are:
- The safety and wellbeing of all persons who use, or are eligible to use, any social service are to be protected and enhanced;
  - The independence of those persons are to be promoted;
  - Diversity in the provision of social services is to be promoted with a view to those persons being afforded choice;
  - Good practice in the provision of social services is to be identified, promulgated and promoted.
- 1.2 The Act places the Care Inspectorate under a number of duties, including duties to: make arrangements which will secure continuous improvement in user focus and which demonstrate that improvement; and to co-operate with other specified scrutiny bodies.
- 1.3 Since April 2008 regulated care services in Scotland have been inspected using a framework of quality themes and quality statements. Services have been given grades based on the findings at each inspection. Inspection findings were published in reports and the reports and grades were made public on the Care Commission website. All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
- 1.4 Services are checked against the [National Care Standards](#) and most typically against some or all, of the following quality themes:
- Quality of Care and Support;
  - Quality of Environment or Information;
  - Quality of Staffing; and
  - Quality of Management and Leadership.

- 1.5 Quality themes and quality statements are informed by the [National Care Standards](#), but do not replace them. Quality themes and quality statements are simply ways of grouping the standards and judging how a service is performing against them. Each quality theme is therefore a heading for an area of performance which is inspected and graded. Grades of 1-6 will be awarded: 1 = unsatisfactory, 2 = weak, 3 = adequate, 4 = good, 5 = very good and 6 = excellent. Different standards are marked within each grade with the lower score being the one which is taken as the overall score for that theme.
- 1.6 Inspectors will consider evidence from various sources when judging a service's performance since it was last graded, such as:
- Upheld complaints – and whether identified issues have been resolved;
  - Incidents - and how your service has dealt with them;
  - Feedback from people who use the service and carers;
  - Evidence that previous action plans have been implemented; and
  - Information in your annual return.
- 1.7 The most significant changes between Care Commission and Care Inspectorate inspections are:
- The use of unannounced inspections. The Care Inspectorate will conduct unannounced inspections for all regulated services as the main inspection method unless there are practical reasons why it needs to announce a particular inspection;
  - A greater maximum period between inspections for better performing and lower risk services;
  - Changes to the letters notifying providers to complete their self assessments; and
  - A greater focus on poorly performing and riskier services.

## **2 PROPOSALS: RECENTLY PUBLISHED REPORTS**

2.1 This report presents the findings following the inspection of Woodlea Cottage in November 2012 and the Cottages in December 2012 by the Care Inspectorate. A progress update is provided for the improvement areas identified.

### **2.2 Woodlea Cottage**

2.2.1 Woodlea Cottage opened in June 2010. The service provides children and young people with complex, multiple and enduring needs planned residential respite care at weekends and planned programmes of living away from home to assist them gain independence skills and experiences.

2.2.2 An inspection of Woodlea Cottage was completed in March 2012 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 5 December 2012 (12/565).

2.2.3 The Care Inspectorate undertook a further inspection of Woodlea Cottage in November 2012. The inspection was unannounced and low intensity. This level of inspection is carried out when the Care Inspectorate is satisfied that services are working hard to provide consistently high standards of care.

- 2.2.4 The Care Inspectorate identified the following key strengths:
- effective systems for finding out what people think about the service and making changes to cater for their needs and preferences;
  - a very light, spacious and welcoming environment which is well-equipped;
  - very good staff support and development;
  - a commitment to continuous improvement by using local and national best practice guidance.
- 2.2.5 The inspection found the quality of staffing and the quality of management and leadership **very good**. While the inspection report details a number of key strengths in relation to the quality of care and support and the environment, both gradings, previously evaluated as very good, were evaluated as **good** due to the identification of four requirements. The inspection noted that the service had received confirmation that new catering arrangements had been approved in principle.
- 2.2.6 In addition, a number of areas for improvement were identified both by the team in their self evaluation and with the inspectors. A summary of progress against the requirements and areas for improvement is provided in Table 1 below.

**Table 1: Summary of Progress Against Key Areas for Improvement**

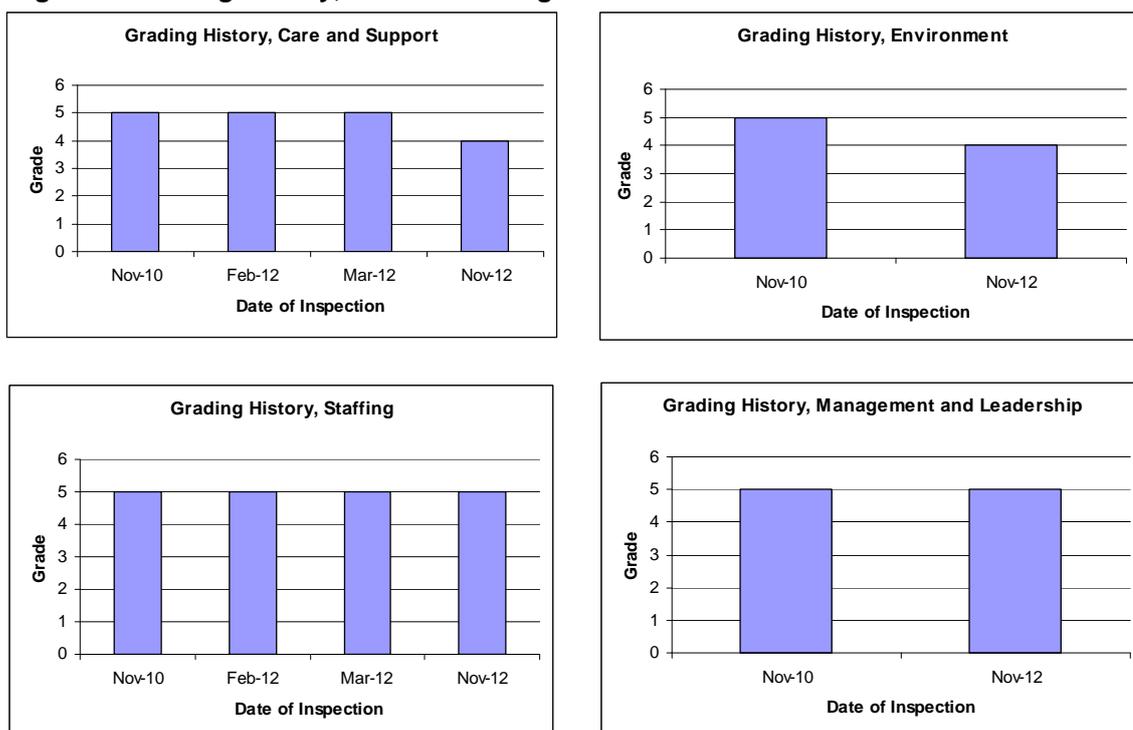
Areas for Improvement	Progress/Proposed Actions
<b>Quality of Care and Support</b>	
Requirement: All children using the service have a personal plan.	<b>Complete:</b> All young people who receive Residential Family Support through Child Health Team have personal plan. We now have in place a system to ensure young people receiving an eight night (one night per week for 8 weeks) curriculum placement through Fairview have a personal plan. The means a different group of young people from Fairview every eight weeks throughout the year.
Requirement: The service has a safe and effective system for managing children's medication.	<b>Complete:</b> Systems are now in place to check with a medical professional where medication labels are different to what we have been asked to administer by parents. This authority and outcome is recorded in the young person's record. We also check that medication can be opened (Melatonin capsules) and mixed with food when we are asked to do this by parents/doctors.
Improvement: House meetings for children had been very infrequent since the previous inspection.	<b>Complete:</b> Member of staff now has responsibility to ensure house meetings take place regularly. <ul style="list-style-type: none"> <li>• Curricular Placements: beginning and end of 8 night stay (one night per week for 8 weeks).</li> <li>• Residential Family Support: beginning and end of each weekend/holiday break.</li> <li>• Intensive Residential Family Support: these house meetings take place termly.</li> </ul>
<b>Quality of the Environment</b>	
Requirement: Ensure that staff have access to and use disposable aprons when handling soiled laundry.	<b>Complete:</b> Some aprons have been moved from personal care spaces (shower rooms/bathrooms) into the laundry for staff to access.

Areas for Improvement	Progress/Proposed Actions
Requirement: Develop a risk assessment for the premises.	<b>Complete:</b> A risk assessment for the premises has now been completed with action points to be addressed.
<b>Quality of Staffing</b>	
Improvement: The service had gone through a review of provision leading to significant staffing changes, including the appointment of new senior staff. This had created the potential for a much more integrated approach to service delivery for the children receiving a respite service and much greater continuity of care. One of the benefits of the new system was regular opportunities for full team meetings, which had just started.	<b>Complete:</b> Whole staff team meetings are held every second Wednesday.
Improvement: There was a plan for regular consultations from the educational psychologist, who would give advice on a range of areas.	<b>Complete:</b> Educational Psychologist attends one staff team meeting per month.
<b>Quality of Management and Leadership</b>	
Improvement: Display the staff schedule which reflects the agreement we reached about minimum staffing levels.	<b>Complete:</b> Staff schedule is now on display.

2.2.7 A copy of the inspection report is provided in Appendix 1 together with a copy of the action plan submitted to the Care Inspectorate.

2.2.8 Woodlea Cottage was first inspected in November 2010 and Figure 1 below shows the inspection and grading history since then.

**Figure 1: Grading History, Woodlea Cottage**



## 2.3 The Cottages

- 2.3.1 The Cottages near to Almondbank House, provide residential childcare. Respite placements are provided on an emergency, short term basis and/or a short stay basis and the service provides structured support to children and young people.
- 2.3.2 An inspection of The Cottages was completed in October 2011 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 30 March 2012 (12/152).
- 2.3.3 The Care Inspectorate undertook a further inspection of the Cottages in December 2012. The inspection was unannounced and low intensity. This level of inspection is carried out when the Care Inspectorate is satisfied that services are working hard to provide consistently high standards of care.
- 2.3.4 The Care Inspectorate identified the following key strengths:
- The Cottages provides a safe, comfortable and homely environment in which children and young people are well-supported by a skilled and experienced staff team.
  - Through careful care planning, the service provides children and young people with care which is responsive to their individual needs.
  - Staff work effectively with young people, families and carers and other agencies to promote their health and wellbeing and to support their relationships with family members.
  - Staff are provided with very good training opportunities to enhance the work that they do with children and families.
  - The team leader and staff team continuously reflect on their practice and use feedback from children, families and other stakeholders to develop the way that they work.
- 2.3.5 The inspection found the quality of care and support, the quality of staffing and the quality of management and leadership were **very good**. While the inspection report details a number of key strengths in relation to the quality of the environment this was evaluated as **good**. The inspection noted that the service had made significant improvements to the way that care plans are made and recorded.
- 2.3.6 Three recommendations were made by the Care Inspectorate. In addition, a number of areas for improvement were identified both by the team in their self evaluation and with the inspectors. A summary of progress against the recommendations and areas for improvement is provided in Table 2 below.

**Table 2: Summary of Progress Against Key Areas for Improvement**

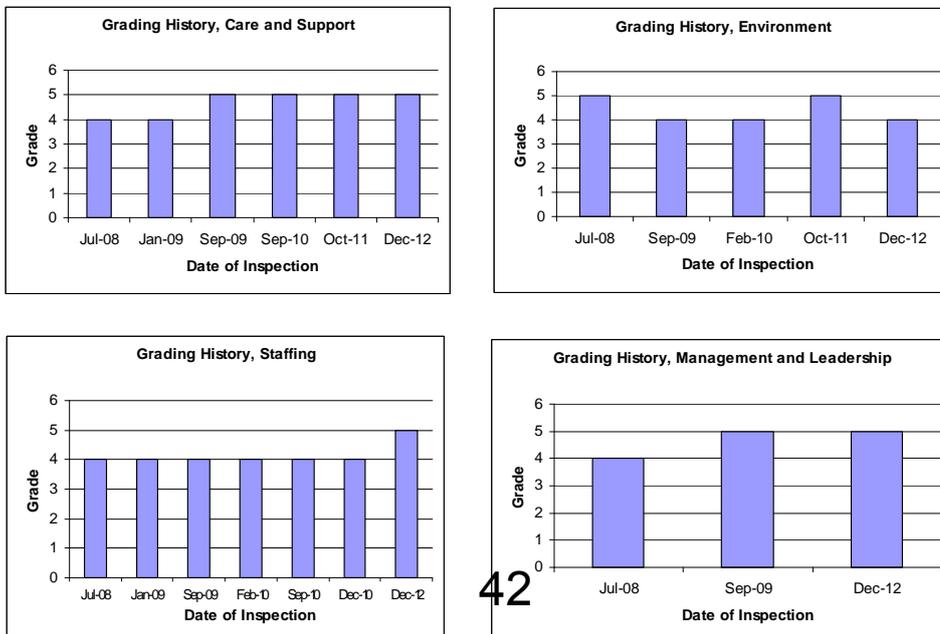
Areas for Improvement	Progress/Proposed Actions
<b>Quality of Care and Support</b>	
Improvement: In the self assessment form, the service said that it planned to continue to evaluate and develop the post placement questionnaires, and to involve young people more in recording their contacts.	<b>Complete:</b> Some revisions made to the language in current questionnaire including more open questions and date. Young people in Skye Cottage are part of changeover and can / have contributed to recordings of contacts.

Areas for Improvement	Progress/Proposed Actions
	<b>In Progress:</b> Agenda item at Team Development Day in May 2013 to look at how we achieve this for young people resident in Iona. All young people help write and review their placement plan.
Improvement: While we found that the attention to detail in care planning was a particular strength in this service, we thought that there was room for further development in the way that they record objectives and progress towards achieving outcomes for children and young people.	<b>In Progress:</b> Evaluation tool is part of new placement plan we are piloting with current residents – to be reviewed at the Team Development Day in May 2013
<b>Quality of the Environment</b>	
Recommendation: The service should carry out and record a risk assessment for the premises.	<b>In Progress:</b> Risk assessment in progress.
Recommendation: The service should improve the security of the building by fitting an alarm to alert staff if young people try to leave the building at night.	<b>In Progress:</b> To be discussed as part of review of service. Will be highlighted in building risk assessment.
<b>Quality of Staffing</b>	
Recommendation: The service should develop written guidance for staff who have not yet done CALM training to explain how they should respond if a child needed to be restrained.	<b>Complete:</b> Guidance developed.
<b>Quality of Management and Leadership</b>	
Improvement: In the self assessment form, the service said that it planned to evaluate and improve the methods it uses to seek the views of stakeholders.	<b>In Progress:</b> Senior Practitioner is leading a working group with staff and young people to create process for young people to evaluate our progress in meeting Care Standards.

2.3.7 A copy of the inspection report is provided in Appendix 2 together with a copy of the action plan submitted to the Care Inspectorate.

2.3.8 The Cottages were first inspected in July 2008 and Figure 2 below shows the inspection and grading history since then.

**Figure 2: Grading History, The Cottages**



#### 4 CONCLUSION AND RECOMMENDATION(S)

- 4.1 The reports by the Care Inspectorate provide further information on the standards and quality in our services and set out a clear agenda for continuous improvement.
- 4.2 It is recommended that the Executive Sub-Committee of Lifelong Learning Committee scrutinises and comments as appropriate on the contents of the report.

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##### Approved

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Date 12-04-13		

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E-mail: [ecsgeneralenquiries@pkc.gov.uk](mailto:ecsgeneralenquiries@pkc.gov.uk)



Council Text Phone Number 01738 442573

## 1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

<b>Strategic Implications</b>	
Community Plan / Single Outcome Agreement	<b>Yes</b>
Corporate Plan	<b>Yes</b>
<b>Resource Implications</b>	
Financial	<b>No</b>
Workforce	<b>No</b>
Asset Management (land, property, IST)	<b>No</b>
<b>Assessments</b>	
Equality Impact Assessment	<b>No</b>
Strategic Environmental Assessment	<b>No</b>
Sustainability (community, economic, environmental)	<b>No</b>
Legal and Governance	<b>No</b>
Risk	<b>No</b>
<b>Consultation</b>	
Internal	<b>Yes</b>
External	<b>No</b>
<b>Communication</b>	
Communications Plan	<b>No</b>

### 1. Strategic Implications

#### Community Plan

1.1 The draft Perth and Kinross Community Plan 2013-2023 sets out five strategic objectives. This report contributes to:

- Giving every child the best start in life

#### Corporate Plan

1.2 Perth and Kinross Council Corporate Plan 2013 – 2018 sets out five strategic objectives:

- Giving every child the best start in life;
- Developing educated, responsible and informed citizens;
- Promoting a prosperous, inclusive and sustainable economy;
- Supporting people to lead independent, healthy and active lives; and
- Creating a safe and sustainable place for future generations.

This report contributes to:

- Giving every child the best start in life

1.3 The report also links to the Education & Children's Services Policy Framework in respect of the following key policy area: Change and Improvement.

## **2. Assessments**

### Equality Impact Assessment

- 2.1 Under the Equality Act 2010, the Council is required to eliminate discrimination, advance equality of opportunity, and foster good relations between equality groups. Carrying out Equality Impact Assessments for plans and policies allows the Council to demonstrate that it is meeting these duties.
- 2.2 The function, policy, procedure or strategy presented in this report was considered under the Corporate Equalities Impact Assessment process (Eq1A) with the following outcome: assessed as **not relevant** for the purposes of Eq1A.

### Strategic Environmental Assessment

- 2.3 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.
- 2.4 No further action is required as it does not qualify as a PPS as defined by the Act and is therefore exempt.

## **3. Consultation**

### Internal

- 3.1 Relevant Heads of Service and Service Managers within Education and Children's Services have been consulted in the preparation of this report.

## **2. BACKGROUND PAPERS**

Care Inspectorate Inspection reports, published by the Care Inspectorate Care Inspectorate Inspections of support and Residential Care Services for Children and Young People, Executive Sub-Committee of Lifelong Learning Committee, 5 December 2012 (12/565) and 30 March 2012 (12/152).

## **3. APPENDICES**

Appendix 1: Care Service inspection report and action plan, Woodlea

Appendix 2: Care Service inspection report and action plan, the Cottages



## Care service inspection report

### Woodlea Cottage

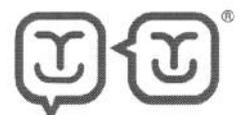
### Care Home Service Children and Young People

Woodlea Cottage  
Muirend Road  
Burghmuir  
Perth  
PH1 1JU  
Telephone: 01738 474705

Inspected by: Lynn Ellison

Type of inspection: Unannounced

Inspection completed on: 21 November 2012



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### Service provided by:

Perth & Kinross Council

### Service provider number:

SP2003003370

### Care service number:

CS2009236865

### Contact details for the inspector who inspected this service:

Lynn Ellison

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## Summary

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

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

### We gave the service these grades

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

### What the service does well

We identified the following key strengths in the areas inspected:

- effective systems for finding out what people think about the service and making changes to cater for their needs and preferences;
- a very light, spacious and welcoming environment which is well-equipped;
- very good staff support and development;
- a commitment to continuous improvement by using local and national best practice guidance.

### What the service could do better

The service needs to ensure that all children using the service have a personal plan detailing how the staff team will meet their care and support needs.

Some changes are needed to the system for managing medication but the service was already in the process of reviewing this.

### **What the service has done since the last inspection**

The service had:

- finalised the participation policy;
- introduced a newsletter;
- continued the process of implementing staffing changes with a view to providing a more effective service. This included appointing new senior staff and beginning 'whole team' meetings to improve continuity.

### **Conclusion**

This care home service provides high standards of care and support for children with a range of disabilities. The environment is spacious, light and comfortable and is well maintained and decorated. It has a very pleasant outdoor area. This child-centred service is very well led by the manager and deputy who set high standards for the caring staff team. We found them very open to suggestions and committed to continuous improvement.

### **Who did this inspection**

Lynn Ellison

## 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, the Care Commission carried out this function. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

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

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 based on best practice or the National Care Standards. A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, we may make requirements. These are legally enforceable at our discretion.

Woodlea Cottage is a care home service providing respite and short breaks for up to seven children with disabilities aged from seven to 18. Children using the service can do so for up to 28 consecutive days and have severe, complex and enduring needs arising from learning and physical disabilities. It is provided by Perth and Kinross Council.

The home was purpose-built in 2010 and is situated in a residential area in Perth, about a mile and a half west of the city centre. All areas accessed by children using the service are on the ground floor. They include an open-plan living and dining room, kitchen and seven bedrooms, each with an adjacent shower or bathroom. The 'annexe' has two of these bedrooms and its own living, dining and kitchen area. The home also has staff offices, a laundry and medical room. At the rear of the building is a fenced garden leading directly from the living room. The premises can be accessed by wheelchair. The service has access to a mini-bus.

The service's aims and objectives include:

- to enable all children, young people to realise their potential and become as independent as possible relevant to their aspirations and needs. In developing skills for life we will enable them to be effective contributors, responsible citizens, confident individuals and successful learners;
- to work closely with parents/carers and children in respect of all planning and decision-making;

- provide a warm, welcoming, stimulating environment;
- ensure children, young people are safe and protected;
- provide high quality learning/care opportunities which meet the needs of all young people, parents/carers and the wider community, where learning is positive, constructive, active and enjoyable.

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - 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](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We wrote this report following an inspection by Lynn Ellison, Inspector, on the following days in 2012:

- Friday 9 November between 1000 and 1700;
- Tuesday 13 November between 1535 and 1930.

We did not give the service any notice of our first visit. One child was present during the first visit and four during the second. We gave feedback to the manager and deputy on 21 November 2012.

As requested the service sent us an annual return and self-assessment.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- evidence from the service's most recent self-assessment;
- policies on participation, quality assurance, and managing challenging behaviour;
- children's records;
- medication records;
- accident and incidents records;
- the service's handbook;
- newsletters;
- the service's improvement plan;
- discussions with staff, young people and a parent;
- observations of staff working with children;
- observation of parts of the environment.

### **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](http://www.firelawscotland.org)

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

The service had just received confirmation that new catering arrangements had been approved in principle.

### **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 fully completed self-assessment from the service, which we used to plan the inspection. This detailed what the service thought they did well, and some areas for improvement and development. Overall, we found a strong correlation between the self-assessment and our own findings during the inspection.

### **Taking the views of people using the care service into account**

We spoke to one young person who was happy with the service she received. The three other children who were present during our visit were not able to express their views, however we observed them with staff and thought they appeared relaxed and comfortable in their surroundings.

### **Taking carers' views into account**

We received one completed questionnaires from a parent/ carer of a child using the service. This person was very happy with all aspects of the service but said they did not have a copy of their child's personal plan. We also spoke to a parent in person, whose views about the service were also very positive. The service had been a 'life-saver': staff knew what they were doing and the environment was safe and clean.

## 3 The inspection

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

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

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

#### Service strengths

The service's performance had major strengths and reached a very good standard. We took into account evidence from these sources: discussion with young people, managers and staff; feedback from parents and carers; results of questionnaires developed by the service; newsletters and other written records.

We identified these strengths:

- the service based its approach on a participation strategy that clearly laid out for parents and carers how they would be consulted and involved. We found that they were making use of most of the methods outlined;
- parents and carers received good quality information about the service in the form of a handbook and newsletters for example. This kept them up to date with the quality of care they should be receiving;
- pre-admission arrangements allowed visits and meetings so that parents and children could decide whether the service was suitable and could cater for their needs;
- it was clear that there was a recognition that good relationships between staff, children and their parents and carers were key to creating a culture where people could express their views;
- newsletters for example encouraged parents and carers to make suggestions for improvement and tell staff and managers their views;
- one of the methods used to collect views was questionnaires, the results of which were collated and shared;

- the service worked in a transparent way by for example displaying the summary of the inspection report so that parents and carers knew how the service was performing;
- plans were personalised to cater for individual needs and preferences and had been discussed with children where possible and signed by parents and carers, whose views had been sought and were reflected in plans;
- access to a complaints procedure meant that the service could respond to any dissatisfaction.

### Areas for improvement

'House meetings' for children had been very infrequent since the previous inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### Service strengths

The service's performance was adequate overall, though we found a number of strengths. We used these sources of evidence: discussions with staff, managers, parents and children; observation of staff practice; checks of medication and associated records; children's records.

The service's strengths included:

- a range of comprehensive policies and procedures based on best practice and legislation to guide staff in their work;
- for most children, assessment and identification of health and support needs to ensure the service could cater for their individual needs. These included food allergies and medical conditions
- very good collaborative working relationships with other health professionals for the benefit of children;
- an effective system for recording and analysing incidents, leading to changes being made to the way in which children were supported where required;
- prompt treatment of minor injuries;
- the use by staff of alternative methods of communication for children with additional needs in this area;
- staff training in relevant areas of health. This included a recognised medication management course which formed part of a Scottish Vocational Qualification (SVQ);

- regular physical exercise and provision of relaxing and enjoyable experiences such as a medical bath with a massage jet and coloured lighting.

### Areas for improvement

The service's main weakness and reason for the lower grade was that a number of children did not have personal plans. This was mitigated by the fact that their files contained some guidance in the form of some 'quick sheets' (summaries for easy reference) and personal profiles, all of which were very personalised (see Requirement 1, Statement 1.3).

There were some weaknesses in the system for managing medication, though there was no evidence that children had come to any harm. The service was in the process of reviewing these arrangements. (See Requirement 2, Statement 1.3). We would suggest that full details of all medication and the conditions they are treating are kept in children's records.

The service had received confirmation that a proposal to improve catering arrangements had just been approved.

The service had plans to develop a sensory garden for children.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that all children using the service have a personal plan. This is in order to comply with SSI 2010/210 Regulation 5(1)  
Timescale for implementation: within six weeks of receipt of this report
2. The provider must ensure that the service has a safe and effective system for managing children's medication by:
  - (i) obtaining written consent from the parent or guardian;
  - (ii) obtaining consent from a doctor or pharmacist before administering medication by using an alternative method that that specified in the instructions e.g. by mixing in food;
  - (iii) ensuring that there is a clear audit trail for any changes in medication dosage where the label is out-of-dateThis is in order to comply with SSI 2010/210 Regulation 4(1)(a)  
Timescale for implementation: (i) and (ii) before administering any further medication; (iii) within one week of receipt of this report

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

We did not inspect this statement but have included relevant evidence on the quality of participation in Statement 1.1.

#### Areas for improvement

See Statement 1.1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

The service's performance in this area reached a good standard.

These were the key strengths:

- the premises were very clean, in a very good state of repair and decoration and were light and spacious;
- equipment was appropriate for children's needs and maintained in a good state of repair;
- food storage arrangements were safe and clean;
- the fenced garden had a variety of safe surfaces, including those beneath larger equipment;
- staff stored knives out of children's reach;
- fire exits were free from obstruction and circulation areas clear;
- entry to the premises was secured and visitors had to produce identification;

- some of the doors had finger protectors to prevent injury;
- regular health and safety meetings allowed the service to monitor these issues.

### Areas for improvement

The service had identified the need for more effective temperature control for medication and had just begun work to relocate the storage to another part of the building.

Staff did not have access to aprons in the laundry. These are an essential item for preventing the spread of infection when dealing with soiled items. (See Requirement 1, Statement 2.2)

The service did not have a risk assessment for the premises. These are used to identify and minimise any potential hazards. (See Requirement 2, Statement 2.2)

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that staff have access to and use disposable aprons when handling soiled laundry.  
This is in order to comply with SSI 2011/210 Regulation 4(1)(a)  
Timescale for implementation: within 48 hours of receipt of this report
2. The provider must develop a risk assessment for the premises.  
This is in order to comply with SSI 2011/210 Regulation 4(1)(a)  
Timescale for implementation: within six weeks of receipt of this report

### Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

#### Statement 1

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

#### Service strengths

We did not inspect this statement but have included relevant evidence on the quality of participation in Statement 1.1.

#### Areas for improvement

See Statement 3.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

#### Statement 3

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

#### Service strengths

The service's performance had major strengths and reached a very good standard. We took into account evidence obtained from discussions with staff and young people, feedback from parents, a review of written records including training, and a check of the Scottish Social Services (SSSC) Register.

Key strengths included:

- staff were on the appropriate part of the SSSC register. This body is responsible for registering people who work in social services, setting the minimum qualification level and regulating their education and training;
- staff had opportunities for training and development in a range of relevant areas. Regular supervision mean that development needs could be identified;
- we observed a staff training session and thought it was well-led and lively and encouraged a good level of engagement to maximise learning;

- communication amongst the staff team was supplemented by methods such as regular memos and meetings;
- there was an effective system for managers to monitor the quality of staff practice;
- staff played a key role in evaluation of service quality and contributed to its development and improvement;
- additional staff support included a free welfare helpline.

### **Areas for improvement**

The service had gone through a review of provision leading to significant staffing changes, including the appointment of new senior staff. This had created the potential for a much more integrated approach to service delivery for the children receiving a respite service and much greater continuity of care. One of the benefits of the new system was regular opportunities for full team meetings, which had just started.

There was a plan for regular consultations from the educational psychologist, who would give advice on a range of areas.

**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

We did not inspect this statement but have included relevant evidence on the quality of participation in Statement 1.1.

#### Areas for improvement

See Statement 1.1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

#### Service strengths

The service's performance had major strengths and was very good.

We identified the following quality assurance methods:

- the service had developed a comprehensive improvement and development plan based on best practice and national guidance. The plan also identified the outcomes it intended to achieve. This clearly demonstrated its commitment to ongoing evaluation and continuous improvement;
- the staff group was involved in a rolling programme of evaluation against the National Care Standards;
- a system called evaluation of Woodlea practices' consisted of focused monitoring of staff practices;
- staff had evaluated the previous summer's respite, taking into account parents' and carers' comments, and made changes to improve the next one;

- staff had also been involved in the recent review of the service's functions and objectives;
- Statement 1.1 contains details of a range of quality assurance methods used to obtain the views of parents, carers and children;
- the lifelong learning committee maintained an overview of inspection reports and improvement plans as part of the wider approach to quality assurance by the Council;
- additional quality assurance methods included staff supervision and regular health and safety meetings;
- the service notified us of any significant events.

### **Areas for improvement**

The service had not been displaying the staff schedule which reflects the agreement we reached about minimum staffing levels. This forms one of the conditions of registration and should be available for all visitors.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

Not applicable.

### 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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
<b>Quality of Environment - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 2	4 - Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
14 Mar 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
3 Feb 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
11 Nov 2010	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good

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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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# eForms Document

SCSWIS Action Plan

## **Care Homes for Children and Young People, School Care Accom and Secure Accom**

**Woodlea Cottage**

**CS2009236865**

## General Information

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### General Information about the Inspection

<b>Inspected by:</b>	Lynn Ellison
<b>Type of Inspection:</b>	Unannounced
<b>Inspection Completed on (date):</b>	Wednesday 21st November 2012

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

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We ensure that service user's health and wellbeing needs are met.**

### Requirements

1

The provider must ensure that all children using the service have a personal plan. This is in order to comply with SSI 2010/210 Regulation 5(1) Timescale for implementation: within six weeks of receipt of this report

#### **Action Planned:**

1. When the Inspector notified the Team Leader that some Care Plan Files did not have a "Support Plan" arrangements were put in place to ensure Keyworkers remedied this immediately. Support Plans are now in place for each child or young person who are receiving Residential Support at Woodlea Cottage.
2. We will review our archiving procedures to ensure that, if a Care Plan File is "sleeping" whilst awaiting the next Residential Family Support date for the young person, the contents of the file are not archived until the information has been updated prior to that next placement.
3. We will consider arrangements for storing "sleeping" files separately from working Care Plan Files and ensure that the Support Plan is in each file at admission.
4. We will reinstate our Care Plan Monitoring protocol via our Evaluation of Woodlea Practices procedures to ensure Care Plans are accurate, complete and up-to-date.

#### **Timescale:**

14/01/2013

#### **Responsible Person:**

Danya Millar

2

The provider must ensure that the service has a safe and effective system for managing children's medication by: (i) obtaining written consent from the parent or guardian; (ii) obtaining consent from a doctor or pharmacist before administering medication by using an alternative method that that specified in the instructions e.g. by mixing in food; (ii) ensuring that there is a clear audit trail for any changes in medication dosage where the label is out-of-date This is in order to comply with SSI 2010/210 Regulation 4(1)(a) Timescale for implementation: (i) and (ii) before administering any further medication; (iii) within one week of receipt of this report

#### **Action Planned:**

For (i) We will ask parents give us written consent for all medicines we administer, including household remedies. We will ensure this is stated in our reviewed policy and all parents/carers are informed of this requirement..

For (ii) we will obtain consent from a doctor or pharmacist before administering medication by using an alternative method that that specified in the instructions e.g. by mixing in food. We will ensure this is stated in our reviewed policy and all parents/carers are informed of this requirement.

For (iii) We will ensure that

a] where the prescription label is out-of-date due to a review of a medication dose by a medical practitioner we have a clear audit trail authorising any changes in the dosage of medication being administered.

b] We will review our recording procedures to allow this information to carry over to any new record until the administration label reflects the reviewed dose.

We will ensure that the information above is stated in our reviewed policy and all parents/carers are informed of these requirements.

**Timescale:**

11/01/2013

**Responsible Person:**

Danya Millar

**Recommendations**

**We use a range of communication methods to ensure we meet the needs of service users.**

**Requirements**

**Recommendations**

**We respond to service users' care and support needs using person centered values.**

**Requirements**

**Recommendations**

**People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

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

### Requirements

1

The provider must ensure that staff have access to and use disposable aprons when handling soiled laundry. This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Timescale for implementation: within 48 hours of receipt of this report

#### **Action Planned:**

Aprons are now available in the laundry.

The Domestic has been instructed to ensure there are supplies available at all times.

The requirement to ensure aprons are used by staff when handling soiled laundry has been restated to all staff and supply staff.

#### **Timescale:**

21/12/2012

#### **Responsible Person:**

Danya Millar

2

The provider must develop a risk assessment for the premises. This is in order to comply with SSI 2011/210 Regulation 4(1)(a) Timescale for implementation: within six weeks of receipt of this report

#### **Action Planned:**

#### **Timescale:**

#### **Responsible Person:**

## Recommendations

**The environment allows service users to have as positive a quality of life as possible.**

**Requirements**

**Recommendations**

**The accommodation we provide ensures that the privacy of service users is respected.**

**Requirements**

**Recommendations**

## Quality Statement 3.1

---

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

**Requirements**

**Recommendations**

**We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We ensure that everyone working in the service has an ethos of respect towards service users and each other.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We involve our workforce in determining the direction and future objectives of the service.**

**Requirements**

**Recommendations**

## Quality Statement 4.3

---

To encourage good quality care, we promote leadership values throughout the workforce.

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

## Submission Declaration

---

**Declaration** I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Rory Monro

I am: (Select an option)

***The manager of the service*** / The owner of the service



## Care service inspection report

### **The Cottages**

### Care Home Service Children and Young People

Almondbank House  
Lewis Place  
Perth  
PH1 3BD  
Telephone: 01738 626 940

Inspected by: Linda Paterson

Type of inspection: Unannounced

Inspection completed on: 17 December 2012

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### **Service provided by:**

Perth & Kinross Council

### **Service provider number:**

SP2003003370

### **Care service number:**

CS2003015658

### **Contact details for the inspector who inspected this service:**

Linda Paterson

Telephone 01382 207200

Email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

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

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

### We gave the service these grades

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

### What the service does well

The Cottages provides a safe, comfortable and homely environment in which children and young people are well-supported by a skilled and experienced staff team.

Through careful care planning, the service provides children and young people with care which is responsive to their individual needs.

Staff work effectively with young people, families and carers and other agencies to promote their health and wellbeing and to support their relationships with family members.

Staff are provided with very good training opportunities to enhance the work that they do with children and families.

The team leader and staff team continuously reflect on their practice and use feedback from children, families and other stakeholders to develop the way that they work.

### What the service could do better

The service should make improvements to the premises as recommended in this report.

It should continue to build on the very good systems it has in place for reviewing and developing its practice.

### **What the service has done since the last inspection**

The service has made significant improvements to the way that care plans are made and recorded.

### **Conclusion**

The Cottages provides children and young people with a very good level of care and support which is responsive to their individual needs.

Management team and staff are skilled and experienced, and continue to be motivated to provide a very good quality care service.

### **Who did this inspection**

Linda Paterson

**Lay assessor:** Not Applicable.

## 1 About the service we inspected

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

The service is registered:

- To provide care to one child or young person, or two siblings considered suitable to share a room, at Skye Cottage, Lewis Place PH1 3BD. Such placements will be on an emergency, short term, respite service.
- To provide a care service to a maximum of three non related children or young people, or two non-related children and young people and two siblings considered suitable to share a room, at Iona Cottage, Lewis Place, Perth PH1 3BD. These placements will be on a respite, assessment or short stay basis.

The service operates from accommodation near to Almondbank House, known as 'The Cottages.' At the time of the inspection three young people were accommodated at The Cottages.

Continuity of care is provided by two-staff 24 hour shift patterns of late and early shifts linked by a sleep-in. Day to day arrangements for the main premises are organised by the Senior Practitioner, who shares supervision of staff with the Team Leader.

The service aims "to offer planned care by way of a structured support to children and young people", while the vision is that "Children can enjoy childhood and succeed in adult life."

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 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](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

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

### **What we did during the inspection**

We wrote this report following an unannounced visit to this service on 6 December 2012.

We made a second visit to the service on 17 December, when we completed the inspection and gave feedback to the manager of the service.

Before the inspection, we received a fully completed self-assessment form from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given for each of the quality statements.

We received three completed pre-inspection questionnaires from young people who used the service.

During the inspection, we gathered information from a wide variety of sources including:

Discussion with two of the young people who currently use the service;  
Discussion with the manager of the service  
Discussion with the two members of staff;

Examination of a range of documentation including:

- \* sample of care plans;
- \* records of accidents, incidents and complaints;
- \* medication records;
- \* minutes of team meetings;
- \* written feedback from children, families and referring social workers;
- \* sample of staff rotas;
- \* sample of staff files;
- \* sample of staff supervision and training records

### **Grading the service against quality themes and statements**

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

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

### **Inspection Focus Areas (IFAs)**

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

### **Fire safety issues**

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

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

The self assessment form was completed to a good standard prior to the inspection. It gave relevant information in relation to each quality statement, a realistic approach to evaluating the service's performance in respect of each statement, and showed a reflective approach to areas for further improvement.

### **Taking the views of people using the care service into account**

We spoke to two young people who were using the service, but one of them only briefly.

The one who only spoke to us briefly indicated that he was quite happy, and there was nothing he wanted to discuss.

The other young person had been living at The Cottages and was very happy with the service.

He spoke very positively about his relationships with staff and the quality of support he received.

He told us that he felt that young people were treated fairly in the service and said that he felt safe.

He also felt that rules were clearly explained and were reasonable.

We also received completed pre-inspection questionnaires from three young people who used the service.

Of these, one "strongly agreed" and two "strongly disagreed" that they were happy overall with the quality of care they received.

Of the two who "strongly disagreed", during the inspection, one indicated that he was quite happy and didn't want to raise any issues with us. The other was not available for discussion during the inspection, but we passed his comments to the team leader.

### **Taking carers' views into account**

We did not have the opportunity to speak to parents or carers 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 that the service had very good arrangements in place to enable children and their carers to participate in assessing and improving the quality of care and support in the service.

By having a range of formal and informal methods of involving people, the service has created an atmosphere in which children feel that their views about any aspect of their care is welcomed, and they could raise issues confidently with the staff or the team leader.

From the evidence we looked at during the inspection, we noted the following strengths:

\* Young people were closely involved in the development of their care plans, which meant that they knew what was happening, and were able to influence how things were planned. In turn, this made it more likely that they would work with staff to achieve agreed changes. From a sample of care plans, we could see that key staff took time and care to make sure that children understood what decisions were being made and why. One very good example was where one of the younger children had been instrumental in drawing up a plan which would allow him to play outside safely. By using maps and drawings, he was able to clearly see and draw the limits to where he was able to play: it also made it much easier for him to agree with staff when he had (literally) overstepped the boundaries and needed a few more restrictions on his movements. This level of involvement helped to increase the young person's safety in the community.

\* Staff met with young people regularly to develop detailed weekly plans. These took account of the young people's preferences and contributed towards the development of a well-structured plan which supported young people by establishing age-appropriate routines, with regular bed-times, favourite activities, family contacts etc. The time spent planning provided very good opportunities for young people to discuss their plans and express their views. During the inspection, young people confirmed that they were regularly consulted about their plans.

\* Young people were regularly involved in planning the menus, and were able to make choices, within the healthy eating guidelines. In discussion, young people said that they generally liked the food, and were given an alternative if they really didn't like something.

\* There were plenty of opportunities for informal consultation and discussion of views. During the inspection, we saw that staff were closely involved with the children, asking about their day and showing an interest in what they had been doing. The team leader was also well-known to the young people and had ready access to her when she was in the unit or in her office next door. The interest of concerned and caring adults contributed to the development of an atmosphere of trust in which young people felt that their views were welcomed and valued.

\* Young people, parents and carers and relevant professionals were invited to attend regular review meetings including Looked After and Accommodated Children (LAAC reviews), where they were encouraged to give their views about the progress of the care plans. The families of some of the children who were placed in The Cottages were already known to the service, having previously been supported on an outreach basis by the support team. This helped parents to feel more familiar with the staff and the building, and could help them to be more relaxed about expressing their views.

\* The service asked for the views of young people, families and relevant professionals at the end of placements. The team leader and staff team then discussed the feedback, and used it as a basis for developing the service. In discussion, the team leader gave some examples of how feedback had led to changes in the way the service worked, which included menu changes, and also changes to the way referrals were dealt with.

In summary, we found that this service had reached a very good standard of performance in relation to this quality statement, and we have therefore given a grade of 5 - Very good.

### **Areas for improvement**

In the self assessment form, the service said that it planned to continue to evaluate and develop the post placement questionnaires, and to involve young people more in recording their contacts.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

We found that the service had very good arrangements in place to ensure that the children's health and wellbeing needs were met.

From the sample of evidence we looked at during the inspection, we noted the following strengths:

\* The service ensures that young people have appropriate access to primary and secondary health care. On admission, young people are referred to the LAAC nurse who identifies any health issues which need to be followed up. This system supports the early identification and appropriate referral to health care services. Staff made sure that any appointments were appropriately made and recorded in the weekly care plans. Staff effectively supported young people to attend appointments, for example, dental appointments, which was a clear benefit to their health.

\* There were appropriate and effective systems in place for storing and administering medication.

\* The staff were well-trained and confident in dealing with emergencies. We saw evidence that staff had sought appropriate emergency treatment when one young person had hurt himself. Staff had had training recently to refresh their skills in use of an epi-pen.

\* Staff used an NHS resource pack for residential childcare workers as a reference for information about health issues. We also saw that staff researched information about particular health issues relevant to individual young people, and had, for example, used some useful information about sleep routines when supporting one young person. One member of staff had taken on responsibility for developing knowledge and resources about self harm, and was the member of a national forum and had undertaken specific training in relation to this.

In addition, staff had well-developed links with specialist agencies to help them to develop strategies to meet the identified needs of young people.

All of the above contributed to a skilled and knowledgeable workforce who were well-placed to meet the health and wellbeing needs young people.

\* Young people were supported to lead a healthy lifestyle, for example, they were encouraged to eat a balanced diet, based on the healthy plate, and to engage in a range of physical activities. From records, we could see that staff were actively involved with young people in their chosen activities and regularly took them swimming, ice-skating, or whatever their choice was. This positive approach to health was of benefit to the physical and emotional health of service users.

\* The sample of care plans we looked at evidenced a caring approach to promoting the emotional health and wellbeing of children. We saw that basic care routines such as bedtime and bath time were opportunities for nurturing, for example, one young person enjoyed Indian head massages provided by staff, which seemed to help him settle at night. In making plans, staff made sure that they made the best of opportunities to support young people, for example, we saw that staff had noted that "Sunday seems to be a better day for skating as X has made friends". In another case, a key worker had taken one young person on a well-planned visit to visit a relative's grave, helping them to come to terms with issues of loss.

In summary, we found that staff were very responsive to young people and had the necessary knowledge, skills and systems in place to ensure that their health and wellbeing needs were met.

### **Areas for improvement**

While we found that the attention to detail in care planning was a particular strength in this service, we thought that there was room for further development in the way that they record objectives and progress towards achieving outcomes for children and young people.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

For information about strengths in relation to this statement, please refer to QS 1.1.

#### Areas for improvement

For information about this statement, please refer to QS 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

We found that the service provided a safe and secure environment for children.

From the evidence we looked at during the inspection, we noted the following strengths:

- \* the premises were clean, smoke-free and in a good state of decoration and repair: minor repairs are carried out promptly, and staff ensured that high standards of hygiene were maintained;
- \* Both staff and young people were taken through fire drills and emergency evacuation procedures to make sure that they knew how to respond in the case of an emergency.
- \* Young people have access to the internet which is appropriately controlled with blocks and close supervision. Sensible policies and procedures, in line with Child Exploitation Online Protection (CEOP) guidance, help to promote the safety of young people whilst on line.

\* Staff were regularly trained and re accredited in the use of CALM. They are skilled at de-escalating challenging situations and only used physical intervention as a last resort. Minutes of team meetings and care plans showed that staff paid close attention to helping young people to develop strategies to help them to manage the challenges they faced. Incidents of restraint were clearly and appropriately recorded, and provided the basis for discussion and review of incidents by staff team, manager and young person.

\* Staff were aware of their role and responsibility in relation to child protection: they regularly updated their knowledge through local multi-disciplinary training.

\* The young people's care plans included individual assessments of risk, and detailed plans were in place to help them to manage risks without unduly restricting them. As noted under QS 1.1, we were impressed with the way that staff involved young people in assessing risks to themselves and developing plans to minimise the impact of risks on young people's safety.

### **Areas for improvement**

Although the service was rigorous in identifying and assessing risks for young people, it did not have in place a risk assessment for the premises. We recommend that a premises risk assessment is carried out and recorded (see recommendation 1, QS 2.2).

The service could improve the security of the building by fitting an alarm to alert staff if young people try to leave the building at night (see recommendation 2, QS 2.2).

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### **Recommendations**

1. The service should carry out and record a risk assessment for the premises - National Care Standards for Care Homes for Children and Young People - Standard 6 - Feeling safe and secure.
2. The service should improve the security of the building by fitting an alarm to alert staff if young people try to leave the building at night - Standard 6 - Feeling safe and secure.

### **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**

For information about strengths in relation to this statement, please refer to QS 1.1.

#### **Areas for improvement**

For information about this statement, please refer to QS 1.1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

#### **Statement 3**

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

#### **Service strengths**

We found that this is a professional, well-trained and motivated staff team which operates in line with legislation and current good practice guidance.

During the inspection, we noted the following strengths:

\* All staff were suitably qualified and were registered with the SSSC. They were encouraged to seek ongoing professional development in line with areas identified through supervision, or to develop knowledge and skills which would enhance their work with young people.

\* Individual staff were encouraged to take the lead on developing particular areas of skill. Examples of this were that recently, different staff had undertaken additional qualifications in outdoor education and counselling, both of which would complement the range of skills already available within the staff team.

\* There was a well-established system of supporting staff through regular 1:1 supervision sessions. These were structured, recorded, and focused on practice and professional development issues. Staff found this to be an helpful and meaningful process.

\* There was an effective and supportive system in place for inducting new staff into the service. We spoke to one member of staff who had recently joined the team, who told us that her induction had been very good, allowing plenty of time to get to know young people and become familiar with the building and routines before she needed to take on shift responsibilities.

\* The staff clearly worked very well as a team. Team meetings were held regularly and were well-attended. Minutes of meetings showed that staff used these opportunities to develop consistent strategies to help them to support young people. The team benefited from the regular input from an educational psychologist who helps to develop strategies for supporting young people, but also acts as a mentor to support the team in their work.

\* The minutes of staff meetings showed that staff were involved in developing and implementing approaches to practice which took account of current research and good practice guidance.

In summary, this was a well-qualified and experienced staff team which was effectively supported by the team leader to deliver high-quality care for children and young people. Throughout the inspection, we observed warm, positive interactions between staff and young people, and found that written records reflected a positive professional commitment to achieving positive outcomes for young people.

### **Areas for improvement**

Although members of staff who had not yet undertaken CALM training understood that they were not to be involved in physical restraint, there did not appear to be any written guidance which outlined how they should respond if a child needed to be restrained (see recommendation 1, QS 3.3)

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service should develop written guidance for staff who have not yet done CALM training to explain how they should respond if a child needed to be restrained - Standard 6 - Feeling safe and secure.

## 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

For information about strengths in relation to this statement, please refer to QS 1.1.

#### Areas for improvement

For information about this statement, please refer to QS 1.1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

#### Service strengths

We found that this service had some very good systems in place for monitoring and developing the quality of the service. From the evidence we sampled during the inspection, we noted the following strengths:

\* The experienced team leader was directly involved in monitoring and developing the quality of the service. She set clear priorities for staff, and modelled good practice in interaction with young people.

\* The team leader and senior practitioner monitored the quality of recording in care plans to ensure that they are accurate and of a good standard. They worked with staff to help them to develop skills and reflective practice.

\* We found several examples of positive, responsive quality assurance, for example, the team leader reviewed records of restraint incidents and used learning from these to review and develop practice; she had also arranged additional fire safety training for staff following an incident with the fire alarm.

\* The service had a well-established system of regular supervision. A sample of records showed that supervision was used to support staff, to monitor and develop staff practice, and to identify training needs, which were then followed through, all of which helped to contribute to the provision of a quality service.

\* The staff team met regularly to review and reflect on their practice, and to develop a shared approach to providing care and support to young people.

\* The service had a well-established system for seeking the views of young people, parents and carers, and other stakeholders, and used these to develop the way that it provides the service. The service was very open to feedback from all sources, and was pro-active in seeking out best practice guidance, and advice and information from other professionals to help them to develop the quality of its practice.

Areas for service development were recorded in an annual team plan which helped to focus on priorities identified for improvement.

### **Areas for improvement**

In the self assessment form, the service said that it planned to evaluate and improve the methods it uses to seek the views of stakeholders.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

No 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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings	
27 Oct 2011	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
13 Dec 2010	Unannounced	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed
14 Sep 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed

## Inspection report continued

15 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed 4 - Good 4 - Good Not Assessed
29 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 5 - Very Good
9 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
18 Jul 2008		Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good

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

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# eForms Document

SCSWIS Action Plan

## **Care Homes for Children and Young People, School Care Accom and Secure Accom**

**The Cottages**

**CS2003015658**

## General Information

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### General Information about the Inspection

**Inspected by:**

Linda Paterson

**Type of Inspection:**

Unannounced

**Inspection Completed on (date):**

Monday 17th December 2012

## Quality Statement 1.1

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

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We ensure that service user's health and wellbeing needs are met.**

**Requirements**

**Recommendations**

**We use a range of communication methods to ensure we meet the needs of service users.**

**Requirements**

**Recommendations**

**We respond to service users' care and support needs using person centered values.**

**Requirements**

**Recommendations**

**People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provides.**

**Requirements**

**Recommendations**

## Quality Statement 2.1

---

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

**Requirements**

**Recommendations**

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

### **Requirements**

### **Recommendations**

1

The service should carry out and record a risk assessment for the premises - National Care Standards for Care Homes for Children and Young People - Standard 6 - Feeling safe and secure.

#### **Action Planned:**

Risk assessment for the premises will be completed by Team Leader and approved by Corporate Health and Safety Team.

#### **Timescale:**

End of March 2013

#### **Responsible Person:**

Team Leader

2

The service should improve the security of the building by fitting an alarm to alert staff if young people try to leave the building at night - Standard 6 - Feeling safe and secure.

#### **Action Planned:**

Highlight in Risk Assessment - Discussion with Senior Management. Costings from Architect and funding to be explored

#### **Timescale:**

March 2014

#### **Responsible Person:**

Team Leader

**The environment allows service users to have as positive a quality of life as possible.**

**Requirements**

**Recommendations**

**The accommodation we provide ensures that the privacy of service users is respected.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.**

**Requirements**

**Recommendations**

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

### **Requirements**

### **Recommendations**

1

The service should develop written guidance for staff who have not yet done CALM training to explain how they should respond if a child needed to be restrained - Standard 6 - Feeling safe and secure.

#### **Action Planned:**

Section to be added to Induction pack after consultation with Learning and Development Officer - CALM to ensure guidance is in line with Council policy

#### **Timescale:**

March 2013

#### **Responsible Person:**

Senior Practitioner

**We ensure that everyone working in the service has an ethos of respect towards service users and each other.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

**We involve our workforce in determining the direction and future objectives of the service.**

**Requirements**

**Recommendations**

**To encourage good quality care, we promote leadership values throughout the workforce.**

**Requirements**

**Recommendations**

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

**Requirements**

**Recommendations**

## Submission Declaration

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**Declaration** I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Elaine Beck

I am: (Select an option)

***The manager of the service*** / The owner of the service

