

## PERTH AND KINROSS COUNCIL

Executive Sub-Committee of Lifelong Learning Committee – 13 November 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 the Fostering Service, Adoption Services and Wellbank House 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.
- 1.8 Following an inspection, the Care Inspectorate may identify:
- Recommendations: statements that set out actions the care service provider should take to improve or develop the quality of the service.
  - Requirements: statements which set out what is required of the care service provider to comply with relevant legislation.
- 1.9 Care service providers must submit an action plan to the Care Inspectorate addressing any requirements and recommendations identified. Progress against the action plan is monitored by the Care Inspectorate through annual return and self-assessment forms submitted by the care service provider and through subsequent inspection. Yes that is correct and no there are no other improvements other than the ones submitted in the action plan. There are areas where they suggest areas for development.

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

- 2.1 This report presents the findings following the inspections of the Fostering Service and the Adoption Services in June 2013 and Wellbank in May 2013 by the Care Inspectorate. A progress update is provided for the improvement areas identified.

## 2.2 Fostering Service

- 2.2.1 The Care Inspectorate undertook an inspection of Fostering Services in June 2013. The inspection was announced 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.
- 2.2.2 The Care Inspectorate identified the following key strengths:
- very good support to foster carers with regular supervision and good opportunities for training; and
  - the involvement of foster carers in the development of the service.
- 2.2.3 The inspection found the quality of staffing and the quality of management and leadership **very good** and evaluated the quality of care and support as **good**.
- 2.2.4 While the inspection report details a number of key strengths and there were no requirements, three recommendations were identified. In addition a number of areas for improvement were identified both by the team in their self-evaluation and with the inspectors. In addition a number of areas for improvement were identified with the team. A summary of progress against the recommendations 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>	
Recommendation: The service should ensure that all foster carers are supervised and supported by an appropriately qualified social worker.	<b>Completed:</b> Robust procedures in place to ensure appropriate carer allocation.
Improvement: The service could continue to develop opportunities for young people to express their views as highlighted in the National care standards.	<b>In progress:</b> In conjunction with Who Cares, a national advocacy support group, local options for engagement are being explored. Timescale – February 2014.
Improvement: Foster carer profiles could be further developed.	<b>In Progress:</b> Work is being undertaken to develop a more in depth carer profile. Timescale – January 2014.
Improvement: The Sons and Daughters Group <sup>1</sup> could be further developed.	<b>In Progress:</b> Consultation with parents and carers will be undertaken to identify development opportunities. Timescale – January 2014.
Improvement: Consideration could be given to highlighting the role of the Who Cares worker or youth rights officer for Perth and Kinross.	<b>In Progress:</b> This role is currently highlighted through discussion at looked after reviews, publications and via foster carers. A review will be undertaken to assess whether this should also be a standard item at all LAC reviews. Timescale – November 2013.

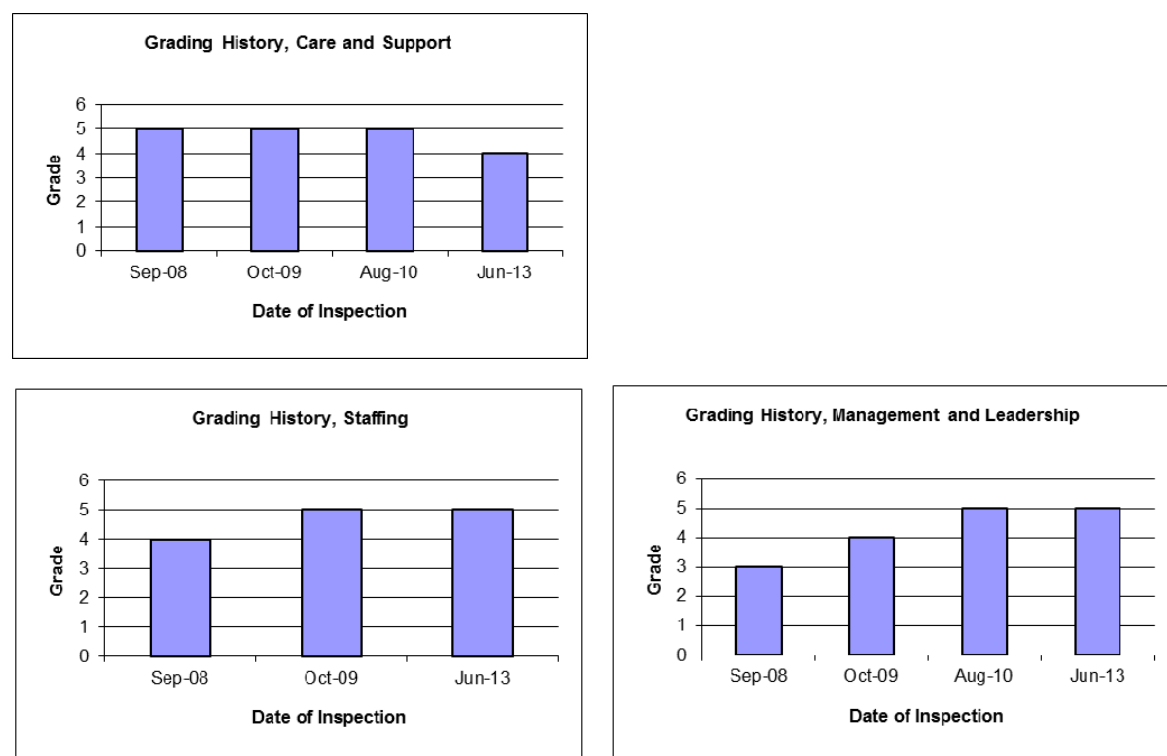
<sup>1</sup> Support to sons and daughters of fostering families to acknowledge their role in caring to Looked After Children

Areas for Improvement	Progress/Proposed Actions
Improvement: The service should ensure the website remains up to date and the information continues to be relevant.	<b>On-going:</b> A key action in team improvement plan. On-going monitoring to Children and Families Services Management Team.
Improvement: The service needs to develop ways in which risk assessments are updated.	<b>In progress:</b> An audit of risk assessments will be undertaken to inform the development of processes for updating. Timescale – December 2013.
Improvement: The service should develop a system to ensure that day to day care arrangements are discussed fully and agreed with all relevant people involved in the young person's care.	<b>In progress:</b> A review of care plans is underway. Timescale – December 2013.
Improvement: The service should ensure that all methods of communication are secure and appropriately used.	<b>In progress:</b> Current communications are in line with corporate guidelines. Further exploration of good practice by other local authorities underway. Timescale – December 2013.
<b>Quality of Staffing</b>	
Improvement: The service should further develop the opportunities for young people to be involved in assessing and improving the quality of staffing.	<b>In progress:</b> Young people will have the opportunity to contribute to the information considered within Employee Review and Development. Timescale – March 2014.
Improvement: Staff members told us that the environment was impacting on their ability to be able to discuss practice issues and seek guidance and support from their colleagues. The staff team also told us that the environment presented significant challenges to maintaining service users' confidentiality.	<b>On-going:</b> Standing items on team agenda. Opportunities to be explored through Perth Office Programme.
Improvement: The service could evaluate whether a more efficient service would be achieved if staff members were not solely responsible for administrative tasks.	<b>In progress:</b> As a practitioner-led system, there is an expectation that officers will use SWIFT to support core business. The Service will continue to support officer to maximise the use of SWIFT.
<b>Quality of Management and Leadership</b>	
Recommendation: The service should make sure that there is a larger pool of panel members including more male panel members and panel members who have experience of fostering and adoption.	<b>On-going:</b> We are working with contacts in neighbouring authorities to identify new panel members in line with good practice.
Recommendation: The service should ensure that panel members receive supervision and appraisal in relation to their role as panel members.	<b>In progress:</b> The chairperson's role and remit is being reviewed to include the supervision to panel members. Timescale – March 2014.

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

2.2.6 The last inspection of the Fostering Service was completed in August 2010 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 2 February 2011 (11/42). Fostering Services were first inspected in September 2008 and Figure 1 below shows the inspection and grading history since then.

**Figure 1: Grading History, Fostering Services**



## 2.3 Adoption Services

2.3.1 The Care Inspectorate undertook an inspection of the Adoption Service in June 2013. The inspection was announced 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.

2.3.2 The Care Inspectorate identified the following key strengths:

- work with parents and children who were in need of adoption;
- thorough assessment reports;
- the matching of needs of children with the adoptive family; and
- staff knowledge of their role and team working.

2.3.3 The inspection found the quality of care and support, the quality of staffing and the quality of management and leadership **good**. This follows a period of reduced capacity within the team.

2.3.4 While the inspection report details a number of key strengths and there were no requirements, two recommendations were identified. 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**

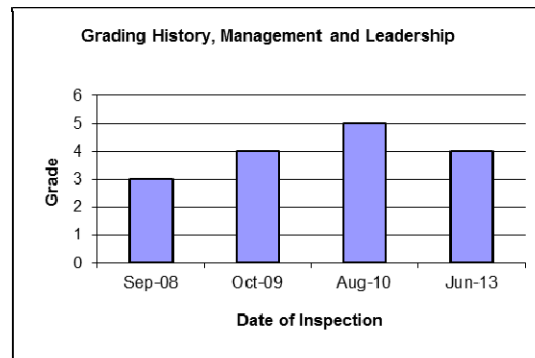
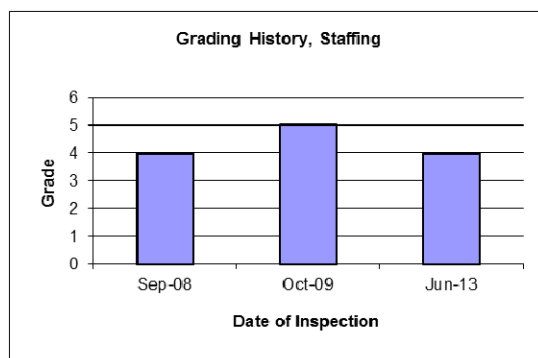
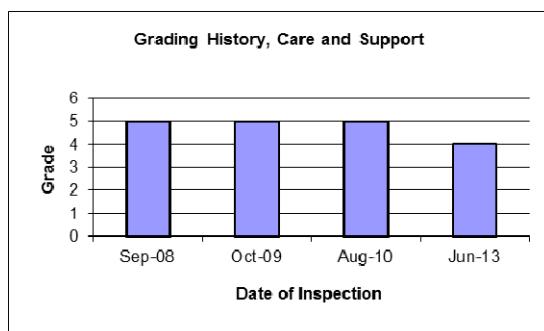
Areas for Improvement	Progress/Proposed Actions
<b>Quality of Care and Support</b>	
Improvement: Further to the questionnaire that was distributed in March 2012, develop other participatory events.	<b>In progress:</b> Questionnaire being developed. Responses will inform further options for participatory events. Timescale – March 2014.
Improvement: The service should change their priorities from producing a newsletter to producing information for adopters on the website.	<b>In progress:</b> A review of the website is being undertaken. Timescale – March 2014.
Improvement: The service should ensure the website remains up to date.	<b>On-going:</b> A key action in team improvement plan. On-going monitoring to Children and Families Services Management Team.
Improvement: Further develop the information gathered by the review team to inform service development.	<b>In progress:</b> Review of formal processes for sharing of information between the Review and Family Placement Teams. Timescale – December 2013.
Improvement: Re-establish adoption support groups.	<b>In progress:</b> Ceased due to low level of demand. Refreshed options for support now being explored with a view to re-establishing the group. Timescale – March 2014.
Improvement: Review self-evaluation processes within the service.	<b>In progress:</b> Timescale – January 2014.
Improvement: Permanence team member to attend field work team meetings to discuss permanence and adoption planning.	<b>Complete:</b> On-going attendance.
Improvement: The team would like to develop their work with birth families.	<b>In progress:</b> Questionnaire to identify opportunities to be developed. Timescale – 2014.
Improvement: Further develop expertise within the team in offering therapeutic interventions.	<b>On-going:</b> Consideration will be given to developing therapeutic skills in future training needs assessments.
Improvement: Whilst the quality of the assessment undertaken by staff was not brought into question, the inspector assessed that it was possible for prospective adopters to feel a bit "disconnected" from the permanence team.	<b>On-going:</b> This does not reflect the feedback we have from prospective adopters. However, feedback will continue to be monitored.
Improvement: Improve communication with adopters.	<b>In progress:</b> Communications Plan under development. Timescale – December 2013.
<b>Quality of Staffing</b>	
Improvement: We discussed with the service how adopters might be more involved in assessing and improving the quality of staffing.	<b>On-going:</b> Adopters will be involved in staff recruitment.
Improvement: The service should continue to develop the very good practice in this area.	<b>On-going:</b> We will continue to review our practice and identify opportunities for improvement as part of the Service's approach to workforce planning.

Areas for Improvement	Progress/Proposed Actions
<b>Quality of Management and Leadership</b>	
Recommendation: The service should make sure that there is a larger pool of panel members including more male panel members and panel members who have experience of fostering and adoption.	<b>On-going:</b> We are working with contacts in neighbouring authorities to identify new panel members in line with good practice.
Recommendation: The service should ensure that panel members receive supervision and appraisal in relation to their role as panel members.	<b>In progress:</b> The chairperson's role and remit is being reviewed to include the supervision to panel members. Timescale – March 2014.
Improvement: Seek the views of adoptees as to the quality of the service provided.	<b>In progress:</b> Communications Plan under development. Timescale – December 2013.
Improvement: Produce an annual plan.	<b>In progress:</b> Annual plan to be published March 2014.
Improvement: Communicate service priorities more widely with adopters and stakeholders.	<b>On-going:</b> Service priorities will continue to be publicised on the website.

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

2.3.6 The last inspection of Adoption Services was completed in August 2010 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 2 February 2011 (Report No.11/42 refers). Adoption Services were first inspected in September 2008 and Figure 2 below shows the inspection and grading history since then.

**Figure 2: Grading History, Adoption Services**





## 2.4 Wellbank House

- 2.4.1 Wellbank House provides a short term period of proactive residential work which supports a move to independence for homeless young people between the ages of 16 and 24.
- 2.4.2 The Care Inspectorate undertook an inspection of Wellbank House May 2013. 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.
- 2.4.3 The Care Inspectorate identified the following key strengths:
- seeking the views of young people and using their ideas and opinions to help develop the service;
  - strong leadership for a professional, enthusiastic and highly motivated staff team; and
  - positive feedback from young people about the quality of support.
- 2.4.4 The inspection found the quality of care and support, the quality of staffing and the quality of management and leadership were **very good**. The inspection noted that the service had made significant improvements to the way that care plans are made and recorded.
- 2.4.5 The inspection report details a number of key strengths and noted that the service should continue to build on the very high standard it has achieved. There were no requirements and only one recommendation and area for improvement identified. A summary of progress against these is provided in Table 3 below.

**Table 3: Summary of Progress Against Key Areas for Improvement**

Areas for Improvement	Progress/Proposed Actions
<b>Quality of Care and Support</b>	
Recommendation: The service should review its policy and approach to supporting young people to manage their medication, making sure that individuals are involved in the discussion and assessment of the degree of support they require (if any).	<p><b>Completed:</b> Discussion has taken place with young people to seek their views in regard to the changes required. Further to this:</p> <ul style="list-style-type: none"><li>• Wellbank induction booklet now highlights that young people are required to take responsibility for their medication where this has been risk assessed and agreed as appropriate.</li><li>• The Care Planning process has been updated to ensure that young people are aware of the expectation that they will take responsibility for storing and managing their medication unless otherwise requested. Individual medical sheets in each young person's file will indicate where they are managing their own medication.</li><li>• We have strengthened our risk assessment procedures in relation to managing medication.</li><li>• The area of health and wellbeing (including medication) will continue to be regularly discussed as a part of the young person's care plan and risk assessment.</li></ul>

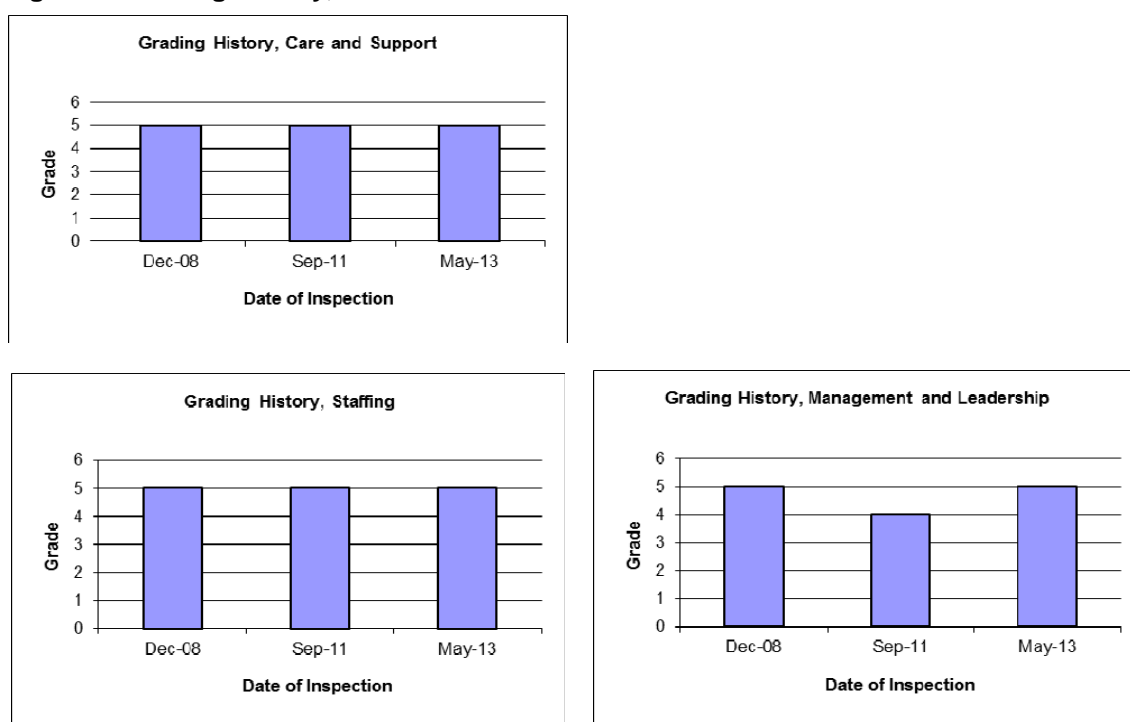


Areas for Improvement	Progress/Proposed Actions
<b>Quality of Management and Leadership</b>	
Improvement: Further consider how the service can incorporate information about outcomes for service users into the evaluation of the effectiveness of the service.	<b>In Progress:</b> Planned discussion with young people to seek their views on how outcomes can be incorporated. This will be developed with young people during the next service planning date (October 2013).

2.4.6 A copy of the inspection report is provided in Appendix 3 together with a copy of the action plan submitted to the Care Inspectorate.

2.4.7 An inspection of Wellbank House was completed in August 2011 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 1 February 2012 (Report No.12/49 refers). Wellbank House was first inspected in December 2008 and Figure 2 below shows the inspection and grading history since then.

**Figure 3: Grading History, Wellbank House**



## 4 CONCLUSION AND RECOMMENDATION

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**

<b>Name</b>	<b>Designation</b>	<b>Date</b>
John Fyffe	Executive Director (Education and Children's Services)	31 October 2013

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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.
- 2.3 It is anticipated that the work on the quality indicators will promote equality of access to care and support. Where appropriate, improvement policies, procedures or strategies will require equalities assessments to ensure compliance with our duty to ensure there is no adverse impact on any community group.

### Strategic Environmental Assessment

- 2.4 The Environmental Assessment (Scotland) Act 2005 places a duty on the Council to identify and assess the environmental consequences of its proposals.
- 2.5 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, 1 February 2012 (Report No.12/49) and Care Commission Inspections of Fostering, Adoption and Residential Care Services, 2 February 2011 (Report No.11/42).

## 3. APPENDICES

	<u>Fostering Services</u>
Appendix 1a:	Care Service inspection report
Appendix 1b:	Action plan

	<u>Adoption Service</u>
Appendix 2a:	Care Service inspection report
Appendix 2b:	Action plan
	<u>Wellbank House</u>
Appendix 3a:	Care Service inspection report
Appendix 3b:	Action plan



## Care service inspection report

# Perth & Kinross Council - Fostering Services

## Fostering Service

Colonsay Resource Centre  
37-39 Colonsay Street  
Perth  
PH1 3TU  
Telephone: 01738 783492

Inspected by: Lorna Black

Pauline Cochrane

Type of inspection: Announced

Inspection completed on: 6 June 2013



HAPPY TO TRANSLATE

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### **Service provided by:**

Perth & Kinross Council

### **Service provider number:**

SP2003003370

### **Care service number:**

CS2004083801

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

Lorna Black

Telephone 01382 207200

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### Summary

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

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

### We gave the service these grades

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

### What the service does well

Perth and Kinross fostering service provides very good support to foster carers with regular supervision and good opportunities for training. Foster carers are involved in the development of the service and feel their views are heard and their ideas are used to improve the service.

### What the service could do better

The service needs to improve on their consultation with young people and ensure that their view is heard and that they have the opportunity to participate in improving the service.

We thought that the panel membership should be increased to include more male panel members and panel members with experience of fostering and adoption.

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

Since the last inspection the service has appointed a new team manager. The fostering team have continued to develop the service and improve the work of the service. The service had made efforts to ensure good communication and multi agency working to meet the needs of all people using the service.

### **Conclusion**

Despite a number of staffing changes which has had significant impact within Perth and Kinross fostering service, the team continues to provide a very good quality of care and support to their foster carers and their young people, and outcomes for young people remain very good. The team are committed to further improving their service.

### **Who did this inspection**

Lorna Black

Pauline Cochrane

**Lay assessor:** Not applicable.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

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

Requirements and recommendations:

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service 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, a requirement may be made.

Requirements are legally enforceable to the discretion of the Care Inspectorate.

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

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

**Quality of 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 announced inspection. This was carried out by inspectors, Lorna Black and Pauline Cochrane. The inspection took place between Tuesday 28 May 2013 and Thursday 6 June 2013 when we gave feedback to the management team of the service.

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

We sent questionnaires to Fostering Panel members, including the medical advisor and received 7 responses.

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

- Discussion with the management team for the service
- Discussion with the team leader
- Discussion with the senior practitioner and four supervising social workers and one senior care officer.
- Discussion with the Who Cares worker
- Attendance at a support group and discussion with four foster carers in a group.
- Discussion with three foster carers face to face
- Telephone conversation with one foster carer
- Discussion with three young people using the service
- Discussion with three social workers of young people using the service.
- Discussion with one of the Looked After Children Review Officers
- Reviewing evidence provided by the service in their self assessment
- Foster Carer files
- Children's files
- Service user review minutes

### **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**

Two recommendation were made at the time of the last inspection in relation to participation and keeping people informed about the intended action to be taken following consultation. We saw evidence that the service had taken some action in respect of these.

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each heading that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they had planned.

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

During the inspection we spoke with 3 young people using the service. Their comments included the following:

"This is the best placement I have been in and I am very happy and feel safe"

"I feel that I am well supported and have plenty people around me that I can talk to"

"I like it here my carers are kind to me and I get nice food"

The young people we spoke with also indicated their willingness to get more actively involved with the service.

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

We spoke with a number of carers during the inspection and comments included;

"we received good information when we first enquired and the preparation training was helpful. We feel very supported and feel valued and listened to"

"The transport for young people has been our main concern"

"support is really good but due to a lot of staff changes, having a consistent worker would be good"

"Support is excellent there is a lot of involvement of carers in the service and I feel valued"

"feel the training is really good and the consultative group gets things done"

"get lots of support through your link worker and the support group"

"Feel overall very well supported and listened to, on occasion however communication could be better"



### 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**

Perth and Kinross Council had developed a participation strategy which communicated the council's commitment to listening to people who use services.

We found the fostering service had good information available to prospective carers on their website. This included a link to enable them to look at the inspection reports and information on how to complain if they were unhappy with the care and support they were receiving. We thought the information provided enabled foster carers to assess the quality of care and support they could expect.

Carers told us they were involved in the preparation training of prospective carers. Training was evaluated at the end and feedback was provided. Carers told us that this gave them the opportunity to shape the training and information that was provided. Feedback from training indicated that carers enjoyed and valued the training they received.

The service used a variety of methods to gather the views of carers. This included working groups which had been used to update a variety of different policies and also the fostering handbook. The carers we spoke to told us this enabled them to feel that their views and experience was valued by the service. We found that a foster carers' consultative group was held regularly. Carers told us this was an important forum for them. They felt their views were listened to and any necessary action was taken by the service.

Carers were involved in facilitating their own support groups and identifying and arranging speakers and training. This gave carers a sense of ownership of their service and enabled them to shape the training that they required on a day to day basis. One carer was also being assessed as an SVQ (Scottish Vocational Qualification) assessor for the service alongside a staff member in order to support other foster carers who wish to gain an SVQ award.

Annual reviews were taking place which invited carers and young people using the service to give their view on the quality of care and support they were receiving and suggest any improvements. Young people were also invited to have their say with regards to the care they were receiving through their looked after away from home reviews.

We found that there was a Who Cares worker available to the young people to enable them to give their view and to assist them to complete paperwork for their review. Staff told us the Who Cares worker had regular liaison meetings with them in order to pass back any views received from young people about improvements that could be made. The service also ran a drop in centre for young people where they could access a youth rights officer to discuss any aspect of their care and support. This should enable the young people to feel respected, have their rights acknowledged and be included in developing their care and support.

### **Areas for improvement**

The service could continue to develop opportunities for young people to express their views as highlighted in the National care standards. This could include a forum for young people to evaluate their placements, which could enable young people to be more active and have some responsibility in assessing and improving the quality of the care and support they are receiving.

Foster carer profiles could be further developed to ensure young people are given profiles of carers, containing a variety of information that they might wish to know about the carer, their family, the house and local area. Young people could be consulted in order to develop these, which would ensure they felt included and respected.

The sons and daughters group could be further developed to include an element of consultation in order gain the views of children who foster, and ensure the care and support being provided is of good quality.

We found that not all carers were aware of the role of the Who Cares worker or youth rights officer for Perth and Kinross, which could have a direct impact on the young people being able to access these services. Consideration could be given to highlighting these roles through the preparation training offered to carers.

The service should ensure the website remains up to date and the information continues to be relevant.

**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 the service had an identified looked after nurse who had good links with the service. As well as ensuring that all health information was collated and all medicals were being undertaken timeously, the nurse also attended support groups, foster carers consultative group, the drop in centre for young people and reception into accommodation meetings. This ensured that young people and carers were aware of the role and knew how to make contact with the nurse. Carers and young people were given information on a variety of health matters including sexual health and lifestyle choices. This enabled young people to be healthy and safe. Carers we spoke to felt that this was helpful in encouraging good health outcomes for the young people they cared for.

Staff told us about a service called CU@Sports which enabled young people who are looked after and accommodated to access an activity based weekend 12 times a year. This supported the young people in an active lifestyle and provided carers with an opportunity to have short breaks. Carers and young people we spoke to told us this was important to them. Staff also told us that CU@ Sports also offered an activity weekend break to sons and daughters of foster carers twice per year.

The service told us that CAMHS (Child and Adolescent Mental Health Services), provided a consultative role to carers and have been actively involved in presenting a training package called "we can and must do better". This should support carers to have the knowledge and skills to support young people to attain good mental health.

Carers told us that they had access to a day time support group and an evening support group, which enabled them to build networks and obtain peer support. The service organised an annual information sharing day/evening and regularly updated their notice board on the website in order to ensure that carers had access to the latest information about the service.

Staff told us about a new training strategy which had been developed for carers, providing them with 21 hours training per year, per foster care household. This supported carers in gaining skills and knowledge relevant to their role as foster carers, and to support young people to remain safe, healthy, active, nurtured, achieving, respected, included and ensure their rights were protected. Carers told us that they had been involved in the new training strategy and that the training they were receiving was of a very high standard. They felt that they had a lot of opportunity to attend a variety of training and they advised that the opportunity to do joint training with social workers, kinship carers, adoptive parents, and other organisations was very helpful and gave them a variety of perspectives. Some of the training offered included child protection, first Aid, Positive behaviour, food for thought and access to speakers such as Suzanne Zydeek.

Staff told us that all approved foster carers were subscribed to Fostering Network which is a national organisation for foster care who "lobby, campaign and influence policy in order to develop, improve and champion fostering" (<http://www.fostering.net/contact-us>). Carers we spoke to told us they valued this subscription and that it gave them access to an independent organisation including their publications and training events.

We found that the service's corporate parenting strategy was working well and that joint working and communication between the fostering service and the other services supporting the young people was regular and of a good quality. Social workers we spoke to confirmed that they felt communication was very good, and that the joint visits between themselves and the supervising workers to young people and carers was working very well and contributing to good outcomes for young people. The service was developing a cycle of support for young people which appeared to be working well at the time of the inspection.

Carers told us their supervising social worker visited regularly and that formal supervision was carried out regularly. All of the carers we spoke with told us that they valued the support they were receiving and they had access to support and guidance when ever they needed it. Carers had access to out of hours support and told us "it provides us real reassurance to know that we can access support 24 hours".

A good system was in place for reviewing carers and these were taking place annually in line with National Care standards, which ensured carers remain well enough supported, have access to training and makes a recommendation regarding their continued approval. Regular health assessments, criminal records checks and annual unannounced visits were also being undertaken. This should ensure that young people health and wellbeing needs continue to be met.

We found Form F assessments were thorough and included all members of the household. The Form F assessments we sampled enabled the fostering panel to be confident in their recommendations based on the very detailed information being presented.

### **Areas for improvement**

Although there are risk assessment at the initial stage, of a child being accommodated the service needs to develop ways in which to ensure these are updated.

The service should develop a system to ensure that day to day care arrangements are discussed fully and agreed with all relevant people involved in the young persons care.

The service should ensure that all foster carers are supervised and supported by an appropriately qualified social worker as detailed in the National care standards. A recommendation was made (see recommendation 1). Carers also told us that they would like to ensure that they had a "consistent worker". The service have self identified that recent staffing difficulties have impacted on the support and supervision being offered to foster carers, vacancies are now filled and these improvements will be addressed.

We found that some foster carers were using methods of communication which could have issues regarding confidentiality and security of the young peoples information. The service should ensure that all methods of communication are secure and appropriately used.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service should ensure that all foster carers are supervised and supported by an appropriately qualified social worker.

**National Care Standards Foster Care and Family Placement services,  
Standard 5:8 Assessing and Approving Carers.**

## **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**

The strengths highlighted in 1.1 are also relevant to this statement. In addition we found that foster carers had been actively involved in the recent recruitment of supervising social workers. Carers told us that they valued this experience and had put a lot of thought into the questions that they felt would be appropriate and relevant at the interviews.

### **Areas for improvement**

The service should further develop the opportunities for young people to be involved in assessing and improving the quality of staffing. The service are in the process of updating their foster carer review paperwork to reflect the national initiative Getting it Right for Every Child (<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>), and could involve young people and carers in developing this.

The areas for improvement highlighted in 1.1 are also relevant to 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**

The service has had a lot of staff changes since their last inspection which has had a significant impact on the staff team and a lesser impact on the foster carers. Despite this, on the day of the inspection we found the staff team to be committed to providing a high quality service to all service users. They presented as motivated and knowledgeable and had a good awareness of the national care standards and latest best practice. The service told us all qualified staff members were registered with the Scottish Social Services Council (SSSC).

The staff members we spoke to told us they have regular team meetings, which staff members advised they found helpful. This enabled them to look at practice issues as a team, identify training, invite speakers (eg an independent family therapist was arranged to come in and provide input on systemic interviewing) self evaluate and look at further developing the team. There were also regular resourcing meetings which staff told us enabled them to keep up to date with any placement changes and discuss matching issues of carers and young people.

Since the appointment of a new team leader supervision has been regular and staff advised that this has had a very positive impact on them all as a staff team. We found there was a fixed agenda for these meetings, which staff members had the opportunity to add to, and there were planned dates for the year.

The staff team had access to joint training across the council and the specific training that was identified and provided to carers was also open to them. One staff member told us about the opportunity that they had been given to become a Scottish Vocational Qualification (SVQ) assessor and they were currently undertaking this training. All of the staff team were being offered skills to foster training through fostering network, and adult protection training which they all advised that they were keen to do. All of this showed the service was committed to ensuring staff members have opportunities to be kept up to date with latest legislation and best practice.

### Areas for improvement

There had been a change with regards to the location of the fostering team's office base since the last inspection and this was having a significant impact on the staff team. Staff members told us that the environment was impacting on their ability to be able to discuss practice issues and seek guidance and support from their colleagues. The staff team also told us that the environment presented significant challenges to maintaining service users' confidentiality.

We found staff members were using a significant amount of their day to day time completing administrative tasks. This potentially could impact on the worker carer relationship if there were late payments as well as impacting on the time available for the worker to offer support to carers in a crisis or to complete carer assessments. The service could evaluate whether a more efficient service would be achieved if staff members were not solely responsible for administrative tasks.

**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**

The strengths highlighted in 1.1 and 3.1 are also relevant to this statement.

#### **Areas for improvement**

The areas for improvement highlighted in 1.1 and 3.1 are also relevant to 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 service had a clear team plan with identified aims and objectives which all of the staff team had been involved in developing. This enabled the staff team to remain focused on areas for development throughout the year. We found that many of the identified aims were in progress at the time of the inspection.

The service told us they have regular liaison meetings with area team social workers and each staff members has an identified area team to liaise with. Social workers told us this was extremely helpful in maintaining good communication between the fostering social workers and themselves and enabled them to share any areas of concern or areas of positive practice quickly and easily through their identified person. Fostering workers told us that they also use this forum to evaluate the quality of service they are providing.

Foster carers are regularly supervised and these are minuted and any areas for improvement identified. The annual review system provides the social workers and young people using the service the opportunity to evaluate the quality of service they are being offered. Staff members receive an annual appraisal which also looks at their learning, development and practice and identifies any areas for improvement.

The fostering panel provided an important quality assurance measure within the adoption service. The Chair made comments at the end of each item about the quality of assessments amongst other things and these would be fed back directly to the Agency Decision Maker. Regular meetings between the Chair and the Agency Decision Maker allowed for discussion about any emerging issues within the adoption service. Regular business meetings to which all panel members were invited allowed for discussion to ensure that panel members were discharging their duties effectively and identifying developments.

### **Areas for improvement**

We found that most of the panel members were employees of Perth and Kinross Council and there were no male panel members. (See recommendation 1 made under quality Theme 4, quality Statement 4).

We found there was no formal opportunity for panel members to receive supervision and have an appraisal of the work they undertook as panel members. (See recommendation 2 made under Quality Theme 4, Quality Statement 4)

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

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. The service should make sure that there is a larger pool of panel members including more male panel members and panel members who have experience of fostering and adoption.

**National Care Standards, Foster Care and family placement services,  
Standard 13: Management and Staffing**

2. The service should ensure that panel members receive supervision and appraisal in relation to their role as panel members.

**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

No additional information noted.

### 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

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	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
11 Aug 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership 5 - Very Good
2 Oct 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
11 Sep 2008	Announced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership 3 - Adequate

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**

## **Adoption, Fostering and Childcare Agencies**

**Perth & Kinross Council - Fostering Services**

**CS2004083801**

## General Information

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### General Information about the Inspection

**Inspected by:** Lorna Black

**Type of Inspection:** Announced

**Inspection Completed on (date):** Thursday 6th June 2013

**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**

1

The service should ensure that all foster carers are supervised and supported by an appropriately qualified social worker. National Care Standards Foster Care and Family Placement services, Standard 5:8 Assessing and Approving Carers.

### **Action Planned:**

The appointment of staff in the last month will ensure that all foster carers have a suitably qualified supervising social worker. In future any absences will be covered by another suitably qualified worker.

### **Timescale:**

august 2013

### **Responsible Person:**

Linda Richards

**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 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**

**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**

1

The service should make sure that there is a larger pool of panel members including more male panel members and panel members who have experience of fostering and adoption. National Care Standards, Foster Care and family placement services, Standard 13: Management and Staffing

#### **Action Planned:**

There are ongoing negotiations with our neighbouring authorities in terms of recruitment of panel members. There is also a planned recruitment campaign.

#### **Timescale:**

Jan2014

#### **Responsible Person:**

Linda Richards

2

The service should ensure that panel members receive supervision and appraisal in relation to their role as panel members. National Care Standards, Foster Care and family placement services, Standard 13: Management and Staffing

#### **Action Planned:**

There is an ongoing commitment in relation to offering supervision and appraisal to panel members. An action plan will be developed to ensure this commitment is met.

#### **Timescale:**

Jan2014

#### **Responsible Person:**

Linda Richards

## 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:

Linda Richards

I am: (Select an option)

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



## Care service inspection report

# Perth & Kinross Council - Adoption Service

## Adoption Service

Colonsay Resource Centre  
37-39 Colonsay Street  
Perth  
PH1 3TU  
Telephone: 01738 476839

Inspected by: Lorna Black

Pauline Cochrane

Type of inspection: Announced

Inspection completed on: 6 June 2013



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### **Service provided by:**

Perth & Kinross Council

### **Service provider number:**

SP2003003370

### **Care service number:**

CS2004080884

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

Lorna Black

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

#### What the service does well

We thought the service worked very well with parents and with children who were in need of adoption.

Assessment reports were very thorough.

The matching process clearly detailed the needs of children and how these needs would be met by the adoptive family.

Staff knew about their role and worked well as a team.

#### What the service could do better

The service told us they intended to improve opportunities for adopters to contribute to service development.

We thought that there needed to be more male panel members and panel members who had experience of fostering and adoption. We also thought that panel members should have opportunities for supervision and appraisal in relation to their role as a panel member.

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

The service had made efforts to take a whole system approach to planning for children in need of adoption. This included staff training, multiagency working and reviewing key processes and staff guidance.

### **Conclusion**

We thought that Perth and Kinross council Adoption Service continued to provide a very important adoption service to children and families.

### **Who did this inspection**

Lorna Black

Pauline Cochrane

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com).

The 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 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.

Perth Council Adoption Service provides an adoption service for children and young people aged 0 - 18 years, and their families, who are assessed as in need of this service.

A small dedicated team of workers, the Adoption Team has responsibility for recruiting, assessing and supporting adoptive families as well as supporting children who have been identified as in need of an adoptive family.

During the past year the team manager had been absent from the service for a significant period. The overall manager for the adoption service supported the team during this time and individual team members took on additional responsibilities. It is our opinion that this has had a temporary impact on the service in relation to participation opportunities and some annual reporting.

At the time of the inspection, the agency had nine approved adopters, one of whom was awaiting children to be matched. Four children had been registered as in need of adoption and were awaiting placement. Six children had been matched and placed within the previous year.

The service reported one private fostering arrangement. We looked at records in relation to this and found that the local authority had taken appropriate action to assess and safeguard the young person in placement.

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](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 announced inspection. This was carried out by inspectors, Lorna Black and Pauline Cochrane. The inspection took place between Tuesday 28 May 2013 and Thursday 6 June 2013 when we gave feedback to the management team of the service.

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

We sent questionnaires to the Adoption Panel members, including the medical advisor and received 3 responses.

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

We spoke with:

- The management team for the service
- Adoption staff team which included social workers for some of the children we were tracking
- 3 adoptive parents
- Informally we spoke with 2 young children who were in the process of being adopted

- Looked After Child Review Officer

We looked at:

- Evidence the service had collated for inclusion in the self assessment
- Children's Files including Form E assessments (assessments of children's need for permanent alternative care), linking meeting minutes (these are meetings which outline what a child needs from a family and how the family will meet those needs.)
- Carer files
- Statistics gathered by the Looked After Review Team

### **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 action the service had taken in respect of recommendations made at the time of the last inspection are reported within the body of the report under Quality Theme 1, Statment 1.

### **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 was completed to a satisfactory standard and detailed areas the service thought they did well and areas they would like to develop further.

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

Adopters recognised some aspects of good practice within the service. Recently with some staff absence, adopters had told us that sometimes communication was not as good as it could be. This had meant that key pieces of work had not been carried out as quickly as they might and that information about post adoption support had maybe not been communicated as well as it might.

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

We did not speak to birth families 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: 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 thought that Perth and Kinross Council Adoption Service provided opportunities for Adopters to comment on the quality of the adoption service.

Perth and Kinross Council had developed a participation strategy which communicated the council's commitment to listening to people who use services.

Adopters confirmed that their views were sought at each stage of the process to become an adopter. For example adopters were asked about the quality of the preparation training and the adoption panel. We saw that the way preparation training had been organised had changed as a result of feedback from adopters. Adopters told us that they felt their views were valued and that staff listened to them.

Adopters told us that they saw copies of their final assessment report and had opportunities to identify any errors, provide more information and to suggest changes. The outcome of this was that Adopters felt confident that the Form F assessments considered by the panel represented an accurate assessment of their capacity to offer good quality parenting to children. The Form F, developed by the British Association for Adoption and Fostering (BAAF) is a template for completing assessments for adoptive families. Second opinion visits had been made as part of the assessment process and provided another opportunity for adopters to make comments on any aspect of the service.

We found that adopters were knowledgeable about post adoption support. One adopter told us they had been involved in developing a handbook for adoptive parents. This handbook was seen as useful for adopters in the initial stages of adoption and also advised adoptive families where they could access more specialist support.

Children of an age to do so could express their views within the Looked After Children (LAC) review system. We saw some examples where children had completed reports (although these tended to be older children and young people who were in foster care) and their views were very well recorded within the LAC minutes. We saw examples of work where staff within the service had effectively engaged with some quite young children in seeking their views about moving to adoptive families. These views had influenced the type and frequency of continuing contact with foster carers and also the pace of the move to the adoptive family. Panel members told us if children were of an age to do so, they could attend the adoption panel. Leaflets had been developed for children and their parents on attending the adoption panel.

The LAC review team collated feedback about reviews from young people and their parents. In its current form it indicated that the majority of children who were looked after and their parents found the review system helpful.

Good links had been established with Who Cares? Scotland for young people primarily in foster care.

We observed an adoption panel where children's situations were being discussed in order to consider whether they should be registered for adoption. In both these cases parents attended to discuss their views. In one case parents were seen separately to each other at their request. The panel were effective in engaging with parents within the permanence panel. Parent's views were carefully recorded and in one case, the panel recommended that further assessment needed to be carried out following the parent expressing their views.

Some parental views had also been recorded within the BAAF Form E (the assessment report recording the child's needs for permanent alternative care.)

Generally we thought that opportunities for adoptive families, children and young people and birth parents to express their views about the service were good. Previously we had graded this statement as Very Good. At this inspection we assessed that the pressures on the service had resulted in some opportunities for participation being reduced.

### **Areas for improvement**

The service told us that they had involved adopters in the self evaluation by inviting them to complete questionnaires about their experiences of working with the team. Adopters with whom we spoke did not seem to be aware of this questionnaire. The service advised that a questionnaire was distributed some time ago in March 2012. We were not aware of any other participatory events since that date.

At the time of the last inspection we wrote: "The service also asked their adopters about continuing support and what form this should take. This was instrumental in the setting up of a post adoption support group which met twice each year and had guest speakers talking about pertinent topics. This exercise also highlighted to the service that they should change their priorities from producing a newsletter to producing the website which adopters stated they would find more helpful."

At the last inspection we made a recommendation about participation and asked the service to keep adopters better informed about any planned action following questionnaires etc. The service told us in their action plan that the website would be developed to accommodate this and also individual feedback would be given to adopters who contributed to surveys. We saw some evidence of individual replies to adopters. We looked at the website and saw that this was significantly out of date. We thought that the website could provide opportunities for adopters and for people wishing to adopt in Perth and Kinross with valuable information about adoption.

Whereas individual views of children and parents were recorded primarily with the LAC review system we thought that the service could look at how these could be collated and effectively used to inform service development.

Previously adoption support groups had afforded adopters opportunities to network informally and to access training on issues they may be facing as adopters. The service discussed with us that these had not been held for some time and they now wished to re-establish these.

The service told us in their self evaluation that as part of their team plan they intended to review evaluation processes within the service.

The Adoption support group which had been set up at the previous inspection had not met within the last year.

The Adoption team planned to re establish this group.

We looked at the website and found that it was out of date.

We discussed with the service how they could further develop the information gathered by the review team to inform service development.

**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 assessed that Perth and Kinross Council met all aspects of this statement with some aspects of excellent practice.

The service told us in their self evaluation and adopters confirmed that they all received a full medical assessment prior to being approved as adoptive parents. This ensured that adopters were physically and emotionally prepared to care for children in need of adoption.

The Agency Medical Advisor provided advice on all health matters relevant to adoption for children and for adopters and was seen as a key member of the Adoption and permanence panel. Adopters told us they had met with the Agency Medical Advisor prior to being matched with children such that they could fully discuss the implications of any health issues identified for children. This ensured that Adopters felt confident about meeting children's health needs.

The matching and coordination process was for the most part handled sensitively. Each adopter had produced a book about their family which had been shared with the child by the foster carer prior to meeting with the family. Coordination plans were seen to be flexible to ensure that as far as possible children's routines could be maintained.

Perth and Kinross Council was committed to reducing timescales for children being placed for adoption. We saw that as soon as children were accommodated in foster care, there were regular reviews (in some instances six weekly) to review progress in rehabilitation, completion of reports and/or referral to the Adoption and Permanence panel. Assessment planning was structured and involved a range of different teams. In this way any drift for children could be quickly identified and steps put in place to address this.

We saw a range of Form E assessments and some of these provided an excellent level of analysis of family situations, including contact issues and the need for permanent alternative care. We assessed that matching issues were well addressed with the child's needs being highlighted and an explanation of how an adoptive family would meet these needs.

Children being adopted, were offered a comprehensive service to meet their health needs. All children had a health assessment as part of the adoption process. Adopters were encouraged to meet with the child's foster carer to discuss the child's routine and the day to day practical and emotional arrangements for looking after children.



Workers identified the importance of life story work, later life letters and post adoption support. Examples of life story work had been included as evidence for the inspection. We assessed that these were of a very good quality. Adopters confirmed that these would provide a very useful way for children to begin to explore their birth families.

Staff told us of some work they had carried out with birth parents to help them process and understand the need for adoption. Chronologies and timelines had been used to good effect to help parents see why there was a need for permanent alternative care.

### **Areas for improvement**

The staff told us that there was a plan for a permanence team member to attend field work team meetings to discuss permanence and adoption planning.

The team would also like to develop their work with birth families. Specifically the team would like birth parents to have their own worker - not just an advocate - as someone who could support them to process the need for adoption and permanence and engage them in discussion about moving forward.

In the self assessment the service also told us they would like to further develop expertise within the team in offering therapeutic interventions. They would also intend to continue to respond to the needs of adopters awaiting placement (e.g. development/training)

The Adoption team have been working with less than a full complement of staff for some time. The team manager had also been absent. We noted that the service often used sessional staff to complete Form F assessments. Whilst the quality of the assessment undertaken by staff was not brought into question, the inspector assessed that it was possible for prospective adopters to feel a bit "disconnected" from the permanence team.

One adopter told us that communication was sometimes not as good as it could be within the service particularly where supervising social workers were absent from post.

The service should continue to build on the very good practice evident in this area.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Quality Theme 3: Quality of Staffing**

Grade awarded for this theme: 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**

Information recorded under Quality Theme 1, Statement 1 has also been taken into account here.

Adopters were asked directly about the quality of support they received from their link worker at the time of the second opinion visit carried out by the team manager. The service told us that Adopters had taken part in the recruitment and preparation for adopters.

#### **Areas for improvement**

We discussed with the service how adopters might be more involved in assessing and improving the quality of staffing.

**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

Although the staff group was small, we found them to be an experienced, skilled and motivated group. It is to their credit that the longer term absence of the team manager was used to positive advantage, with the team becoming even more effective at supporting each other and bringing in external people who could support key pieces of work. We thought that adopters and children in need of adopters were very well supported by the adoption team.

We found that staff members within the Agency were professional. Staff members were registered with the Scottish Social Services Council (SSSC) which regulates staff in social care settings. Staff knew about the SSSC codes of practice and these codes underpinned their work. The service told us in the self assessment that the SSSC codes were aligned with codes of practice developed by Perth and Kinross council therefore there was a consistency of expectation on staff.

We found that arrangements for staff supervision had been re-established now that the team manager had returned. Staff found supervision to be a challenging and reflective process and as such improved their practice. All staff had had a recent employee development review. This afforded staff and managers the opportunity to reflect on practice and decide plans for on-going professional development.

Staff members were knowledgeable about their work. Staff described a range of opportunities to develop their practice. This included attending practice development forums in such areas as life story work and adult attachment. Staff also welcomed the opportunity to attend skills development sessions through the North East Consortium.

Staff described good access to training which was appropriate to their role from internal and external sources.

Regular team development time was set aside to improve the service and it was during one of these regular sessions that the team plan had been produced.

Staff confirmed very good working links with a range of partner agencies including BAAF, Adoption UK and the North East Consortium. Staff saw this as opportunity to discuss issues and share practice.

The service told us in their self assessment that all staff leaving the service were offered an exit interview.

All the adopters we spoke with praised the quality of staff within the service.

**Areas for improvement**

The service should continue to develop the very good practice in this area.

**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**

Information recorded under Quality Theme 1, Statement 1 and Quality Theme 3, Statement 1 has also been taken into account here.

The adopters we spoke with as part of the inspection told us that they thought the service was open to adopters being involved in a range of activities. All adopters told us they were asked for their views at all stages of the process of adoption. Some adopters confirmed they had been asked to contribute to training of prospective adopters. One adopter told us they had been involved in developing an adoption handbook for adopters.

All adopters knew who the manager of the service was and were aware of how to make a complaint.

#### **Areas for improvement**

The service told us in their self assessment that they would like to seek the views of adoptees as to the quality of the service provided.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 4**

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

### **Service strengths**

The Agency had systems in place to make sure that the quality of the work they did was consistent and any necessary improvements identified. Adopters and children benefitted from an organisation that had systems in place to make sure they received a quality service.

Guidelines and procedures in relation to adoption had recently been reviewed. These supported consistent practice by staff across the service were in place

Management was visible within the service and responsive to any emerging issues.

The adoption team had produced a team plan which detailed some of the improvements they would like to take forward. These included areas reported within previous sections of this report. The team plan aligned with the overall service plan. Staff involvement in producing the team plan meant that they were fully aware of the priorities for the service.

The Adoption panel provided an important quality assurance measure within the adoption service. The Chair made comments at the end of each item about the quality of assessments amongst other things and these would be fed back directly to the Agency Decision Maker. Regular meetings between the Chair and the Agency Decision Maker allowed for discussion about any emerging issues within the adoption service. Regular business meetings to which all panel members were invited allowed for discussion to ensure that panel members were discharging their duties effectively and identifying developments.

The service had a complaints policy in place which included the Care Inspectorate contact details. We looked at the complaints log and found ?

### **Areas for improvement**

The service had not produced an annual plan this year due to pressures on the team.

The team plan was not routinely distributed more widely than the team and managers of the service. We were therefore unclear how the service priorities were communicated more widely with adopters and stakeholders.

We found that most of the panel members were employees of Perth and Kinross Council and there were no male panel members. (See recommendation 1 made under Quality Theme 4, Statement 4).

We found there was no formal opportunity for panel members to receive supervision and have an appraisal of the work they undertook as panel members. (See recommendation 2 made under Quality Theme 4, Statement 4)

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

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1.  
The service should make sure that there is a larger pool of panel members including more male panel members and panel members who have experience of fostering and adoption.  
**National Care Standards, Foster Care and family placement services, Standard 24: The Adoption Panel - How it works**
2. The service should ensure that panel members receive supervision and appraisal in relation to their role as panel members.  
**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

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

## 6 Inspection and grading history

Date	Type	Gradings
11 Aug 2010	Announced	Care and support 5 - Very Good Staffing Not Assessed Management and Leadership 5 - Very Good
2 Oct 2009	Announced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
11 Sep 2008	Announced	Care and support 5 - Very Good Staffing 4 - Good Management and Leadership 3 - Adequate

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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Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

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### Translations and alternative formats

This inspection report is available in other languages and formats on request.

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

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# eForms Document

**SCSWIS Action Plan**

## **Adoption, Fostering and Childcare Agencies**

**Perth & Kinross Council - Adoption Service**

**CS2004080884**

## General Information

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### General Information about the Inspection

**Inspected by:** Lorna Black

**Type of Inspection:** Announced

**Inspection Completed on (date):** Thursday 6th June 2013

**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**

**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**



**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**

1

The service should make sure that there is a larger pool of panel members including more male panel members and panel members who have experience of fostering and adoption. National Care Standards, Foster Care and family placement services, Standard 24: The Adoption Panel - How it works

#### **Action Planned:**

The service is currently working with neighboring authorities in a bid to recruit more panel members. There is also a planned recruitment campaign.

#### **Timescale:**

Jan 2014

#### **Responsible Person:**

Linda Richards

2

The service should ensure that panel members receive supervision and appraisal in relation to their role as panel members. National Care Standards, Adoption Agencies, Standard 32: Providing a Good Quality Service

#### **Action Planned:**

The service is in process of developing a supervision policy for panel members. This will allow for panel members to receive appraisal and supervision.

#### **Timescale:**

Jan 2014

#### **Responsible Person:**

Linda Richards

## 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:

Linda Richards

I am: (Select an option)

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



## Care service inspection report

# Perth & Kinross Council - Young People's Housing Support Service

## Housing Support Service

Wellbank House  
41 Dundee Road  
Perth  
PH2 7AQ  
Telephone: 01738 580850

Inspected by: Linda Paterson

Type of inspection: Unannounced

Inspection completed on: 17 May 2013



HAPPY TO TRANSLATE

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### **Service provided by:**

Perth & Kinross Council

### **Service provider number:**

SP2003003370

### **Care service number:**

CS2004074771

### **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 Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service is really good at seeking the views of young people and using their ideas and opinions to help to develop the service.

The manager provides strong leadership for a professional, enthusiastic and highly motivated staff team.

The young people who use the service were very positive about the quality of support they receive from staff.

### What the service could do better

The service should review its approach to supporting service users with their medication and ensure that it does so in line with the aims and objectives of a Housing Support Service.

It should also consider how it might make more use of outcome information to evaluate its practice.

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

The service has developed and implemented a service improvement plan which incorporates feedback from young people, carers, staff and other stakeholders. The plan covers all aspects of service delivery. The progress report indicates that the service is making steady progress towards the development of the service.

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### Conclusion

This service provides a high level of support to vulnerable young people, helping them to develop the skills they need to manage their own tenancy.

The service is committed to the ongoing improvement of the service to make sure that it continues to develop in line with the needs of young people.

When planning for improvement, the service should make sure that this happens in line with its registration as a Housing Support Service.

### Who did this inspection

Linda Paterson

**Lay assessor:** Not applicable.

# 1 About the service we inspected

Perth and Kinross Council young people's housing support service is based at Wellbank House.

The service provides a short term period of proactive residential work supporting a move to independence for homeless young people between the ages of 16 and 24. The service can accommodate 10 young people. Staff also provide support to young people in satellite flats based in the community.

The service aims:

- To provide minimum 6 to 12 months accommodation in a safe environment.
- To encourage and support residents to have the practical skills for independent living.
- To support and guide residents in all areas of personal development: in assessing options: in making choices and in reaching decisions concerning their future housing needs.
- To work with young people and families on relationships and where appropriate to explore re integration into the family home.
- To encourage residents to secure or maintain employment and/or relevant education/training during their stay in Wellbank.
- Offer individualised advice and support through a key worker system.
- Liaise with other agencies in promoting greater awareness of issues concerning homeless young people and to campaign for improved resources.

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



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[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 made an unannounced visit to this service on 30 April 2013.

We made two further planned visits to gather evidence for the inspection on 1 and 14 May.

We met with the manager of the service on 17 May to discuss our findings.

During the inspection, we gathered information for a range of sources including:

- \* The self assessment form and pre-inspection questionnaires completed by service users;
- \* Discussion with five young people and two relatives;
- \* Discussion with the manager of the service, senior practitioner and four members of staff;
- \* We sampled a range of documents including:
  - \* policies and procedures including medication, prevention and detection of abuse, complaints, smoking;
  - \* minutes of staff team meeting minutes;
  - \* minutes of meetings with service users;
  - \* sample of young people's support plans including reviews;
  - \* information book for young people;
  - \* evaluation questionnaires from service users, carers and stakeholder;
  - \* staff training records;
  - \* staff supervision records;
  - \* records of staff development and review (ERD)
  - \* evaluation of team awayday;
  - \* service improvement plan;
  - \* information about "40 assets" approach;
  - \* information about group activities;
  - \* information about "Big Breakfast" initiative.

### 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 service submitted a completed self assessment in time for the inspection.

We were satisfied with the information they gave us about the strengths and identified areas for improvement under each quality statement.

We were also satisfied that service users were meaningfully involved in the self assessment process.

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

We spoke to five of the young people who were currently staying at Wellbank. They were really positive about their experience of using the service, and were especially appreciative of the support they received from staff.

Some of the things they told us were:

"The support from the staff is very good - it is the best thing about being here. I feel very safe, and the rules are sensible. I am always involved in discussions about my care plan."

"This is the best place of its kind in Perth, maybe in the country. I am more confident socially and financially.

I have much improved self-help skills. I have never felt safer in my life. I like the place a lot, and the staff, though certain staff members not so much. The main strength of Wellbank is the support and guidance you get from staff. There should be more places like this."

"The facilities are really good - the outdoor stuff is really good. They help to encourage healthy eating and exercise.

The staff are approachable and dead friendly. Wellbank as a whole is great."

"It's good here, and you can have a good laugh as well. I am learning to cook - I can make omelettes now.

The staff gave you really useful information and help you with benefits and housing applications. I don't mind helping out with cleaning, it's worth it to stay here."

"You learn how to be the person you want to be. The staff have helped me to understand myself and my family. They help you to have routines, and what that teaches you. There is a good level of safety and it is good knowing there are always people around. The staff are just amazing - up there!"

In addition, we received nine completed pre-inspection questionnaires from young people.

Of these, six "agreed" and three "strongly agreed" that they were happy overall with the quality of the service they received.

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

We spoke to two members of the family of one of the young service users. They both said that they thought that Wellbank was a good service. they always felt welcome, and found that staff were friendly and approachable. One commented that the staff were consistent and helpful.

### 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 positive approach to enable the young adults who use the service to participate in assessing and improving the quality of the service.

We looked at a range of written information and talked to service users and staff, and noted the following strengths:

\* Young people were encouraged to participate in the day-to-day life of the service. We saw this on our first visit, when one of the young people showed us round and told us about the service. This helped to create a sense of belonging and ownership. There were frequent opportunities for shared activities at Wellbank, including occasional quiz nights and movie nights, and house meals during which young people and staff worked together to plan and cook food which was enjoyed by all. As well as shared activities, the service actively supported young people to follow up on interests and activities in the wider community which helped to provide them with structures, routines and contacts when they moved out of Wellbank to live on their own.

\* Young people were closely involved in the development of their support plans, from the initial assessment stage, and throughout the placement when they were involved in regular reviews to make sure that things were progressing and the plans were on track. From the outset, the service set clear expectations of young people so that they fully understood the basis of their stay at Wellbank House. They were actively involved in agreeing the structure of the placement and defining the priorities for the support plans. In discussion, all of the young people we spoke to confirmed that they had the opportunity to discuss and influence their support plans with their key worker on a regular basis.

\* Regular house meetings were held, often chaired and minuted by young people. These meetings gave opportunities for staff to share information with young people, and for young people to raise issues of interest or concern. There was a very constructive tone to these meetings, and we could see that they provided a useful forum for discussion and negotiation, for example we saw some good examples of compromise being reached around coming in times, use of parts of the premises at night, and routines for household chores.

The minutes of the meetings reflected a genuine approach to working in partnership with young people, and modelled the important skill of constructive challenge and negotiation.

\* Young people were encouraged to contribute to the wider evaluation of the service through the use of questionnaires and exit interviews. They also had access to a suggestion box, located so that suggestions could be posted anonymously and confidentially if wanted. We saw that the manager and staff used the feedback from service users to reflect on practice and to develop the service. We saw that they responded positively to suggestions from young people, for example, staff photographs and information about staff shifts was displayed on a notice board at the suggestion of young people, so that they were aware of who was on what shift when.

\* The service involved young people closely in assessing and improving the quality of staff, through direct involvement in staff recruitment, and through their input into the employee review and development (ERD) process, through which the manager sought feedback from the young people about staff members, and used the feedback as part of the individual's annual review. While feedback from young people was generally positive, it had also provided a basis for staff to reflect on and develop their approach to their work with young people.

Overall, we found that the service's approach to participation represented an open, honest culture which genuinely welcomed and valued the views and experiences of young people as an integral part of the evaluation of the quality of the service.

### **Areas for improvement**

None noted at this inspection - the service should continue to build on the very high standard of practice it has achieved in relation to this statement.

**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 had some very good systems in place for ensuring that the health and wellbeing needs of service users were met.

We noted the following strengths:

\* Young people were encouraged and supported to access health care services. They were offered the opportunity to have a health check at the beginning of their placement, which was facilitated by the service's well-established links with the central healthcare team who have dedicated staff specifically to work with young people. Staff within the service supported young people to register with a GP and dentist and accompanied them to appointments if they needed that level of support. Through links with the central healthcare team, young people could get direct access to community psychiatric services. Staff within the service had a good knowledge of local resources and had effectively supported young people to access services such as counselling where this would be of benefit.

\* The service had adopted a pro-active approach to helping young people to stop smoking. One member of staff had done training in smoking cessation, and all young people were given the opportunity to benefit from their input. One young person told us that this had helped them to reduce their smoking, although not to stop completely.

\* Staff within the service adopted a sensitive and sensible approach to promoting good sexual health. Staff had a good knowledge of local resources which offered advice about sexual health and contraception. Within Wellbank, there was a good supply of leaflets and condoms located in the laundry room, which could be accessed in private by young people. We also saw evidence in support plans that staff discussed sexual health issues sensitively and respectfully with young people, and offered advice and guidance.

\* Staff worked closely with young people to help them to develop an awareness of healthy eating. They helped young people to do meal plans which included healthier choices, and helped them to shop wisely on a budget. The service had also recently run a "Big Breakfast" initiative which was aimed at getting young people into a routine of eating a healthy breakfast at the start of the day. Staff and young people occasionally shared mealtimes, and again, making healthy choices was an important part of the process.

\* The service also encouraged and supported young people to be physically active. They provided "Live Active" cards which gave them access to a range of sports and leisure facilities throughout Perth, including access to gym and swimming facilities literally next door to Wellbank, available free of charge. The young people we spoke to very much appreciated the access to these facilities. Within the service, young people were also given opportunities to participate in a range of outdoor activities arranged and supported by the service, including cycling, canoeing, hiking and camping. Young people who were interested in cycling regularly were helped to by recycled bikes for their own use. As well as the benefits to their physical health, being involved in regular physical activity helps to contribute to mental wellbeing, and helps young people to create positive structures and routines while at Wellbank, and which they can take with them once they move on to living more independently.

\* Young people also had opportunities to participate in a range of shared activities which contributed to their mental wellbeing, including some arts and crafts activities and creative writing sessions, which also helped some young people with self-expression. Young people we spoke to had really appreciated just having fun and "a good laugh"

\* We also saw that young people had been given the opportunity to do some first aid training alongside staff, an important life skill.

Overall, we found that the service was very effective at meeting the health and wellbeing needs of needs of young people, and worked creatively with them to help them to establish good habits and routines which they could build on as they moved on to living independently.

### **Areas for improvement**

The service currently assumes responsibility for storing and prompting young people to take their medication when they are admitted to Wellbank, and gradually gives back responsibility as they progress through the achievement levels towards independence. While it is clear that some young people may need support to manage their own medication, we thought that the service should adopt a much more individualised approach to supporting young people to manage their medication independently.

We recommend that the service reviews its policy and procedure in relation to its approach to supporting young people to manage their medication, placing a greater emphasis on the individual's need for support in this area.

The revised policy should make it clear that medication is not administered by staff as this is not an appropriate activity within the definition of a Housing Support Service (see recommendation 1, QS 1.3)

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service should review its policy and approach to supporting young people to manage their medication, making sure that individuals are involved in the discussion and assessment of the degree of support they require (if any). The revised policy should be consistent with the service's registration as a Housing Support Service.  
National Care Standards for Housing Support Services - Standard 4 - Housing Support Planning.

### **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 the service's strengths in relation to this quality statement, please refer to QS 1.1

#### **Areas for improvement**

Please see 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 was a professional, well-trained and motivated workforce which operated to national Care Standards and local and national policy, and used current best practice guidance to inform and develop practice.

During the inspection, we found the following key strengths which had a positive impact on the experience of the young people who used the service:

\*All staff are qualified to at least SVQ level III, which exceeds the level which will be required for registration with the SSSC for Housing Support Workers when this becomes necessary in future years. In addition, staff have access to a range of training through Perth and Kinross Council's staff training and development programme, including access to e-learning programmes covering a range of key areas, including child protection, health and safety, confidentiality etc. As well as this, staff were motivated to identify and undertake training in specific areas with a view to enhancing their work with service users, for example one member of staff was trained as a smoking cessation counsellor, and another had done training about the "40 Assets" approach which was being developed within the service to support the development of important life strengths (assets) in young people who used the service.

\* We found that this was a well-experienced team with a wealth of previous professional and life experience which was used to benefit young people, for example, one member of staff had a background in outdoor education which had enabled him to offer a range of outdoor activities and experiences for young people, with a positive benefit on their health and wellbeing.

\* The staff worked well as a team and attended regular team meetings which, with a focus on supporting young people, helped to achieve a consistent approach to the provision of a quality service. The staff used team meetings and staff development days to review and evaluate their practice, and took on responsibility for developing and implementing an annual team improvement plan linked to organisational priorities and an evaluation of the service which drew heavily on feedback from and outcomes for service users.

\* Staff benefit from regular structured supervision sessions which focus on work with young people, identify personal and professional development issues, and identify and plan to meet training needs. There is a well established Employee Review and Development system which uses feedback from service users and peers to help staff to develop their practice. We saw evidence that identified areas for development were addressed through training or opportunities for practice development.

\* The feedback which the service had gathered from young people, as well as the feedback we reviewed from young people during the inspection, was very positive. Some of the comments we noted about staff were:

"The staff are the best thing about this place. They help to talk things through, and help you to understand...."

"The staff are amazing - up there."

"Whatever support you need they give you - really individualised care..."

"Staff listen well and do not make judgements. Sometimes I feel like they are the only ones who listen to me."

Overall, we found this to be a professional, motivated and well-trained staff team which used feedback from service users and best practice guidance to reflect on and improve the quality of the service, with a resulting positive impact on the experience of young people who used the service.

### **Areas for improvement**

None noted at this inspection - the service should continue to build on the very high standard it has achieved in relation to this quality statement.

**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**

For information about the service's strengths in relation to this quality statement, please refer to QS 1.1

### **Areas for improvement**

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**

The service had some very effective systems in place for monitoring and developing the quality of the service,

As we have noted in this report, this had resulted in the provision of a very high quality service.

We noted the following strengths in relation to this statement:

\* The service was proactive in seeking the views of service users, relatives, staff and other stakeholders to help them to evaluate and develop the service. They used a range of methods including exit questionnaires, focus groups and service development days to capture a range of views. We saw evidence that feedback was actively considered during team meetings and also used to inform the service improvement plan.

\* We looked at the Wellbank House improvement plan which evidenced a structured, organised approach to evaluating the quality of the service and planning for improvement. As well as taking into account feedback about the service as described above, the improvement plan took into account Perth and Kinross Council's children's service's plan, previous SCSWIS inspection findings, and was structured around the Care Inspectorate's quality themes. Through the annual progress report, we could see that the service was effective at identifying and meeting targets for improvement, setting SMART objectives and recording progress towards meeting these. Progress for the year 2012-2013 had included the development of the use of community facilities by young people, increased opportunities for participation for young people, and specific training in child and adult protection for staff.

The very good quality of the evaluation process and report reflected the high priority which the service gave to ongoing improvement.

\* The supervision and staff review systems were also a highly effective vehicle for monitoring and developing the quality of staff within the service. As described under QS 3.3, this had resulted in a high level of service user satisfaction with the quality of support they received from staff.



\* We saw that some of the key processes used within the service had been developed in conjunction with young people, for example the development of the "levels" system, which provided a structured approach to recording young people's progress through their support plans, had been reviewed and developed in partnership with young people. They had been closely consulted about the development of the "40 Assets" approach, and also about the "warning" system which was used when service users were not adhering to the terms of their support plans, and needed to move on from Wellbank.

\* The quality of support planning for young people was monitored through regular review meetings which were monitored by the lead practitioner and the manager of the service. Young people also had ready access to the lead practitioner and the manager if they wished to raise any concerns. There was a clear complaints procedure which was rarely used as issues tended to be resolved informally through house meetings or through individual discussions.

\* The service provided evidence of their active partnership with key agencies including housing, health and employment and training agencies, which contributed to the development of a co-ordinated approach to service delivery which was of benefit to young service users.

Overall, we found that this was a well-managed service which had a positive, structured approach to monitoring and developing the quality of the service, taking into account the views of service users, carers, staff and other agencies.

### **Areas for improvement**

We thought that the service could further consider how it can incorporate information about outcomes for service users into the evaluation of the effectiveness of the service.

**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 noted.

### Action Plan

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

## 5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of 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
1 Sep 2011	Unannounced	Care and support 5 - Very Good Staffing 5 - Very Good Management and Leadership 4 - Good
17 Dec 2008	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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# eForms Document

## SCSWIS Action Plan **Housing Support Service**

**Perth & Kinross Council - Young People's Housing Support Service**

**CS2004074771**

## General Information

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### General Information about the Inspection

Inspected by:	Linda Paterson
Type of Inspection:	Unannounced
Inspection Completed on (date):	Friday 17th May 2013

**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**

1

The service should review its policy and approach to supporting young people to manage their medication, making sure that individuals are involved in the discussion and assessment of the degree of support they require (if any). The revised policy should be consistent with the service's registration as a Housing Support Service. National Care Standards for Housing Support Services - Standard 4 - Housing Support Planning.

### **Action Planned:**

Discussion will take place with young people through the House meeting to raise issues identified through the inspection report and to seek their views in regard to the changes required. However the following proposals will be put to young people by way of informing of changes.

Wellbank will add an additional point in the assessment process under the heading Health and Wellbeing. This new point will take account of the young person's views and the expectation that they will take responsibility for storing and managing their medication unless they have requested support and guidance with this.

An additional section will be introduced into the Wellbank risk assessment which reflects the area of self medication and any risks(or not) of managing medication.

However, all young people as a part of the ongoing processes within Wellbank, will continue to be made aware of their right to change or negotiate any decision regarding their medication or the process through either their care planning or review processes. The staff group will remain available to support young people to manage this area if appropriate or requested, again this will be reviewed with a view to young people taking on responsibility.

An additional section will be entered into the Wellbank information booklet which will refer to the change to the current information which refers to Wellbank's role of managing medication on behalf of young people until they have evidenced an ability to undertake this safely and appropriately, this will now be replaced by a statement which will require them to take responsibility where this is agreed as appropriate by them and where there have been no immediate health or wellbeing risks assessed.

The update of a Wellbank induction pack for young people will also have the updated process added in respect of the new approach to medication. This will also refer to young people's access to seek medical advice and support from the Young Person's Health team or their G.P. as required.

The area of health , wellbeing (including medication) is regularly discussed as a part of the young persons care plan and risk assessment and will be updated to reflect the changes accordingly.

Individual medical sheets in each young persons file will indicate that they are managing their own medication where this is the case.

**Timescale:**

August 2013

**Responsible Person:**

Jim McCarroll / Debbie Kane

**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 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**

**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:

Jim McCarroll

I am: (Select an option)

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