

PERTH AND KINROSS COUNCIL

Executive Sub-Committee of Lifelong Learning Committee – 5 February 2014

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 inspection of Woodlea Cottage and The Cottages by the Care Inspectorate. Progress is shown against areas for improvement for scrutiny by the Executive Sub-Committee of Lifelong Learning Committee.

1. BACKGROUND

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

- 1.5 Quality themes and quality statements are informed by the [National Care Standards](#), but do not replace them. Quality themes and quality statements are simply ways of grouping the standards and judging how a service is performing against them. Each quality theme is therefore a heading for an area of performance which is inspected and graded. Grades of 1-6 will be awarded: 1 = unsatisfactory, 2 = weak, 3 = adequate, 4 = good, 5 = very good and 6 = excellent. Different standards are marked within each grade with the lower score being the one which is taken as the overall score for that theme.
- 1.6 Inspectors will consider evidence from various sources when judging a service's performance since it was last graded, such as:
- Upheld complaints – and whether identified issues have been resolved;
 - Incidents - and how your service has dealt with them;
 - Feedback from people who use the service and carers;
 - Evidence that previous action plans have been implemented; and
 - Information in your annual return.
- 1.7 The most significant changes between Care Commission and Care Inspectorate inspections are:
- The use of unannounced inspections. The Care Inspectorate will conduct unannounced inspections for all regulated services as the main inspection method unless there are practical reasons why it needs to announce a particular inspection;
 - A greater maximum period between inspections for better performing and lower risk services;
 - Changes to the letters notifying providers to complete their self assessments; and
 - A greater focus on poorly performing and riskier services.
- 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 inspection of the Woodlea Cottage in September 2013 by the Care Inspectorate. A progress update is provided for the improvement areas identified.

2.2 Woodlea Cottage

2.2.1 The Care Inspectorate undertook an inspection of Woodlea Cottage in September 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.

2.2.2 The Care Inspectorate identified the following key strengths:

- The service were committed to working in partnership with children and parents.
- Staff supported children to have good experiences and develop new skills.
- Staff paid very good attention to keeping children safe and well during their stay.
- The environment was pleasant and maintained to a very high standard.
- Staff were highly motivated, had good training opportunities and were well supported by the manager and senior practitioner.
- The service's quality assurance systems were very effective and allowed the service to make continuous improvements.

2.2.3 The inspection found the quality of care and support; quality of the environment; quality of staffing; and quality of management and leadership **very good**.

2.2.4 While the inspection report details a number of key strengths, one requirement and one recommendation were identified. In addition four areas for improvement were identified both by the team in their self-evaluation and with the inspectors. A summary of progress against the requirement, recommendation and the 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
Quality of Care and Support	
<p>Recommendation: The provider should ensure that children's records clearly state the reasons for any homely remedies and when they should be administered.</p>	<p>Completed: The service has designed individual welcome sheets for each young person. The staff member will detail on this sheet any homely remedies a parent has identified their child is currently taking during the pre-stay phone call. The member of staff receiving the young person at the beginning of their stay will use this sheet to ensure that parents have signed the medication sheet and detailed the reasons for homely remedies and when they should be taken.</p>
<p>Improvement: To involve parents and carers in the review of policies and procedures.</p>	<p>In Progress: Parents and Carers will be asked in Woodlea Newsletter (End November 2013) to put their names forward if interested in helping to review Woodlea policies and procedures.</p>
Quality of Environment	
<p>Improvement: We asked the manager to remove the ironing board from the vicinity of the sluice for more effective infection control.</p>	<p>Completed: Ironing board removed, memo sent to staff to inform them of new storage area for ironing board.</p>

Areas for Improvement	Progress/Proposed Actions
Quality of Management and Leadership	
Requirement: Ensure that reviews of personal plans take place at the necessary intervals.	Completed: Spreadsheet has been drawn up detailing six monthly review dates for each young person. (This includes Fairview pupils who only have an 8 night placement per year)
Improvement: Involve stakeholders such as social workers and other professionals more systematically in quality assurance.	In Progress: A questionnaire for stakeholders, social workers and other professionals will be developed for feedback on the service we provide at Woodlea Cottage (January 2014).
Improvement: As part of the continuous audit process, the service should record who they have consulted to arrive at their evaluation, for example, parents and carers or other stakeholders.	Completed: We now highlight the names of the people consulted during the Evaluating Woodlea Programmes process.

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 Woodlea Cottage was completed in November 2012 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 24 April 2013 (Report No. 13/118). Woodlea Cottage was first inspected in November 2010 and Figure 1 below shows the inspection and grading history since then.

Figure 1: Grading History, Woodlea Cottage



2.3 The Cottages

2.3.1 The Care Inspectorate undertook an inspection of The Cottages in October 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.

2.3.2 The Care Inspectorate identified the following key strengths:

- A safe, comfortable and homely environment in which children and young people are well-supported by a skilled and experienced staff team.
- Through careful care planning, the service provides children and young people with care which is responsive to their individual needs.
- Staff work effectively with young people, families and carers and other agencies to promote their health and wellbeing and to support their relationships with family members.
- Staff are provided with very good training opportunities to enhance the work that they do with children and families.
- The team leader and staff team continuously reflect on their practice and use feedback from children, families and other stakeholders to develop the way that they do.

2.3.3 The inspection found the quality of care and support and the quality of staffing **very good**; and evaluated the quality of the environment and the quality of management and leadership **good**.

2.3.4 While the inspection report details a number of key strengths and there were no requirements, three recommendations were identified. In addition one area for improvement was identified by the inspectors. A summary of progress against the recommendations and the area for improvement is provided in Table 1 below.

Table 1: Summary of Progress against Key Areas for Improvement

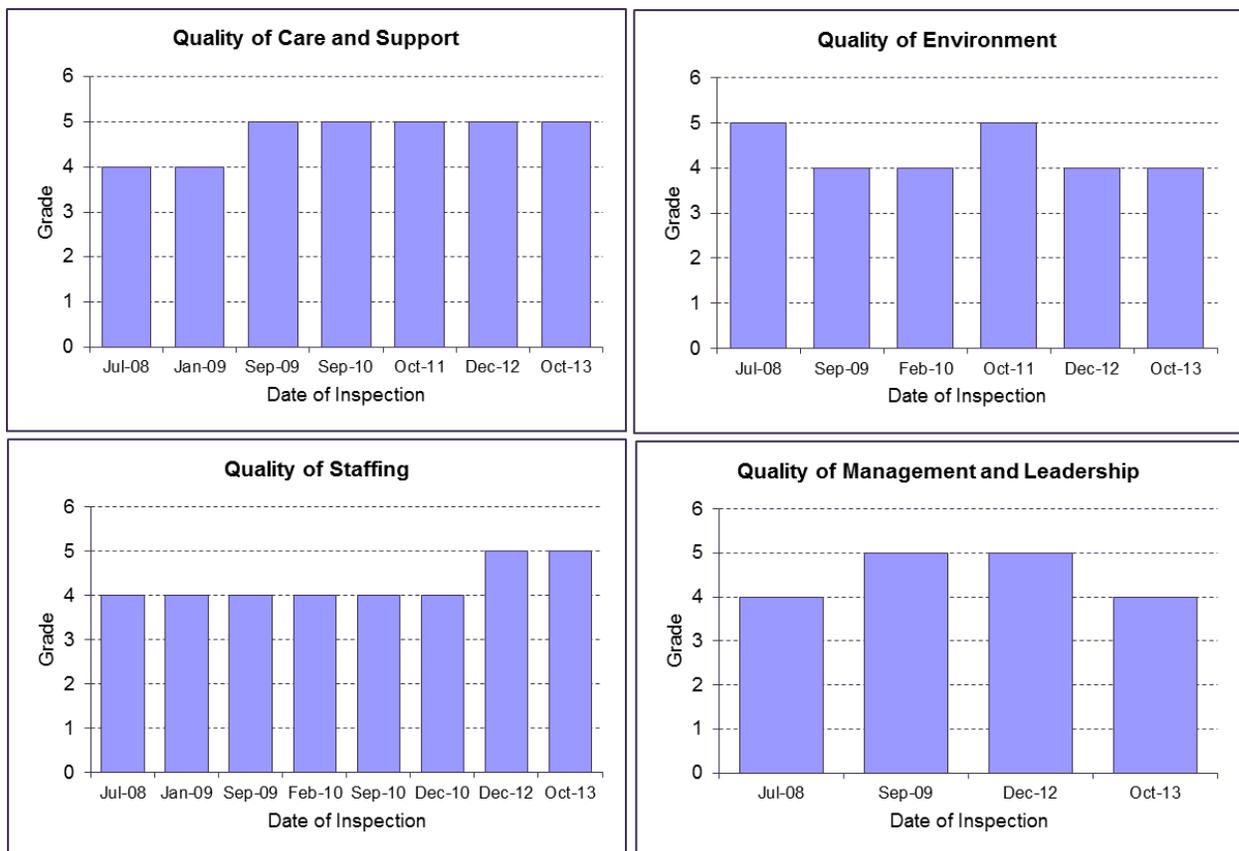
Areas for Improvement	Progress/Proposed Actions
Quality of Care and Support	
Improvement: The staff team sometimes have to provide young people with structured activities if they are out of school for some reason. While we noted that staff were quite creative in devising activities for young people in this situation, the service could perhaps consider how it might adopt a more structured approach to meeting the needs of young people when this situation arises.	In Progress: Being discussed within team meetings and looking at core rules/handbook/consultation with young people. This is included in the main team plan.
Quality of Environment	
Recommendation: The service should improve the security of the building by fitting an alarm to alert staff if young people try to leave the building during the night.	In Progress: An architect has been consulted and costings are being commissioned. This will then be taken to the Senior Management Team for approval. (February 2014)

Areas for Improvement	Progress/Proposed Actions
Quality of Management and Leadership	
Recommendation: The service should ensure that all staff have regular 1:1 supervision to support their practice.	Completed: All staff had 1:1 supervision in October. Monthly monitoring to ensure staff will have 11 sessions of 1:1 supervision per year.
Recommendation: The role of the external manager in relation to the monitoring of the quality of the service should be developed.	Completed: The external manager will attend team meetings quarterly and draw up a calendar for 2014 to visit The Cottages at times when young people are around to ensure young peoples views are being heard.

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 The Cottages was completed in December 2012 and reported to the Executive Sub-Committee of Lifelong Learning Committee on 24 April 2013 (Report No. 13/118). The Cottages was first inspected in July 2008 and Figure 1 below shows the inspection and grading history since then.

Figure 1: Grading History, The Cottages



3 CONCLUSION AND RECOMMENDATION

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.

- 3.1 It is recommended that the Executive Sub-Committee of Lifelong Learning Committee scrutinises and comments as appropriate on the contents of the report.

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Approved

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E-mail: ecsgeneralenquiries@pkc.gov.uk



Council Text Phone Number 01738 442573

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

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

1. Strategic Implications

1.1 The Perth and Kinross Community Plan 2013-2023 and Perth and Kinross Council Corporate Plan 2013/2018 set out five strategic objectives:

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

This report relates to Objective No (i) Giving every child the best start in life.

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

2. Resource Implications

Financial

2.1 Not applicable (n/a)

Workforce

2.2 Not applicable (n/a)

Asset Management (land, property, IT)

2.3 Not applicable (n/a)

3. Assessments

Equality Impact Assessment

3.1 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.

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.

However, 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

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

Sustainability

3.3 Not applicable (n/a)

Legal and Governance

3.4 Not applicable (n/a)

Risk

3.5 Not applicable (n/a)

4. Consultation

Internal

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

External

4.2 Not applicable (n/a)

5. Communication

5.1 Not applicable (n/a)

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, 24 April 2013 (Report No. 13/118)

3. APPENDICES

	<u>Woodlea Cottage</u>
Appendix 1a:	Care Service inspection report
Appendix 1b:	Action plan

	<u>The Cottages</u>
Appendix 2a:	Care Service inspection report
Appendix 2b:	Action plan



Care service inspection report

Woodlea Cottage

Care Home Service Children and Young People

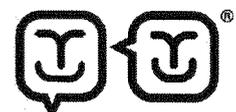
Woodlea Cottage
Muirend Road
Burghmuir
Perth
PH1 1JU
Telephone: 01738 474705

Inspected by: Lynn Ellison

Linda Paterson

Type of inspection: Unannounced

Inspection completed on: 20 September 2013



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Service provided by:

Perth & Kinross Council

Service provider number:

SP2003003370

Care service number:

CS2009236865

Contact details for the inspector who inspected this service:

Lynn Ellison

Telephone 01382 207200

Email enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

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

What the service does well

We identified these strengths in the areas inspected:

- the service were committed to working in partnership with children and parents;
- staff supported children to have good experiences and develop new skills;
- staff paid very good attention to keeping children safe and well during their stay;
- the environment was pleasant and maintained to a very high standard;
- staff were highly motivated, had good training opportunities and were well-supported by the manager and senior practitioner;
- the service's quality assurance systems were very effective and allowed the service to make continuous improvements.

What the service could do better

The service's quality assurance processes allow them to identify where they need to improve. They now need to ensure that they review personal plans more frequently to meet legal requirements.

What the service has done since the last inspection

The service had:

- reviewed their system for managing medication and made clear improvements;
- developed a risk assessment for the premises to keep children as safe as possible;
- continued to work on progressing their improvement plan.

Conclusion

This is an impressive service providing high standards of care and support to children with disabilities and their families. Leadership is very effective, provides clear direction and contributes to ongoing evaluation and improvement. Staff are motivated, caring and capable and form good relationships with children and their parents and carers. The environment is also of a very high standard.

Who did this inspection

Lynn Ellison
Linda Paterson

1 About the service we inspected

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

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 Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

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

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

The service's aims and objectives include:

- to enable all children, young people to realise their potential and become as independent as possible relevant to their aspirations and needs. In developing skills for life we will enable them to be effective contributors, responsible citizens, confident individuals and successful learners;

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

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by Lynn Ellison and Linda Paterson, Inspectors. The inspection took place on the following days in 2013:

- Thursday 19 September between 12:00 and 17:45;
- Friday 20 September between 12:45 and 16:30.

We gave feedback to the team leader (referred to as the manager in this report) and senior practitioner on 20 September 2013.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to submit. We sent ten care standards questionnaires to the manager to distribute to parents and carers and received two completed ones.

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

We spoke with:

- one parent;
- the manager and senior practitioner;
- four care staff.

We looked at:

- the service's aims and objectives;
- the improvement plan;
- the service's annual report;
- results of a survey used for obtaining parents' and carers' views of Woodlea;

- children's records;
- accident, incident and complaint records;
- staff meeting records;
- training records;
- staff supervision dates for 2013;
- a recent staff survey carried out by the provider;
- medication records;
- risk assessments for activities and the premises.

We also:

- examined parts of the premises and some equipment;
- sat in on a meeting attended by a parent and professionals involved with supporting a child using the service.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

The provider must ensure that all children using the service have a personal plan.

This is in order to comply with:

SSI 2010/210 Regulation 5(1)

Timescale for implementation: within six weeks of receipt of this report.

What the service did to meet the requirement

See Quality Theme 1, Statement 3.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that the service has a safe and effective system for managing children's medication by:

- (i) obtaining written consent from the parent or guardian;
- (ii) obtaining consent from a doctor or pharmacist before administering medication by using an alternative method from that specified in the instructions e.g. by mixing in food;
- (ii) ensuring that there is a clear audit trail for any changes in medication dosage where the label is out-of-date.

This is in order to comply with:

SSI 2010/210 Regulation 4(1)(a)

Timescale for implementation: (i) and (ii) before administering any further medication;

(iii) within one week of receipt of this report.

What the service did to meet the requirement

See Quality Theme 1, Statement 3.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that staff have access to and use disposable aprons when handling soiled laundry.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a)

Timescale for implementation: within 48 hours of receipt of this report.

What the service did to meet the requirement

See Quality Theme 2, Statement 2.

The requirement is: Met - Within Timescales

The requirement

The provider must develop a risk assessment for the premises.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a)

Timescale for implementation: within six weeks of receipt of this report.

What the service did to meet the requirement

See Quality Theme 2, Statement 2.

The requirement is: Met - Within Timescales

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 manager. She identified what it thought the service did well, some areas for development and any changes they had planned. We thought the self assessment could have been improved by the addition of more information about how the work the service did achieved positive outcomes for children.

Taking the views of people using the care service into account

Most of the children present during the inspection would not have been able to communicate their views about Woodlea. We spoke briefly to one young person who indicated he liked Woodlea but not the food. He may not have been serious as we later saw him apparently enjoying his meal!

Taking carers' views into account

We received two completed care standards questionnaires from parents and carers using Woodlea. They were both very happy with the quality of the service they and their children received. They said:

- '(My child) always seems extremely happy on arrival at Woodlea. When I have visited Woodlea staff seem to be professional and caring';
- Woodlea is an excellent resource, well managed and staffed with excellent people; A particular strength is integration with the school that our son attends - this allows the team at school and Woodlea to work together towards agreed goals'.

We also asked social workers for their views and received one very positive response. We took these comments into account in evaluating the service's performance and arriving at appropriate grades. This person felt that Woodlea had met their expectations in relation to service delivery and been flexible in meeting children's needs.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The service met all aspects of this Quality Statement and had major strengths. We found that the service routinely involved parents and carers, and children where possible, in evaluating performance, using a range of method. They responded to their views and made changes where these were appropriate and practicable. There was an open and inclusive culture that contributed to effective participation.

We considered how well the service involved children and parents in the process of assessment, planning and review of personal plans. We found they did very well here. Staff drew up plans following discussion with parents and carers about their needs. This included opportunities for them to visit the service. They took into account children's preferences, for example in relation to food, activities and personal care. Where it was not possible for children to express their views verbally, staff used their knowledge of their body language and behaviour to make judgements about how happy they felt in the setting and with the care given. This meant that children had a voice, were respected as individuals and that their views and those of their parents mattered. Staff asked parents and carers on an ongoing basis whether their and their children's experiences of staying at Woodlea had been positive and whether any adjustments were needed to ensure children's needs were catered for. We found that staff worked in partnership with parents and carers and involved them in deciding how they would support children to make progress. The service was also responsive to complaints.

Parents and carers also had opportunities to influence the wider service. For example, they completed questionnaires and make suggestions for change which the service

responded to. Drop in or open days provided opportunities for parents to meet others and exchange views.

Areas for improvement

One of the areas in the service's improvement plan was to involve parents and carers in the review of policies and procedures.

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 met all aspects of this Quality Statement and achieved a very good performance with major strengths.

We felt that the processes and systems used by the service and the work done by staff served children and young people well. They contributed to progress and positive outcomes both for them and their families.

We identified the following strengths:

- staff supervised children well without being over-protective and kept them safe in the home and when out and about. They taught them road safety within the limits of their understanding and development. They identified and documented their needs effectively so that all staff involved in their care were well-informed. The risk management approach used by the service provided a solid foundation for promoting safety, for example by keeping accidents to a minimum and learning from incidents to prevent recurrence;
- children received their medication when they needed it to maximise their health or to relieve pain and discomfort. The system for storing, recording, administration and training was safe and effective overall. This represented clear improvements since the previous inspection;
- staff provided individualised diets for children to meet their needs and preferences. Where possible they encouraged them to experience a wider range of foods to provide variety and make a contribution to a healthy diet;
- good sleep routines were an important part of children's stays at Woodlea. These are a recognised factor in achieving good physical and emotional health;
- children had plenty of fresh air and opportunities to exercise within their limitations. For example staff encouraged them to walk to improve their mobility and muscle tone. They had the right equipment to support their

- needs. A social worker who commented about the service confirmed that they had accessed additional equipment to assist with play, communication and sensory experience;
- staff gave children a good time during their stay, providing variety as well as relaxation, and used good humour and laughter. The use of sensory equipment provided children with opportunities for enjoyable and stimulating play;
 - children's records showed that staff, in consultation with parents and carers, had identified how they could support children to achieve their potential. This consisted of agreeing targets for improvement in different areas of their development. Over the period of their stays, they worked towards achieving these. We found evidence that they had succeeded in supporting children. Examples included children communicating more effectively, improving their continence, or developing skills such as sitting at the table to eat their meals;
 - children could exercise choice in relation to activities and meals and snacks. Staff respected their privacy, dignity and preferences when developing plans for intimate care and support. They also encouraged children to be as independence as possible, for example when washing and dressing. Helping children to maintain and develop these skills is an important part of preparing them for greater independence in adulthood;
 - staff encouraged children to develop social skills, for example to take turns, help others and to show patience.

Areas for improvement

Some of the targets set for children following discussion with their parents and carers did not always clearly identify desired outcomes, and tended to be task-focussed. Reviewing progress is more effective if the intended outcome is clearly stated. This is an ongoing challenge for all services.

Records did not always clearly describe what homely remedies were needed for.

See Recommendation 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that children's records clearly state the reasons for any homely remedies and when they should be administered.

**National Care Standards Care Homes for Children and Young People:
Standard 12 - Keeping Well - Medication.**

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We did not inspect this Quality Statement but have included relevant evidence on the quality of participation in Quality Theme 1, Statement 1.

Areas for improvement

See Quality Theme 1, Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

The service achieved a very good standard and demonstrated major strengths in this area.

They kept the environment safe for children by:

- implementing a risk management approach to identifying potential hazards to minimise accidents and injuries;
- maintaining the building and external environment to a very high standard. The interior was light, clean and very well furnished and decorated;
- providing suitable equipment for children with a range of physical and learning disabilities;
- using an alarm system to monitor the building but also ensuring that staff remained vigilant;
- securing doors to areas with potentially hazardous materials;

- keeping confidential information securely stored to protect privacy;
- keeping medicines safely locked away;
- ensuring staff had ready access to the appropriate protective equipment such as gloves and aprons for infection control.

Areas for improvement

We asked the manager to remove the ironing board from the vicinity of the sluice for more effective infection control.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

Areas for improvement

See Statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service met all aspects of this Quality Statement and achieved a very good standard with major strengths.

We identified the following strengths:

- staff were registered with the Scottish Social Services Council (SSSC) which meant they had to obtain (or had obtained) minimum qualifications and take part in training and development;
- regular team meetings and team development days provided opportunities for staff to reflect on their practice, share ideas, and keep up to date with new policies and best practice;
- the manager promoted a learning culture amongst the staff group. Staff had opportunities to contribute to this and to stretch themselves by 'aiming high'. We saw excellent examples of some of the work they had done to familiarise

themselves with research and best practice which they then shared with the rest of the team. There were clear expectations that staff would take responsibility for their own learning and development;

- the staff we spoke to liked their work and felt valued, capable, and confident. They thought they made a difference to the children they cared for. We think that this confidence gives a strong message to parents and carers, and to children, that progress can be made and difficulties resolved;
- staff had very good support from the manager and senior practitioner, who were strong leaders with clear expectations. Overall, planned supervision took place regularly and allowed the manager and senior practitioner to monitor staff practice and identify learning and development needs;
- there was a comprehensive training plan and good opportunities for staff to attend a range of relevant training, some of which was compulsory;
- most staff had taken on additional responsibilities for areas of work, for example medication. This helped staff to develop new skills and made use of previous experience for the benefit of the service;
- staff had regular access to consultants for specialist advice about how best to support children.

Areas for improvement

The service did not need to make any significant adjustments in this area. Effective self-evaluations allows them to work on continuous improvement.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

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

Areas for improvement

See Statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service had major strengths in this area and performed very well. There was a strong culture of effective leadership in the service, and the manager and senior practitioner were visible and accessible and provided very good role models. We thought that the strategic direction was well-thought out and had been effectively communicated to staff.

In addition to the methods used by the service to involve children and their parents and carers in quality assurance, which we have detailed in Quality Theme 1, Statement 1, we identified the following methods:

- the manager and senior practitioner had developed a comprehensive improvement and development plan that reflected key priorities for children's services, the legislative context, a clear ethical base and best practice. They regularly monitored progress and made adjustments accordingly. This plan,

along with the self assessment submitted before the inspection, demonstrated the service's ability to systematically evaluate their performance against national guidelines (including the National Care Standards) and plan for continuous improvement;

- the staff group as a whole played a key part in the evaluation process which meant that the service could benefit fully from their knowledge and expertise. Team meetings were used effectively to involve staff in discussions. They also had opportunities to comment on policies relevant to their work. With regards to management of medication for example, the manager and senior practitioner had fully involved staff throughout the process and made adjustments following suggestions. This had led to improvements;
- the service was open to learning and outside influences. For example, they were receptive to suggestions and signposting during the inspection process and worked cooperatively with regulators. They also made good use of other professionals who they used on a consultative basis for individual children;
- the service made effective use of a risk assessment and risk management approach. For example, they monitored incidents and accidents with a view to reducing the likelihood of recurrence. They had also completed a thorough assessment of the environment and as a result identified further action they needed to take to make it safer;
- a social work team manager who commented about the service said that he met with the manager regularly and that she listened to and acted on his views. In one instance, she had provided additional staff to support a child experiencing difficulties.

Areas for improvement

Some reviews of personal plans had not been taking place as frequently as they should, that is at least once in every six month period. It is acceptable if one of these reviews is held as part of the wider review of the child's plan (a 'looked after' review). If this is the case however, the service needs to ensure that all aspects of the Woodlea plan are considered.

See Requirement 1.

We felt there was scope for the service to involve stakeholders such as social workers and other professionals more systematically in quality assurance.

We suggested that as part of the continuous audit process, the service records who they have consulted to arrive at their evaluation, for example, parents and carers or other stakeholders. This provides clearer evidence of a credible and valid assessment.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that reviews of personal plans take place at the necessary intervals.

This is in order to comply with:

SSI 2011/210 Regulation 5(2)(iii)

Timescale for implementation: this process to be completed within three months of receipt of this report.

4 Other information

Complaints

No complaints have been upheld since the last inspection.

Enforcements

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

Additional Information

Not applicable

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
21 Nov 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
14 Mar 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
3 Feb 2012	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed

Inspection report continued

11 Nov 2010	Announced	Care and support	5 - Very Good
		Environment	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

Care Homes for Children and Young People, Schools

Woodlea Cottage

CS2009236865

General Information

General Information about the Inspection

Inspected by:	Lynn Ellison
Type of Inspection:	Unannounced
Inspection Completed on (date):	Friday 20th September 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 provider should ensure that children's records clearly state the reasons for any homely remedies and when they should be administered.

National Care Standards Care Homes for Children and Young People: Standard 12 - Keeping Well - Medication.

Action Planned:

The service will design individual welcome sheets for each young person. The staff member will detail on this sheet

any homely remedies a parents has identified their child is currently taking during the pre stay phone call. The member of staff receiving the young person at the beginning of their stay will use this sheet to ensure that parents have signed the medication sheet and detailed what the reasons for homely remedies and when they should be taken.

Timescale:

30 November 2013

Responsible Person:

Danya Millar

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

1

The provider must ensure that reviews of personal plans take place at the necessary intervals.

This is in order to comply with:

SSI 2011/210 Regulation 5(2)(iii)

Timescale for implementation: this process to be completed within three months of receipt of this report.

Action Planned:

Spreadsheet to be drawn up detailing the yearly school review date at which a review of the young person's (Woodlea Cottage) personal plan will take place. It will also detail the residential reviews which will be held within Woodlea Cottage to review the young person's personal plans. This will ensure that all young people attending Woodlea Cottage will have a six monthly review of their personal plan.

Timescale:

30th November 2013

Responsible Person:

Danya Millar

Recommendations

Submission Declaration

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

Name:

Danya Millar

I am: (Select an option)

The manager of the service / The owner of the service



Care service inspection report

The Cottages

Care Home Service Children and Young People

Almondbank House

Lewis Place

Perth

PH1 3BD

Telephone: 01738 626 940

Inspected by: Linda Paterson

Type of inspection: Unannounced

Inspection completed on: 1 October 2013



HAPPY TO TRANSLATE

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Service provided by:

Perth & Kinross Council

Service provider number:

SP2003003370

Care service number:

CS2003015658

Contact details for the inspector who inspected this service:

Linda Paterson

Telephone 01382 207200

Email enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

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

What the service does well

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

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

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

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

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

What the service could do better

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

To support staff practice, it should make sure that all staff have access to regular 1:1 supervision.

It should consider how the role of the external manager in monitoring the quality of the service should be developed.

What the service has done since the last inspection

The service had carried out a premises risk assessment as recommended at the last inspection.

It had continued to develop the care planning process and the way that young people were involved in this.

Conclusion

The Cottages provides children and young people with a very good level of care and support in a warm, nurturing environment.

The management team and staff are skilled and experienced, and demonstrated a high level of commitment to the provision of a very good quality care service.

Who did this inspection

Linda Paterson

1 About the service we inspected

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

The service is registered:

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

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

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

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

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 Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at 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 5 - Very Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 4 - Good

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

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

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote this report following an unannounced inspection of this service which took place on 03 September and 01 October 2013, when we completed the inspection and gave feedback to the manager of the service. The Inspector was Linda Paterson.

Before the inspection, we received a fully completed Self Assessment form and Annual Return from the service provider.

We received four completed pre-inspection Care Standards Questionnaires from young people who used the service.

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

- * Discussion with two of the young people who currently use the service;
- * Discussion with the manager of the service;
- * Discussion with the senior practitioner and two members of staff;
- * Discussion with the visiting Social Worker.

Examination of a range of documentation including:

- * Sample of care plans;
- * Daily workbook;
- * Records of accidents, incidents and complaints;
- * Medication storage and records;
- * Examples of written feedback from young people, parents and Social Workers;
- * Minutes of team meeting minutes;
- * Premises risk assessment;
- * Sample of staff files;
- * Sample of staff supervision and training records.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The service had carried out and recorded a premises risk assessment as recommended at the last inspection.

It had not yet fitted an alarm which would alert staff if a young person tried to leave the building at night.

A further recommendation has been made about this matter under Quality Theme 2, Statement 2.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

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

For future inspections, the service should provide information about how it has helped to achieve positive outcomes for young people who are placed there.

Taking the views of people using the care service into account

We spoke to three young people who were currently using the service, one of whom was attending on an overnight respite basis.

One young person was very shy and did not say very much at all. Although she said that she was happy with the service, it was difficult to ascertain how she actually felt about things.

Another young person was quite negative about her current situation, but acknowledged that it was the fact of being looked after away from home, rather than any particular issue with the placement at The Cottages which was the issue.

The young person who was in for respite was extremely positive about his experience. Here are some of the things he liked:

"It's brilliant here. It's a very good environment for children. The staff are really good and nice to you. Plus they do great cooking. Plus, when you're frightened at night they come to see if you're ok. Plus I have a warm cosy bed and there's a big cosy teddy to cuddle if you're scared. There's loads of games and books and staff play them with you. I would definitely recommend coming back - if there was a 10 star rating I would definitely give it 10."

In addition, we received four completed pre-inspection Care Standards Questionnaires, of which one young person "agreed" and three "strongly agreed" that they were happy overall with the quality of care they received. One commented that "It's an okay place to stay."

Taking carers' views into account

We did not have the opportunity to speak to parents or carers during this inspection. However, we did talk to a visiting Social Worker who had responsibility for one young person who was currently placed in the service, and who had had other young people placed at The Cottages in the recent past. The Social Worker reported good communication and collaborative working with the service. She felt that the service provided a caring, nurturing experience and that young people were well-supported by staff. She also commented on the positive relationships which staff had developed with families to the benefit of young people.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found that the service had very good arrangements in place to enable children and their parents or carers to participate in assessing and improving the quality of care and support in the service.

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

* Young people were closely involved in the development of their care plans, which meant that they knew what was happening, and were helped to understand why decisions were being made. The plans were written from the young person's perspective, which helped to maintain a focus on how they felt about the issues which were important to them. One of the young people we spoke to told us that staff had taken time to explain arrangements for family contact with them. We also looked at records of incidents which showed that staff took time and care to involve young people in debriefing following incidents of restraint, helping them to make sense of and learn from their experiences. From the care plans, we saw that staff had listened carefully to young people's views regarding their health care arrangements, helping them to feel respected, responsible and involved in decision-making.

* Staff worked effectively to establish positive links with parents and extended families, supporting contact and working in partnership with them to build and re-build relationships. Young people, parents and carers and relevant professionals were invited to attend regular review meetings including Looked After and Accommodated Children (LAAC reviews), where they were encouraged to give their views about the progress of the care plans.

* Young people were involved in the day to day life of the service, helping to make decisions about things like menus, activities and the purchase of games and play equipment. We spoke to one young person on a respite placement who talked enthusiastically about the evening which he had helped to plan, and which had taken account of his food preferences and ideas for activities. This had clearly contributed to him having a very positive view of the service (to which he then awarded a 10 star rating!)

* We also found good evidence to show that the service sought the views of young people who had used the service using post placement questionnaires, structured around the National Care Standards. Although there was a small number due to the low turnover of young people, the sample we looked at reflected a generally positive view of the service which confirmed that young people had felt welcomed, involved and supported to be healthy and active. The manager and staff team then discussed the feedback, and used it as a basis for developing the service.

* Young people had been involved in improving the young person's handbook, helping to make the information for young people just arriving in the service more user-friendly.

In summary, we found that there were plenty of opportunities for young people to be involved in improving the service they receive, from involvement in their own care plans to helping to contribute to wider service developments. By having a range of formal and informal methods of involving people, the service has created an atmosphere in which children feel that their views about any aspect of their care is welcomed and valued.

Areas for improvement

None noted at this inspection. The service should continue to build on the very good practice we found at this inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

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

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

* The service ensured that young people have appropriate access to primary and secondary health care.

On admission, young people were referred to the LAAC nurse who identified any health issues which needed to be followed up. This system supports the early identification of health issues and appropriate referral to health care services. Staff made sure that any appointments were appropriately made and recorded in the weekly care plans. They effectively supported young people to attend appointments, for example, dental appointments, which was a clear benefit to their ongoing health and development.

* There was a very good system in place for safely storing, administering and recording medication, which ensured that young people received their medication appropriately. We also found that staff effectively supported young people to manage their own medication as part of their preparation for moving on to more independent living. To support their practice in this important aspect of care, all staff had passed the SVQ medication unit, HSC 375.

* The service had established very good care routines for young people which helped to them to feel safe and nurtured within the service. Regular bed and bathtimes, well-organised morning routines and shared meals all contributed to a warm, caring atmosphere. The care plans were detailed and structured around SHANARRI indicators. We found staff paid very close attention to the small but important details which helped children to feel safe and secure, for example, by noting the days when they needed money for school outings.

* There was a very good focus on promoting the health and wellbeing of young people through the provision of a balanced diet and encouraging young people to be physically active. The service had invested heavily in training staff in food and nutrition, and during the inspection we were impressed with the way that young people enjoyed making and eating healthy meals. Involving young people in preparing and sharing food in this way provided opportunities for learning about healthy eating, and also created another place where young people could talk to staff in a relaxed way about the things which were happening in their lives.

* Staff had been supported by the service to develop a range of complementary skills which were of benefit to the health and wellbeing of young people. These included Indian head massage, which helped young people to feel relaxed, and Outdoor Education, which enabled staff to involve young people in a range of outdoor activities which contributed towards their physical and mental health and wellbeing. One member of staff had undertaken additional training in self-harm and suicide and contributed to the team's knowledge and understanding of this area of work.

* We found that staff had very good knowledge of local and national resources which enabled them to promote the health and wellbeing of young people. They made use of the NHS resource pack for residential workers, and made very good use of the internet to research particular subjects relevant to the young people's current needs. We observed very sensitive and supportive discussion around how best to support one young person with body piercings, and also how to discourage young people from smoking.

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

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

Areas for improvement

The staff team sometimes have to provide young people with structured activities if they are out of school for some reason.

While we noted that staff were quite creative in devising activities for young people in this situation, the service could perhaps consider how it might adopt a more structured approach to meeting the needs of young people when this situation arises.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

For information about the service's strengths in relation to this Quality Statement, please refer to Quality Theme 1, Statement 1.

Areas for improvement

Please refer to Quality Theme 1, Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found that the service provided a safe and secure environment for children. From the evidence we looked at during the inspection, we noted the following strengths:

* The premises were clean, smoke-free and in a good state of decoration and repair: minor repairs were carried out promptly, and staff ensured that high standards of hygiene were maintained. Following a recommendation at the last inspection, a risk assessment of the premises had been carried out and recorded.

* Both staff and young people were taken through fire drills and emergency evacuation procedures to make sure that they knew how to respond in the case of an emergency.

* Young people had access to the internet which is appropriately controlled with blocks and close supervision. Sensible policies and procedures, in line with Child

Exploitation Online Protection (CEOP) guidance, helped to promote the safety of young people whilst online.

* Staff were regularly trained and re-accredited in the use of Crisis, Aggression, Limitation and Management (CALM). They were skilled at de-escalating challenging situations and only used physical intervention as a last resort.

Minutes of team meetings and care plans showed that staff paid close attention to helping young people to develop strategies to help them to manage the challenges they faced.

Incidents of restraint were clearly and appropriately recorded, and provided the basis for discussion and review of incidents by staff team, manager and young person.

* Young people's care plans included individual assessments of risk, and detailed plans were in place to help them to manage risks without unduly restricting them. Very close supervision and support was provided for young people where the assessed level of risk was high.

Areas for improvement

At the last inspection, we made a recommendation that the service should improve the security system by fitting alarm(s) to alert staff if young people try to leave the building during the night. This had not yet been addressed, and was felt to be an important issue in terms of providing a safe and secure environment.

See Recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should improve the security of the building by fitting an alarm to alert staff if young people try to leave the building during the night.

National Care Standards for Care Homes for Children and Young People - Standard 6 - Feeling safe and secure.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

For information about the service's strengths in relation to this Quality Statement, please refer to Quality Theme 1, Statement 1.

Areas for improvement

Please refer to Quality Theme 1, Statement 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 staff team which operated in line with National Care Standards, legislation and current good practice guidance.

During the inspection, we noted the following strengths:

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

* Staff had very good access to a range of training which supported their work with young people.

Individual staff were encouraged to take the lead on developing particular areas of skill.

Examples of this were that recently, different staff had undertaken training in Bushcraft to help to develop outdoor activities for young people, and another had done cycling training which would support the development of cycling activities with young people.

* Staff worked well together as a team. Team meetings were held regularly and were well-attended. Minutes of meetings showed that staff used these opportunities to develop consistent strategies to help them to support young people. Detailed discussion at shift handover meetings were used to develop consistent approaches to supporting young people.

* The team benefited from the regular input from an educational psychologist who helped to develop strategies for supporting young people, but also acted as a mentor to support the team in their work.
The staff were also involved in the evaluation and development of the service through participation in regular team development days, and in drawing up the team development plan.

* Staff have an annual performance review through which training needs are identified. We found good evidence to show that training needs identified in this way were followed through by the organisation.

* Staff felt valued within the service, and were able to contribute ideas for improvement. One example of this was the development of a weekly workbook which had been suggested by a member of the team as a more efficient means of storing current information about young people so that it could be easily accessed.

Areas for improvement

Although staff were well supported by both the team leader and the senior practitioner, we found that formal 1:1 supervision had not taken place regularly for all staff.

We have made a recommendation about this under Quality Theme 4, Statement 4.

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

For information about the service's strengths in relation to this Quality Statement, please refer to Quality Theme 1, Statement 1.

Areas for improvement

Please refer to Quality Theme 1, Statement 1.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

We found that this service had some effective systems in place for monitoring and developing the quality of the service.

From the evidence we sampled during the inspection, we noted the following strengths:

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

* There were very good structures in place to make sure that key activities were carried out to a high standard; for example, daily, weekly and monthly task lists provided clear guidance for staff about how and when key tasks and processes should be carried out.

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

* The service had a well-established system for seeking the views of young people, parents and carers, and other stakeholders, and used these to develop the way that it provides the service. In addition, young people had ready access to the manager of the service who frequently visited the unit and spent time with young people. In discussion with young people, they had a clear idea of the manager's role within the service.

* The service was very open to feedback from all sources, and was pro-active in seeking out best practice guidance, and advice and information from other professionals to help them to develop the quality of its provision.

* We found evidence to show that staff performance issues were identified and addressed effectively in a structured manner.

Areas for improvement

As highlighted under Quality Theme 3, Statement 3, 1:1 supervision had not been taking place regularly for all staff. The service should aim to improve the frequency of supervision for all staff in line with the service's policy.

See Recommendation 1.

It was not clear from this inspection that the external manager of the service had an active role in monitoring the quality of the service. The organisation should consider how the external manager's role could be developed to take account of the relevant National Care Standard in this regard.

See Recommendation 2.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service should ensure that all staff have regular 1:1 supervision to support their practice

National Care Standards for Care Homes for Children and Young People - Standard 7 - Management and staffing arrangements.

2. The role of the external manager in relation to the monitoring of the quality of the service should be developed

**National Care Standards for Care Homes for Children and Young People -
Standard 7 - Management and staffing.**

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
17 Dec 2012	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
27 Oct 2011	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
13 Dec 2010	Unannounced	Care and support Not Assessed Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed

Inspection report continued

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

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

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eForms Document

SCSWIS Action Plan

Care Homes for Children and Young People, Schools

The Cottages

CS2003015658

General Information

General Information about the Inspection

Inspected by:	Linda Paterson
Type of Inspection:	Unannounced
Inspection Completed on (date):	Tuesday 1st October 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 the environment within the service.

Requirements

Recommendations

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

Requirements

Recommendations

1

The service should improve the security of the building by fitting an alarm to alert staff if young people try to leave the building during the night.

National Care Standards for Care Homes for Children and Young People - Standard 6 - Feeling safe and secure.

Action Planned:

Architect has been consulted and costings are being commissioned. This will then be taken to Senior Management Team for approval.

Timescale:

February 2014

Responsible Person:

Elaine Beck

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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

Requirements

Recommendations

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 ensure that all staff have regular 1:1 supervision to support their practice

National Care Standards for Care Homes for Children and Young People - Standard 7 - Management and staffing arrangements.

Action Planned:

All staff had 1:1 supervision session arranged in October.

Monthly monitoring sheet has been set up for Senior Practitioner and Team Leader and target set that staff will have opportunity to have 11 1:1 supervision sessions per year

Timescale:

Immediate

Responsible Person:

Elaine Beck & Lesley Spark

2

The role of the external manager in relation to the monitoring of the quality of the service should be developed

National Care Standards for Care Homes for Children and Young People - Standard 7 - Management and staffing.

Action Planned:

External Manager will attend CST Team Meetings quarterly.

External Manager will visit The Cottages at times when young people are around to ensure young peoples views are being heard.

External manager will draw up calander for these visits for coming year by end December

Timescale:

December 2013

Responsible Person:

Irene Miller

Submission Declaration

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

Name:

Elaine Beck

I am: (Select an option)

The manager of the service / The owner of the service