

Greenfield, Alloa, Scotland, FK10 2AD (Tel.01259-450000)

# CLACKMANNANSHIRE COUNCIL MEETING THURSDAY 12<sup>TH</sup> MARCH 2009

Time: 9.30 a.m.

Venue: Council Chamber, Greenfield, Alloa, FK10 2AD

For further information contact Chief Executive's Service, Clackmannanshire Council, Greenfield, Alloa, FK10 2AD

Phone: 01259 452106 Fax: 01259 452230 E-mail: chiefexecutiveservice@clacks.gov.uk

Website: www.clacksweb.org.uk



# **Clackmannanshire Council**

There are 32 Unitary Councils in Scotland. Clackmannanshire Council is the smallest mainland Council. Eighteen Councillors are elected to represent the views of the residents and businesses in Clackmannanshire. The Council has approved Standing Orders that detail the way the Council operates. Decisions are approved at the 6 weekly meetings of the full Council and at Committee Meetings.

The Council is responsible for approving a staffing structure for the proper discharge of its functions, approving new policies or changes in policy, community planning and corporate governance including standards of conduct. Co-option of religious representatives in respect of Education policy decisions is also a Council responsibility.

The Council has further responsibility for the approval of budgets for capital and revenue expenditure, it also has power to make, alter or cancel any scheme made under statute and to make, alter or cancel any orders, rules, regulations or bye-laws and to make compulsory purchase orders. The Council also determines the level of Council Tax and approves recommendations relating to strategic economic development.

Members of the public are welcome to attend Council and Committee meetings to see how decisions are made.

Details of all Council and Committee dates and Agenda items are published on Clacksweb - www.clacksweb.org

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#### 04 March 2009

A MEETING of the CLACKMANNANSHIRE COUNCIL will be held within the Council Chamber, Greenfield, Alloa, on THURSDAY 12<sup>th</sup> MARCH 2009 at 9.30 am.

# PETER J BROADFOOT Head of Administration and Legal Services

# BUSINESS

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17.	Notice of Motion in Terms of Standing Order 31 - Alloa Town Centre Traders and Businesses - SP Energy Network - Councillor Donald Balsillie	305

#### **EXEMPT INFORMATION**

It is considered that the undernoted report be treated as exempt from the Council's general policy of disclosure of all papers by virtue of Schedule7A, Part 1, Paragraphs 6 and 8 of the Local Government (Scotland) Act 1973. It is anticipated, (although this is not certain) that the Council will resolve to exclude the press and public during consideration of this item.

18. Remediation of Contaminated Land - report by Peter J Broadfoot, Head of Administration and Legal Services (Copy herewith)

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# **Clackmannanshire Council – Councillors and Wards**

Councill	ors	Wards			
Councillor	Eddie Carrick	1	Clackmannanshire West	LAB	
Councillor	George Matchett	1	Clackmannanshire West	LAB	
Councillor	Tina Murphy	1	Clackmannanshire West	SNP	
Councillor	Janis Paterson	1	Clackmannanshire West	SNP	
Councillor	Donald Balsillie	2	Clackmannanshire North	SNP	
Councillor	John S Biggam	2	Clackmannanshire North	SLD	
Councillor	Walter McAdam	2	Clackmannanshire North	SNP	
Councillor	Robert McGill	2	Clackmannanshire North	LAB	
Councillor	Sam Ovens	3	Clackmannanshire Central	LAB	
Provost	Derek Stewart	3	Clackmannanshire Central	LAB	
Councillor	Gary Womersley	3	Clackmannanshire Central	SNP	
Councillor	Janet Cadenhead	4	Clackmannanshire South	LAB	
Councillor	Kenneth Earle	4	Clackmannanshire South	LAB	
Councillor	Mark English	4	Clackmannanshire South	SNP	
Councillor	Craig Holden	4	Clackmannanshire South	IND	
Councillor	Alastair Campbell	5	Clackmannanshire East	CON	
Councillor	Irene Hamilton	5	Clackmannanshire East	SNP	
Councillor	Harry McLaren	5	Clackmannanshire East	LAB	

# **Religious Representatives**

Rev Mairi Lovett Church of Scotland

Father Michael Milton Roman Catholic Church

# THIS PAPER RELATES TO ITEM 3 ON THE AGENDA

MINUTE OF MEETING of the CLACKMANNANSHIRE COUNCIL held within the Council Chamber, Greenfield, Alloa, on THURSDAY 29th JANUARY 2009.

**PRESENT Provost Derek Stewart (Chair)** 

> **Councillor Donald Balsillie** Councillor John Biggam **Councillor Janet Cadenhead Councillor Alastair Campbell Councillor Eddie Carrick Councillor Kenneth Earle** Councillor Mark English **Councillor Irene Hamilton**

**Councillor George Matchett OPM Councillor Walter McAdam MBE** 

**Councillor Bobby McGill Councillor Harry McLaren Councillor Tina Murphy** 

**Councillor Reverend Sam Ovens** 

**Councillor Janis Paterson Councillor Gary Womersley** 

IN ATTENDANCE **Dave Jones, Chief Executive** 

**Angela Leitch (Chief Executive designate)** 

Jeni Graham, Director of Corporate

**Development Services** 

Stephen Bell, Head of Development Services Peter J Broadfoot, Head of Administration and Legal Services (Clerk to the Council)

Barry Dickson, Head of Business

**Improvement and Technology Services** John Gillespie, Head of Housing, Benefit and Advice Services (From Item 9)

Muir Wilson, Head of Finance Derek Barr, Procurement Manager

**Kenny Hutton, Strategic Housing Services** Alastair Mackenzie, Building Standards

**Team Leader** 

Susan White, Housing Strategy and

Research Manager

The Chief Executive updated members on the progress of the Scottish Government's Budget for 2009/10 through the Scottish Parliament and advised it will be necessary to postpone the Special Meeting of the Council scheduled for the 5<sup>th</sup> February 2009.

#### CC.200 APOLOGIES

Apologies for absence were received from Councillor Craig Holden.

#### CC.201 DECLARATIONS OF INTEREST

Councillor Biggam declared a non-financial interest in agenda item 12 (Strategy for Housing Lock-up Service) as he is an owner occupier who rents a garage from the Council.

# CC.202 MINUTE OF MEETING HELD ON 18<sup>TH</sup> DECEMBER 2008

There was submitted a minute of the meeting held on Thursday 18<sup>th</sup> December 2008, a copy of which had been circulated previously to each Member.

The Head of Administration and Legal Services advised that there had been an error under the heading "Presentation of Award". The Customer Service Excellence accreditation was awarded to Development Services and the Roads and Transportation Service by the Cabinet Office of the UK Government.

CC.190 Councillor Womersley advised that "paertnership" should read "partnership".

Subject to the above amendments, the minute of the meeting held on Thursday 18<sup>th</sup> December 2008 was accepted as a correct record and signed by the Provost.

#### CC.203 KILNCRAIGS 1904 BUILDING

There was submitted a report by Dave Jones, Chief Executive, a copy of which had been circulated previously to each Member.

Councillor McAdam MBE joined the meeting during questions on this item. (9.50 am)

Councillor Cadenhead moved the recommendation as set out in the report. Seconded by Councillor Earle.

On a division, the Council agreed by 10 votes to 0 with 7 abstentions, to decommit from the European Regional Development fund agreement with respect to the Kilncraigs 1904 building and repay the grant of  $\pounds 1,139,779$ .

**Action: Dave Jones, Chief Executive** 

#### CC.204 DRAFT SINGLE OUTCOME AGREEMENT 2009-10

There was submitted a report by Elaine McPherson, Head of Strategic Policy, a copy of which had been circulated previously to each Member.

Councillor Cadenhead moved the recommendation as set out in the report. Seconded by Councillor Earle.

The Council unanimously agreed to:

- a) Note the requirements in relation to the 2009 SOA
- b) Approve the general approach of the working draft SOA for 2009 for further development
- c) Provide comment as appropriate on the working draft
- d) Agrees to have a member discussion briefing prior to the submission of the final draft to Council and to the Clackmannanshire Alliance
- e) Note that a final draft will be submitted for approval to the 12 March 2009 meeting of the Council and to a special meeting of the Clackmannanshire Alliance on 24 February 2009.

**Action: Dave Jones, Chief Executive** 

#### CC.205 AMENDMENT OF STANDING ORDERS

There was submitted a report by Peter J Broadfoot, Head of Administration and Legal Services, a copy of which had been circulated previously to each Member.

Councillor Carrick moved the recommendation as set out in the report. Seconded by Councillor Campbell.

The Council unanimously agreed that the Council's Standing orders be amended such that the words "Regulatory Committee" are replaced with the words "Planning Committee" and after the words "Regulatory Sub Committee" the words "of the Planning Committee" are added.

**Action: Dave Jones, Chief Executive** 

#### CC.206 PROCUREMENT STRATEGY

There was submitted a report by Derek Barr, Procurement Manager, a copy of which had been circulated previously to each Member.

Councillor McGill moved the recommendations as set out in the report. Seconded by Councillor Matchett.

The Council unanimously agreed to approve the Procurement Strategy and to approve the Procurement Improvement Plan on the basis that it will be monitored, reviewed and updated annually.

Action: Jeni Graham, Director of Corporate Development

## CC.207 ALVA GLEN HOTEL, STIRLING STREET, ALLOA

There was submitted a report by Alastair Mackenzie, Building Standards Team Leader, a copy of which had been circulated previously to each Member.

Councillor Balsillie circulated the undernoted amendment:

To add "2.2 These actions to be carried forward within the next nine months and an update report provided to Council at its October meeting in 2009."

Councillor Carrick moved the recommendation as set out in the report and agreed to accept Councillor Balsillie's amendment into the motion. Seconded by Councillor Balsillie.

The Council unanimously agreed that Option 2, as set out in Paragraph 3.8 of the report is the most appropriate course of action and confirmed its support for the actions set out therein. The actions are to be carried forward within the next nine months and an update report is to be provided to Council at its October meeting in 2009.

Action: Garry Dallas, Director of Development and Environmental Services

John Gillespie, Head of Housing, Kenny Hutton, Strategic Housing Services and Susan White, Housing Strategy and Research Manager joined the meeting before the next item.

#### CC.208 CLOSURE OF FAIRFIELD SCHOOL

There was submitted a report by Jim Goodall, Head of Education and Community Services, a copy of which had been circulated previously to each Member.

Councillor Matchett moved the recommendations as set out in the report. Seconded by Councillor Rev. Ovens.

Councillor Carrick was not present during the decision on this item.

#### The Council agreed:

- 1. To approve in principle the proposal by Education and Community Services to close Fairfield School, subject to the completion of the statutory consultation process;
- 2. That the formal, statutory process to close Fairfield School should be carried out immediately;
- 3. That in accordance with our statutory duty, all stakeholders will be notified of this proposal; and
- 4. That the outcome of the consultation process will be reported to Council in March 2009.

#### **Action: Dave Jones, Chief Executive**

# CC.209 BUSINESS PLAN FOR CLACKMANNANSHIRE COUNCIL HOUSING 2008/13

There was submitted a report by John Gillespie, Head of Housing, a copy of which had been circulated previously to each Member.

Councillor Rev. Ovens moved the recommendations as set out in the report. Seconded by Councillor Matchett.

#### Amendment

To add:

"2.5 Instruct officers to identify the most cost effective way to deliver new social and special needs housing and to report these findings to the Council in six months time."

Moved by Councillor Balsillie. Seconded by Councillor Murphy.

The amendment was carried by 9 votes to 8.

The Council agreed to:

- 1. Approve the Business Plan for Clackmannanshire Council Housing 2008/13;
- 2. Instruct the Head of Housing to submit an annual statement to Council which highlights progress and reviews the main assumptions contained in the Plan;
- 3. Instructs officers to report regularly to the Scrutiny Committee on revenue and capital budgets including capital receipts and prudential borrowing as directed by the business plan; and
- 4. Instructs officers to identify the most cost effective way to deliver new social and special needs housing and to report these findings to the Council in six months time.

**Action: Dave Jones, Chief Executive** 

#### CC.210 STRATEGIC HOUSING INVESTMENT PLAN

There was submitted a report Kenny Hutton, Strategic Housing Services, a copy of which had been circulated previously to each Member.

Councillor Rev. Ovens moved the recommendations as set out in the report. Seconded by Councillor Earle.

#### Amendment

To add:

"2.4 To agree that "special needs" accommodation is included in any future planning guidance or policy for housing development alongside affordable housing considerations."

Moved by Councillor Balsillie. Seconded by Councillor Murphy.

The vote on the amendment was 8 votes for and 8 votes against with 1 abstention, the amendment was defeated on the casting vote of the Provost.

The Council agreed to:

- 1. The broad principles developed within the Strategic Housing Investment Plan and the priorities which it promotes;
- 2. The onward process of consultation and development required to deliver upon these priorities.
- 3. The broad programme of projects which seek to deliver these priorities in the Draft SHIP 2009 2014

**Action: Dave Jones, Chief Executive** 

#### CC.211 STRATEGY FOR HOUSING LOCK-UP SERVICE

There was submitted a report by Susan White, Housing Strategy and Research Manager, a copy of which had been circulated previously to each Member.

Councillor Biggam declared a non-financial interest in this item as he is an owner occupier who rents a garage from the Council. Councillor Biggam withdrew from the Chamber and did not participate in discussion or voting.

Councillor Rev. Ovens moved the recommendation as set out in the report. Seconded by Councillor Earle.

#### Amendment

To remove Paragraphs 2.1 and 2.2 and add:

- "2.1 To require officers to prepare a report to Council detailing recommendations for future action which includes -
  - 1. Feedback from tenants and residents
  - 2. Options to retain garage unit within Housing Services (Business Case)
  - 3. Options to transfer assets and staff to Property Services (Business Case)
  - 4. Options contained in paragraph 5.3 as set out in the report
  - 5. Self financing options"

Moved by Councillor Balsillie. Seconded by Councillor Womersley.

The amendment was defeated by 9 votes to 7.

On a division of 9 votes to 7, the Council agreed that the lock-up and garage service should be decoupled from the Housing Revenue Account and instructed officers to prepare a Business Plan which will be self financing. Officers are required to prepare a further report to Council, at a later date, detailing final recommendations for future action.

**Action: Dave Jones, Chief Executive** 

#### CC.212 MOTION TO COUNCIL

There was submitted a notice of motion by Councillor John Biggam, a copy of which had been circulated previously to each Member.

"Under the Local Governance (Scotland) Act 2004 (Remuneration) amendment Regulations 2008, the Scottish Parliament has increased councillors' salaries by 2.5% backdated to 1st April 2008 with a further 2.5% from 1st April 2009.

The United Kingdom, and indeed the world, are undergoing a severe economic downturn at the moment. Many people are losing their jobs and many more are suffering cuts in income.

If councillors accept these increases without comment, this will diminish even further the low esteem with which constituents regard their politicians at a time when we need to encourage more involvement.

It is recommended that this Council regrets the increase in councillors' remuneration which it is required to pass on to council tax payers and writes to the Scottish Government requesting a moratorium on all further increases in remuneration for councillors during the current economic climate.

It is also recommended that all councillors should give an amount equal to the gross increase in their remuneration to be split amongst the community events held in their wards to help bring some cheer to their constituents in these dark days."

Moved by Councillor Biggam.

There was no seconder for this motion and therefore the motion fell.

#### **EXEMPT INFORMATION**

The Council resolved in terms of Section 50(A) of the Local Government (Scotland) Act, 1973, that the press and public be excluded from the meeting during consideration of the following items of business on the grounds that it involved the likely disclosure of exempt information as detailed in Schedule 7A, Part 1, Paragraphs 6, 9 and 13.

# CC.213 CONFIRM MINUTE OF MEETING HELD ON 18<sup>TH</sup> DECEMBER 2008 - EXEMPT ITEM REFERENCE NO. CC.199 - REMEDIATION OF LAND AT FORMER GASWORKS

There was submitted a minute of the meeting held on Thursday 18<sup>th</sup> December 2008, relating to exempt item reference no. CC.199 - remediation of land at former gasworks, a copy of which had been circulated previously to each Member.

The minute of the meeting held on Thursday 18<sup>th</sup> December 2008, relating to exempt item reference no. CC.199 - remediation of land at former gasworks, was accepted as a correct record and signed by the Provost

# THIS PAPER RELATES TO ITEM 4 ON THE AGENDA

#### **CLACKMANNANSHIRE COUNCIL**

#### Report to Council of 12 March 2009

Subject: Care Commission Inspection of Woodside Residential Unit for Children undertaken on 5th December 2008.

Prepared by: Deirdre Cilliers, Head of Social Services.

# 1.0 Purpose

- 1.1. This announced inspection focussed on four areas:
  - Quality of Care and Support,
  - Quality of Environment,
  - Quality of Staffing,
  - Quality of Management and Leadership. all of which received a grading of excellent.

A full copy of the report is attached as appendix 1. The Inspector awarded a grading of 6 for all aspects as outlined above. This is the highest award that the Care Commission bestow and it signifies excellence in all aspects under inspection.

#### 2.0 Recommendations

2.1. It is recommended that the Council acknowledge the excellent practice of the Woodside Children's Unit and all the staff and children without whose efforts this excellent inspection report and outcomes would not have been achieved.

#### 3.0 Considerations

- 3.1. Examples of practice highlighted in the report were that "the service excelled at providing an individualised approach to the support of each young person". Staff "enthusiasm" was also noted in relation to supporting young people to integrate and achieve within mainstream community activities such as Army Cadets, rugby, swimming etc.
- 3.2. Environmental issues were regularly discussed at the young people's own meetings and their participation in creating a vegetable garden and maintaining this over the last two years was highlighted.
- 3.3. It was noted that there had been no restraints, serious incidents or absconding for over a year, nor had there been damage or vandalism to the building.

- 3.4. The importance of the emotional environment was noted as "repeatedly experienced as good throughout the inspection".
- 3.5. The involvement of young people in the recruitment and interviewing of staff was another strength. Young people were also able to challenge issues and this was evident through the minutes of the young peoples' meetings. "Valid issues were taken seriously and responded to" This was evident by tracking the young people's issues through the response recorded in the staff meeting minutes.
- 3.6. The "Meet the Bosses" and "Study Buddies" initiatives were highlighted as examples of excellent practice and examples of the individual leadership of the Unit Manager. The Inspector also noted these initiatives as indicative of a "Management culture" where this sort of leadership and initiative was supported".
- 3.7. The management of the retiral of a member of one staff and the "vitally important role" of the housekeeper being recognised by the manager were noted.
- 3.8. The Inspector further noted "The service therefore appeared to be equally adept at considering the individual needs and talents of staff as they do the needs of the young people and in marrying these two aspects in the pursuit of it's aims and objectives",
- 3.9. The report also noted personal visits to meet the young people by Senior Managers and a Councillor in the past year.
- 3.10. Within all four areas of the inspection it was noted that there were plans already in place to continue to develop the service and maintain the highest standards of care for Clackmannanshire's young people.

# 4.0 Sustainability Implications

4.1. None.

## 5.0 Resource Implications

- 5.1. Financial Details: No additional finance is associated with this report.
- 5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate.  $\Box$
- 5.3. Staffing: no additional staffing implications are associated with this report.

#### 6.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) **Our Priorities 2008 - 2011**(Please tick ☑)

The area has a positive image and attracts people and businesses			
Our communities are more cohesive and inclusive X			
People are better skilled, trained and ready for learning and employment X			
Our communities are safer X			
Vulnerable people and families are supported X			
Substance misuse and its effects are reduced			
Health is improving and health inequalities are reducing X			
The environment is protected and enhanced for all			
The Council is effective, efficient and recognised for excellence X			
(2) Council Policies (Please detail)			
7.0 Equalities Impact			
Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?			
Yes ☑ No □			
8.0 Legality			
8.1 In adopting the recommendations contained in this report, the Council is acting within its legal powers   Yes   ✓			
APPROVAL/SIGNATURE DATE			
Head of Service: 26.02.09			
<b>Director</b> : 26.02.09			
*Delete as appropriate			



# **REPORT TO COUNCIL**

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author:		Deirdre Cilliers, Head of Social Services			
Service:		Social Services			
Report title:		Care Commission Inspection of Woodside Residential Unit for Children undertaken on 5th December 2008.			
Date of mo	eeting:	12 March 2009			
It is recon	mended t	that the attached report be:			
1. Give	en unrestr	ricted circulation			
	en in priva otland) Ac	ate by virtue of paragraph of schedule 7A of the Local Government t 1973			
List any a	ppendices	s attached to this report (if there are no appendices, please state 'none')			
1. Care	e Commiss	sion Inspection Report of Woodside Residential Unit for Children			
2.					
3.					
4.					
List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none'					
1. Non	e.				
2.					
3.					
<b>4.</b> Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered					

# **Woodside Childrens Unit**

Service name

Woodside Childrens Unit

Service address

18-20 Woodside Terrace Clackmannan FK10 4HU

Type of care service

Care Home Service

Provider name

Clackmannanshire Council

Service number

CS2003011578

**Date Inspection Completed** 

05 December 2008

Type of inspection

Announced

Period since last inspection

Last inspection completed on 15 September 2008 (Telephone: 01786 406363)

**Care Commission Office** 

Springfield House, Laurelhill Business Park,

Stirling FK7 9JQ

#### Introduction

This service was managed by Clackmannan Council, and provided domestic scale and individualised support to five young people between the ages of twelve and sixteen in two attached terrace houses in a small town in Clackmannanshire.

The aims included providing an environment which promoted feelings of safety and which respected and valued all who lived and worked at Woodside. Clearly planned care was aimed for, to allow work towards identified outcomes and the achievement of the young people's aspirations.

The service was registered on 1st April 2002.

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

Quality of Care and Support - 6 - Excellent

Quality of Environment - 6 - Excellent

Quality of Staffing - 6 - Excellent

Quality of Management and Leadership - 6 - Excellent

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

#### **Basis of Report**

#### Before the Inspection

#### The Annual Return

The service submitted a completed Annual Return and a self-assessment form as requested by the Care Commission

#### Views of service users

All five of the young people returned a Care Commission Questionnaire prior to the inspection. Discussions were held with four of the young people on two visits to the service, on 5 and 8 December 2008.

#### **Regulation Support Assessment**

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission

Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This service may receive a number of inspections over the year 08/09. This inspection considered requirements and recommendations made at the last inspection, completed on 15 September 2008.

#### **During the inspection process**

A handover meeting was attended by the Care Commission Officer on 5 December 2008, and documentation was inspected that day: lunch was taken with young people and staff, and there were discussions with four care staff and with three of the young people. On 8 December the service was visited when recruitment interviews were taking place involving the young people, and discussion were held with three of the young people regarding their participation in the process.

#### Staff at inspection

Discussions were held with six staff in all, including the manager and the newly appointed senior carer.

# **Evidence**

Documentation inspected included:
Minutes of young people's meetings, and staff meetings
Care files, life stories and care plans
Questionnaires for carers
Comments and complaints
Displays of academic and sporting achievements
Safe Care records
Supervision records
Training records
Annual development plan

# Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

http://www.carecommission.com/

Consultations with young people

Statements looked at were as follows:

- 1.1 We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.
- 1.5 We respond to service user's care and support needs using person centred values
- 2.1 We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.
- 2.3 The environment allows service users to have as positive a quality of life as possible.
- 3.1 We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.
- 3.2 We are confident that our staff have been recruited, and inducted in a safe and robust manner to protect service users and staff.
- 4.1 We ensure that service users and carers participate in assessing and improving the quality of management and leadership of the service.
- 4.3 To encourage good quality care, we promote leadership values throughout our workforce.

# Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

#### Action taken on requirements in last Inspection Report

The service had acted upon the three recommendations in the previous inspection report.

#### Comment on Self-Assessment

This was comprehensive, illustrating both the achievements and planned development of the service.

#### Views of Service Users

Young people were positive about the support they received. They appreciated the family nature of the service, allowing siblings to be together. They spoke positively about support for their activities in the community and support for school work. Grading of the service was discussed with the young people: one stated they would grade it between excellent and very good.

One situation of bullying was mentioned, and this was discussed with the manager. It was clear that this was being dealt with appropriately.

## **Views of Carers**

It was not possible to meet with any of the carers as part of this inspection. However, there had been telephone contact during the previous inspection and it was clear that support to parents and carers where necessary was seen as essential to the support for the young people and important in the overall work of the unit.

**Quality Assessment Framework Themes and Statements** 

Theme - Quality of Care and Support

Overall CCO Theme Grade - 6 - Excellent

**Quality Statement 1.1** 

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

## Strengths:

Young people had a range of inputs into the quality of care and support, through the weekly young peoples meetings which were chaired and minuted by themselves. Through this meeting they were able to raise any support issues and have these considered by the full team meeting. Young people could individually comment in writing in advance on reports about their progress to be considered at the weekly team meeting.

Each young person wrote a summary of their day each day, which was commented upon by the care staff in writing and then used during the staff handover meeting. This ensured that the young persons perspective of their progress and support needs was expressed and recorded in their case file.

The service excelled at providing an individualised approach to the support of each young person, where the support offered was increasingly based on the needs and (where feasible) the wishes and choices of each young person. This was reflected in the wide range of community events participated in , such as Army Cadets, sporting events and hobbies. Certificates of sporting and academic achievements were displayed in the dining and conservatory areas. Young people were keen to point out these recognitions of their achievements. There were also regular recorded meetings between each young person and the housekeeper to ensure that young peoples food choices, preferences and dietary needs were being met.

There was evidence of accessible advocacy for the young people: the names of the Childrens RIghts Officer and of the Who Cares? representative were known, and there was relevant information accessible by the young people on several aspects of advocacy, including information from the office of the Childrens Commissioner for Scotland.

For all of the above reasons, the service merited a grade of excellence in this aspect of provision.

# **Areas for Improvement:**

A recently introduced comments and suggestions box had proved successful, and it was hoped that this would be increasingly used. The parents and carers questionnaire was another avenue allowing input from carers and families into the quality of the service, and it was hoped for ongoing participation by families in this survey in future years.

CCO Grading 6 - Excellent Number of Requirements 0

Number of Requirements 0 Number of Recommendations 0

Theme - Quality of Care and Support

Overall CCO Theme Grade - 6 - Excellent

Quality Statement 1.5 We respond to service users' care and support needs using person centered values.

# Strengths:

Person centredness was evidenced in the points made in the previous sections, and through such measures as including young people in the program of fire safety training for staff (including the awarding of the same certificates from TASCOR training agency as staff received) and the full involvement of carers and families in the assessment, admission and ongoing support o the young people as much as possible.

The service had devised, through consultation, an individual handbook of initial information according to each young persons individual situation and understanding, rather than having a one-size fits all approach for an information booklet.

There was a clear enthusiasm among staff to ensure that each individual young person was making the best of their lives and opportunities available to them. This was evidenced by the wide range of individualised community events in which the young people participated, often with staff giving of their free time enable them to be supported in their participation.

Government guidance and the Council's policies had been followed to ensure that overnight stays, either with friends in the community, or by friends staying overnight in the building were facilitated without delay or the previous stigma of requiring police checks. The procedures followed showed that there were consistent and effective checks in each case.

All of these points confirmed the services excellence at responding with people-centered values, and so it was graded accordingly.

# **Areas for Improvement:**

The service intended to further develop and support young peoples links with the community and with their friends.

CCO Grading 6 - Excellent

Number of Requirements

Number of Recommendations 0

0

**Theme - Quality of Environment** 

Overall CCO Theme Grade - 6 - Excellent

**Quality Statement 2.1** 

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

# Strengths:

Young people valued the location of the building in a small town with easy access to all local community activities.

Staff supported young people to improve their environment. This was evidenced through young people confirming that they had purchased, with staff support, the lounge suite, and other furnishings for the dining area and decor throughout the building. There was encouragement to maintain a clean and tidy environment through working closely with staff on a daily basis.

The minutes of the young peoples meeting showed that environmental issues were regularly raised, and acted upon by the service. There was ongoing commitment to support young people to maintain the vegetable garden and to use the fresh garden produce in the cooking for the service.

There was regular involvement in shopping and involvement in budgetary training for the young people, as well as their regular involvement in cooking for the entire group of staff and young people.

The staff sleep in bedroom had been relocated, and the bedroom had been converted to allow one young person who had reached the age of sixteen to have an en-suite bed-sit, in recognition of the need for independence with continued support, and in line with that persons choice to stay on in the service.

As noted previously certificate of sporting and academic achievements were displayed in the dining and conservatory areas. Young people were keen to point out these recognitions of their achievements.

The young peoples meeting minutes showed that environmental issues were regularly raised, and acted upon by the service. As noted in previous inspections, there was continued commitment to support young people to maintain the vegetable garden and to use fresh produce in the cooking for the service. Young people were keen to show their work in that area.

# **Areas for Improvement:**

The service intended throughout the coming year to continue to support young peoples commitment to their environment, and to facilitate their choices and participation as much as possible.

CCO Grading 6 - Excellent

Number of Requirements 0 Number of Recommendations 0

**Theme - Quality of Environment** 

Overall CCO Theme Grade - 6 - Excellent

The environment allows service users to have **Quality Statement 2.3** as positive a quality of life as possible.

# Strengths:

As noted previously, provision of a bed-sit area and having young peoples work was on display throughout the home promoted young people's feelings of ownership of their home environment as a safe and validating place to spend their time. Work had been done to ensure that young people could have bicycles while maintaining consistency with associated training requirements for staff.

There was a commitment by the service provider to provide fast track repair of any damage or vandalism occurring to ensure that a secure and stable environment was maintained.

The safe care file showed that there had been no restraints, serious incidents or absconding over the past several years. This indicated that there was a feeling of security for the young people in their own home, and this was confirmed in observing the ambient relationships and interactions in the evening between young people themselves, and with staff. It was as close as possible to an ordinary family home environment.

The pre-inspection self assessment emphasised the importance of the emotional environment, and this was repeatedly experienced as good throughout the inspection: while negative behaviour was appropriately sanctioned, this was done in a supportive and secure relationship between all staff and young people.

#### **Areas for Improvement:**

The service intended to continue responding to young peoples individual situations throughout the year to ensure that their needs for a secure and stable environment where they could flourish were maintained.

6 - Excellent **CCO Grading** 

**Number of Requirements** 0 0

**Number of Recommendations** 

Theme - Quality of Staffing

Overall CCO Theme Grade - 6 - Excellent

**Quality Statement 3.1** 

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

#### Strengths:

There was ongoing involvement of young people in the recruitment of staff. A recruitment took place during the inspection and it was possible to speak with three of the young people about their experiences of this. They though it was an excellent idea to involve their perspective, with the support of the staff. The questions which they contributed at the interview were unique to their own support needs, and were valued by staff as valid criteria for appraising candidates for appointment.

Young people also had an input into the quality of staff through their weekly meeting, where relevant and often challenging issues about staffing matters were raised and passed to the main staff meeting for consideration and reply. One example was the consistency of application of rules. Valid issues were taken seriously and responded to.

Before discussion of their progress at team meetings, young people were shown the proposed points for discussion, and if they were in agreement they signed the document. This again showed a commitment to the inclusion and relevance of the viewpoints of the young people in the ongoing work of the staff.

The staff rota was put on display on the notice board for young people in recognition that they also saw the importance of which individual staff members would be supporting them in their day to day life.

There was thus a range of methods for young people to have input into the quality of staff and their work, and there was a recognition of the importance of staff in the life of the young people. For this reason a grade of excellent is appropriate.

# **Areas for Improvement:**

The service intended to continue to recognise and support the views and wishes of young people in as far possible in the area of quality of staff support.

CCO Grading 6 - Excellent

Number of Requirements 0 Number of Recommendations 0

**Theme - Quality of Staffing** 

Overall CCO Theme Grading - 6 - Excellent

**Quality Statement 3.2** 

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

## Strengths:

Young people, as noted previously were directly involved in staff interviews with the manager. This was done through careful preparation work, involving the consideration of proposed questions by young people for the candidates, and counselling about the presentation, reformulation and phrasing of these viewpoints in the interview context. Staff and the manager confirmed the relevance and usefulness of the contributions of the young people in this area. Young people themselves valued the invitation to be involved in this way.

The induction process was discussed with staff who had recently been recruited, and it was confirmed that this was a good introduction to the work with appropriate information and introduction to all aspects of the duties involved.

A central check had been carried out of the service providers recruitment procedures and this was found to be satisfactory and in compliance with statutory requirements in 2006.

#### **Areas for Improvement:**

The service intended to continue to ensure that staff recruitment practices of the Council continued to conform to previous and any forthcoming Government or good practice guidelines.

CCO Grading 6 - Excellent

Number of Requirements 0

Number of Recommendations 0

Theme - Quality of Management and Leadership

Overall CCO Theme Grading - 6 - Excellent

**Quality Statement 4.1** 

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

# Strengths:

There was clear input from young people to the management of the service through two Meet the Bosses events which involved young people looked after by Clackmannan Council expressing their views directly to Councillors and Social work managers. This input had been arranged by the manager of the service, and it involved young people in foster care as well as residential care. The events had been followed up by Clackmannan Council through inviting the participation of two of the young people in an ongoing working group looking at improving the outcomes for looked after young people in the areas of social support, education and in housing. Records of these meetings were read, and young people discussed their participation with the Care Commission Officer.

The views of the young people were obtained in drawing up the agenda for the annual away day training for staff. This was a regular procedure, and the service planned to develop more direct involvement of the young people in the training itself.

There was also direct week by week input through the agenda of the young persons meetings which were chaired and minuted by themselves. Issues relevant to management were regularly raised, considered at the staff meeting and resolved favourably where possible.

A questionnaire survey had been introduced since the last inspection, inviting the views of young people, their families and carers on all aspects of the service and support offered. This was projected to be carried out on a regular basis, and the outcomes of the first survey were being prepared at the time of the final date of this inspection.

During the past year there had been personal visits to meet the young people in the service by senior managers and Councillors for the service provider.

These measures were evidence of substantial ongoing commitment to involving young people and their carers in improving the quality of management of this service, and therefore a grading of excellent was appropriate.

#### **Areas for Improvement:**

The role and involvement of the external manager were currently being developed, in the context of a recent new appointment of external manager. Additionally a senior carer post had been introduced to facilitate the various management tasks.

CCO Grading	6 - Excellent
Number of Requirements	0
Number of Recommendations	0

Theme - Quality of Management and Leadership

Overall CCO Theme Grading - 6 - Excellent

Quality Statement 4.3 To encourage good quality care, we promote leadership values throughout the workforce.

#### Strengths:

The appointment of a senior carer from the existing staff group was recognition that existing care staff could have a leadership role in the ongoing work.

The manager had supported initiatives from staff in care and support, and herself had implemented innovative and creative approaches such as the extension of the study buddies program (individualised support for school homework for the young people) in the face of budgetary difficulties: and the implementation and sustaining of the Meet the Bosses program showed both individual leadership, and a management culture where this sort of leadership and initiative was supported.

A further indication of leadership values was that the housekeeper was seen as having a vitally important role in the service provided to young people. This included regular minuted meetings with each individual young person to ensure their dietary requirements continued to be met, attendance by the housekeeper at staff meetings, including daily handover meetings, on an equal footing with other staff, food purchasing training to young people, and taking a central role in providing housekeeping advice and support to the over sixteen's, to enable their appropriate move to more independent living.

In addition the housekeeper performed a valued role in maintaining and promoting the standard of cleanliness, healthy eating, safe cooking, budgeting and involving young people in all aspects of these areas of work.

An informal approach to staffs needs approaching retiral had been successful in supporting all staffs ongoing useful contributions.

The service therefore appeared to be equally adept at considering the individual needs and talents of staff as they do to the needs of the young people, and in marrying these two aspects in the pursuit of its aims and objectives. The outcomes for young people were thereby consistently supported and promoted and so a grade of excellence in this area is appropriate.

#### **Areas for Improvement:**

The service intended to continue to promote leadership values in its work, while pursuing any development issues which seemed relevant or necessary to address.

CCO Grading 6 - Excellent

Number of Requirements 0
Number of Recommendations 0

#### **Enforcement**

There has been no enforcement action against this service since the last inspection.

#### Other Information

There is no other information.

## Requirements

A requirement is a statement which sets out what is required of a care service to comply with the Act 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 Commission.

#### Recommendations

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, codes of practice and recognised good practice.

#### **Action Plan**

No action plan is necessary, for the above reasons.

This report was written by

Tony Clarke

Care Commission Officer

Date: 17/12/2008

Further information about the Regulation of Care (Scotland) Act 2001, can be found on the Care Commission web-site, under the section 'The Law'. www.carecommission.com

### THIS PAPER RELATES TO ITEM 5 ON THE AGENDA

### **CLACKMANNANSHIRE COUNCIL**

### Report to Council of 12 March 2009

**Subject: Housing Support Team - Care Commission Inspection** 

Prepared by: Wilson Lees - Homelessness, Supporting People & Advice Manager

### 1.0 PURPOSE

1.1. Clackmannanshire Council's Housing Support Service is required to be registered with the Scottish Commission for the Regulation of Care and was recently inspected by the Commission. The overall grade awarded by the Care Commission for the service is "Very Good". The inspection report is presented as appendix 1.

### 2.0 RECOMMENDATIONS

2.1. That Council note the report and congratulates staff involved.

### 3.0 CONSIDERATIONS

- 3.1. The Housing Support Team was set up in April 2007 to provide person centred support to people who are at risk of losing their tenancies or who are homeless and require support to set up and sustain a tenancy. The team works closely with a wide range of partners including Homeless, Housing, Money & Benefits Advice, Social Work and Health to ensure that the needs of service users are met.
- 3.2. Consisting of a Coordinator and three Housing Support officers the team has received 411 referrals and worked with 137 clients, including 14 who have avoided eviction as a consequence of the team's involvement.
- 3.3. As a registered Housing Support Service, the service is subject to regular inspection by the Care Commission who monitor, evaluate and report on the quality of service provided by the team. The first such inspection took place in December 2008.
- 3.4. Drawing heavily upon the experiences of service users and partner agencies the inspection focussed upon three applicable "Quality Themes" each having, as a subset, a number of "Quality Statements". The Quality Themes inspected were:
  - 1 Quality of Care and Support
  - 3 Quality of Staffing

### • 4 - Quality of Management and Leadership

- 3.5. Within each Quality Theme the inspectors randomly inspected and graded two Quality Statements.
- 3.6. Under Quality Theme 1 "Quality of Care and Support" the inspectors selected:

Quality Statement 1.1 - "We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service". The inspectors graded this as **Very Good**.

Quality Statement 1.3 - "We ensure that service users health and wellbeing needs are met". The inspectors graded this as **Excellent.** 

3.7. **Under Quality Theme 3 - "Quality of Staffing"** the inspectors selected:

Quality Statement 3.1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service". The inspectors graded this as **Very Good**.

Quality Statement 3.3. - "We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice." The inspectors graded this as **Excellent**.

3.8. Under Quality Theme 4 - "Quality of Management and Leadership" the inspectors selected:

Quality Statement 4.2 - "We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service." The inspectors graded this as **Very Good.** 

Quality Statement 4.2 - "We involve our workforce in determining the direction and future objectives of the service." The inspectors graded this as **Excellent.** 

3.9. The overall grade awarded by the Care Commission is "**Very Good**" with no requirements or recommendations.

### 4.0 Sustainability Implications

4.1. See completed checklist

### 5.0 Resource Implications

- 5.1. There are no resource implications.
- 5.2. There are no staffing implications.

6.0	Declarations		
	The recommendations contained within this re Corporate Priorities and Council Policies.	port support or implement o	our
(1)	Our Priorities 2008 - 2011(Please tick ☑)		
	The area has a positive image and attracts per Our communities are more cohesive and inclusive People are better skilled, trained and ready for Our communities are safer  Vulnerable people and families are supported Substance misuse and its effects are reduced Health is improving and health inequalities are The environment is protected and enhanced for The Council is effective, efficient and recognise	sive reducing or all	_ x x x
(2)	Council Policies (Please detail)		
7.0	Equalities Impact		
7.1	Have you undertaken the required equalities in that no groups are adversely affected by the re	•	е
		Yes □ No	$\overline{\checkmark}$
8.0	Legality		
8.1	In adopting the recommendations contained in the Council is acting within its legal powers	this report, Yes	
APPR	OVAL/SIGNATURE	DATE	
Head	of Service:		
Direc	tor:		
*Delete	as appropriate		



### REPORT TO COUNCIL

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

U	
	Report author: Wilson Lees
	Service: Services to People
	Report title: Housing Support Team Care Commission Report
	Date of meeting: 12 March 2009
	It is recommended that the attached report be:
	1. Given unrestricted circulation
	2. Taken in private by virtue of paragraph of schedule 7A of the Local Government (Scotland) Act 1973
	List any appendices attached to this report (if there are no appendices, please state 'none')
	Care Commission Inspection Report
	2.
	3.
	4.
	List the background papers used in compiling this report . If you have completed a sustainability checklist please add this to your list (if there are no background papers please state 'none'
	1. None
	2.
	3.
	<b>4.</b> Nb. All documents listed must be kept available by the author for public inspection for four years from the date of the meeting at which the report is considered

### **Clackmannanshire Council - Housing Support Team**

### Service name

Clackmannanshire Council - Housing Support Team

### Service address

Clackmannanshire Council Housing Support Team Room 28 Alloa FK10 1EX

### Type of care service

Housing Support Service

### Provider name

Clackmannanshire Council

### Service number

CS2007157022

### **Date Inspection Completed**

15 December 2008

Type of inspection

Announced

### Period since last inspection

First inspection since registration.

### **Care Commission Office**

Springfield House Laurelhill Business Park Stirling FK7 9JQ Tel No: 01786 406363

### Introduction

Clackmannanshire Council Housing Support Team was registered with the Care Commission on 19 September 2007. The Housing Support Team provides a housing support service to people who require assistance to set up and maintain their own tenancies. The service aims to prevent homelessness and repeat homelessness presentations through provision of a person centred service which encourages active service user participation.

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

Quality of Care and Support - 5 - Very Good

Quality of Staffing - 5 - Very Good

Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

### **Basis of Report**

### Before the Inspection

### The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

### The Self-Assessment Form

The service submitted a detailed self-assessment form as requested by the Care Commission. This offered a clear assessment of the current service performance and the identified areas for future development.

### Views of service users

The Care Commission issued service users with questionnaires however only one response was returned.

### **Regulation Support Assessment**

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

### **During the inspection process**

### Staff at inspection

During the visit the Care Commission Officer spoke with the entire Housing Support team which included:

The Housing Support Coordinator Three Housing Support Workers.

### **Evidence**

Evidence was gathered from a number of sources including:

- > a review of information and evidence collated by the service in support of the inspection process.
- > policies and procedures for the service
- > a sample of staff files which included supervision records
- > copies of minutes for staff meetings.
- > copies of the newsletter published by the Housing Support Team
- > quality assurance questionnaires and summaries/action plans
- > a sample of service user records.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at: http://www.carecommission.com/

### Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

### Action taken on requirements in last Inspection Report

This was the first inspection for this service since registration.

### Comment on Self-Assessment

The self assessment had been completed with detailed information offering an account of the strengths of the service and areas identified for future development and improvement.

### Views of Service Users

One service user returned the questionnaire to the Care Commission. They commented positively on the support offered by the service emphasising the care and support offered by their keyworker.

### **Views of Carers**

There were no carer responses received by the Care Commission.

### **Quality Assessment Framework Themes and Statements**

Theme - Quality of Care and Support

Overall CCO Theme Grade - 5 - Very Good

**Quality Statement 1.1** 

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

### Strengths:

There was very good evidence to confirm that service users and carers had the opportunity to participate in the assessment and improvement of the quality of care and support provided by the service.

Service user participation was found to be integral to the activity of the service with documentation sampled evidencing the commitment to service user involvement. Service user participation practice guidelines had been developed confirming the ways in which participation could be monitored and encouraged. There was evidence to confirm that service user feedback had been used in refining the format and working of certain paperwork to make this more 'user friendly'.

The statement of aims and objectives placed an emphasis on service user involvement in developing all aspects of individual support plans and the inclusion in the ongoing assessment of the quality of the overall service provided.

The service information booklet outlined a range of opportunities for people to be involved in monitoring and reviewing the service through participation in reviews, involvement in the inspection process and through use of the comments/complaints procedure. The service user respondent to the Care Commission questionnaire confirmed that they would feel confident in raising issues of concern or complaint although had not considered this necessary to date.

The Housing Support Team publishes an informative bi-monthly newsletter which is issued to all service users. This contained information on the operation of the service, staffing matters, local resources and had a section dedicated to the inclusion of service user views. Samples of the newsletter confirmed that service users had used this forum to provide feedback on the service and comments suggested a genuine appreciation for the support offered by the Housing Support Team.

All service users who have concluded their contact with the Housing Support Team were asked to complete a short survey providing feedback on their experience of the service. Feedback was collated and a clear action plan developed addressing issues identified.

As a newly established service and as a part of the ongoing commitment to quality improvement, a number of audits and surveys have been undertaken by the service. All service users were formally consulted by the Housing Support Coordinator on their wish to be involved in the inspection process.

### **Areas for Improvement:**

As an area for improvement the service should seek to further develop the current systems and processes to capture service user views in relation to the quality of care and support.

CCO Grading	5 - Very Good
Number of Requirements	0
Number of Recommendations	0

### Theme - Quality of Care and Support

### Overall CCO Theme Grade - 5 - Very Good

Quality Statement 1.3 We ensure that service user's health and wellbeing needs are met.

### Strengths:

There was excellent evidence to confirm that the health and welfare needs of service users were being met.

The assessment process evidenced that service users were actively involved in identifying and agreeing to the type and frequency of support to be provided by the service. Information recorded was detailed and clearly set out any specific health and welfare needs. Case files sampled confirmed that support plans were person centred and assessed needs were clearly referenced. Support was task focussed with regular support reviews ensuring that this remained sensitive to fluctuations in the level of service user need without creating dependency. A monitoring system had been introduced to ensure consistency in terms of the standard and quality of recording across support plans.

### Areas for Improvement:

CCO Grading 6 - Excellent

Number of Requirements 0
Number of Recommendations 0

**Theme - Quality of Staffing** 

Overall CCO Theme Grade - 5 - Very Good

**Quality Statement 3.1** 

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

### Strengths:

As identified in 1.1, the service had a number of systems and processes in place for encouraging and supporting service user/carer feedback in relation to the quality of the service.

Service users were encouraged to provide ongoing feedback on staffing through informal meetings with keyworkers, support reviews and the comments/complaints procedure. Efforts were made to match workers with service users. Exit questionnaires were issued to all people who had completed their contact with the housing support team with the option of providing contact details to allow this to be followed up. Results were evaluated every three months and an action plan developed which confirmed how issues identified would be addressed.

In preparation for the Care Commission inspection, the Housing Support Team issued a survey to all service users inviting their feedback on the service provided and this included feedback on the staffing. The results confirmed that the majority of respondents considered the quality of staff to be excellent. An evaluation of the outcome of the survey was compiled allowing the results to be communicated to all participants and with the intention that this will be included in the information given to all future service users.

### **Areas for Improvement:**

As an area for improvement the service should seek to further develop the current systems and processes to capture service user views in relation to the quality of staffing.

CCO Grading 5 - Very Good

Number of Requirements 0

Number of Recommendations 0

Theme - Quality of Staffing

Overall CCO Theme Grade - 5 - Very Good

Quality Statement 3.3 We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

### Strengths:

There was very good evidence that the service had a professional, trained, motivated workforce which operates to National Care Standards, legislation and best practice guidance.

Staff confirmed their knowledge and understanding of the Scottish Social Services Council Code of Practice and the National Care Standards Housing Support Services. Written evidence confirmed that copies of theses documents had been issued to staff.

The staff working in the Housing Support Team demonstrated through interview and written evidence a genuine motivation to provide a high quality service which placed service users at the heart of their work. Comments from staff when asked about their work included, 'I love my job, working with people. There is good peer support'. With clear leadership and direction staff had formed a strong team with a clear vision for the future development of the service.

As a new service the Housing Support Team had developed a number of key policies, procedures and records which underpin the work of the service. There was written evidence to confirm that staff had been given a formal induction to working with Clackmannanshire Council and the Housing Support Team. Records confirmed that all staff received regular supervision and through the Performance Review Process were encouraged to identify their continued professional development needs.

Three staff working with the Housing Support Team hold SVQ 3. The Housing Support Coordinator holds SVQ3 and 4 and the Registered Managers Award. A projected training plan was in place with staff confirming that training needs are discussed and agreed collectively. Staff stated and records confirmed very good access to statutory and special interest training as a part of continued professional development. Training courses had included drug awareness, motivational interviewing, suicide prevention and person centred planning. Staff consulted reported excellent access to training.

The manager confirmed her awareness of her responsibility to report to the Scottish Social Services Council (SSSC) the dismissal of any social service worker on the grounds of misconduct, any social service worker (in accordance with Regulation of Care Scotland Act 2001 s57A). The manager confirmed her awareness that as a care provider she must provide the SSSC with any information it may reasonably require about members of staff in the exercise of its regulatory function. The manager confirmed her awareness to report to the Care Commission any matters of misconduct including theft.

### Areas for Improvement:

CCO Grading 6 - Excellent
Number of Requirements 0
Number of Recommendations 0

### Theme - Quality of Management and Leadership

Overall CCO Theme Grade - 5 - Very Good

**Quality Statement 4.1** 

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

### Strengths:

As identified in 1.1, the service had implemented a number of systems and processes to encourage service users/carers to participate in the assessment and improvement of the quality of the management.

The Housing Support Team is a small and relatively young service. Since starting, the entire staff team have worked to ensure that service user involvement has been integral to practice and not viewed as a separate activity. People using the service had been actively encouraged to give feedback on all aspects of the support and stakeholders, including referral agencies from within and outwith the council, had been invited to comment on the quality of the service, staffing and specifically the quality of management and leadership. Collated results identified that further work was required to clarify the position and role of the Housing Support Coordinator (Manager). A clear action plan was developed to address this and further develop the overall quality of the service provided.

### Areas for Improvement:

As an area for development, the service should seek to further develop the systems and processes in place for capturing the views of service users in relation to the quality of management and leadership.

CCO Grading 5 - Very Good

Number of Requirements 0

Number of Recommendations 0

### Theme - Quality of Management and Leadership

Overall CCO Theme Grading - 5 - Very Good

Quality Statement 4.2 We involve our workforce in determining the direction and future objectives of the service.

### Strengths:

There was very good evidence to confirm that the service involves the workforce in determining the direction and future objectives of the service.

Discussion with staff confirmed that as new and small team they adopted a flexible approach to developing the Housing Support Service while remaining focussed on the agreed aims and objectives. Staff stated that there had been collective discussion and decision making, with the Housing Support Coordinator encouraging them to express their views and share ideas for the direction of the service. Staff expressed clear confidence that the Housing Support Coordinator valued their contribution and would welcome and respond to suggestions made in relation to how the service could be improved. The Housing Support Team development priorities have been identified within the homelessness strategy for Clackmannanshire Council (2004-2009).

There were written records to confirm that monthly staff team meetings were held offering staff the opportunity to raise and respond to issues relating to the overall service. All proposed changes to policies, procedures and paperwork were discussed collectively before being formally introduced for use.

Staff receive regular supervision with the Housing Support Coordinator.

From interviews with the staff consulted during the inspection and from staff questionnaire returns it was possible to evidence a genuine confidence in the Housing Coordinator.

### Areas for Improvement:

CCO Grading 6 - Excellent

Number of Requirements 0

Number of Recommendations 0

### **Enforcement**

There has been no enforcement action against this service since the last inspection.

### Other Information

### Requirements

A requirement is a statement which sets out what is required of a care service to comply with the Act 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 Commission.

### Recommendations

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, codes of practice and recognised good practice.

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

This report was written by

Alaina Walker

Care Commission Officer

Date: 15/12/2008

Further information about the Regulation of Care (Scotland) Act 2001, can be found on the Care Commission web-site, under the section 'The Law'. www.carecommission.com

### **CLACKMANNANSHIRE COUNCIL**

THIS PAPER RELATES TO ITEM 6
ON THE AGENDA

### Report to Council Meeting of 12th March 2009

Subject: HM Inspectorate of Education (HMIe) Joint Inspection of Services to Protection Children: Interim Follow Through Inspection Report, 5th February 2009

Prepared by: Sara Lovelock, Quality Improvement Service Manager - Child Protection & Lead Officer - Clackmannanshire Child Protection Committee

### 1.0 Purpose

- 1.1. HMIe published a report in February 2008 on the joint inspection of services to protect children in Clackmannanshire which took place between June and September 2007. The Interim Follow Through Inspection report was published in February 2009 and evidences that substantial progress has been made.
- 1.2. Inspectors revisited the Clackmannanshire area in November 2008 to assess the extent of which services were improving the quality of their work to protect children.
- 1.3. In November 2008 the inspection team focussed on evaluating the progress made in responding to the main points for action detailed in the initial report. These are as follows;
  - Key Issue 1 involve children and families more fully in the decisions about their lives.
  - Key Issue 2 improve the processes for the assessment of risk and needs.
  - Key Issue 3 fully involve health and medical staff at an early stage when there are child protection concerns and improve the arrangements for medical examinations.
  - ➤ Key Issue 4 improve the quality of social workers' reports and ensure that they are provided on time.
  - ➤ Key Issue 5 improve joint planning to meet children's needs and ensure regular planning meetings take place for all children in need of protection.
  - Key Issue 6 improve joint performance monitoring of key child protection processes and outcomes for children and families.

- Key Issue 7 sustain sufficient levels of social workers within the child care social work service.
- 1.4. The Child Protection Committee, and its Continuous Improvement Sub Group, have driven the change agenda on an inter agency basis. Partnership working has been positive and focussed with all key agencies contribution to the noted improvements.
- 1.5. The HMIe Interim Follow Through Inspection Report notes that overall significant progress had been made in most of the main points for action arising from the main inspection.
- 1.6. The report also notes that a clearer vision and priority had been set for improving services to protect children. The role of the Chief Officers and elected members to provide leadership and scrutiny is specifically mentioned.
- 1.7. It is acknowledged that there remain key areas for focused improvement . Staff from across all agencies are working together to progress outstanding areas for improvement.

### 2.0 Recommendations

It is recommended that:

2.1. The Council notes the HMIe Joint Inspection of Services to Protect Children: Interim Follow Through Inspection Report, 5th February 2009. This is for information only.

### 3.0 Considerations

- 3.1. The Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act provide the legislative framework for the conduct of joint inspections. The HMIe Inspection is a review of all agencies who work together to protect children but there were key issues identified for child care social work in the main points for action.
- 3.2. Inspections are conducted within a published framework of quality indicators;
  - How well are children and young people protected and their needs met?. Self Evaluation Using Quality Indicators, HM Inspectorate of Education 2005.
- 3.3. The HMIe joint inspections of services to protect children have been underway since 2006 with all but two local authority areas having been subject to inspection.
- 3.4. The initial HMIe report, February 2008, assessed Clackmannanshire using the quality indicators on a scale of excellent down to weak. The Follow Through Inspection can only comment on progress made.
- 3.5. The interim Follow Through Inspection reported on the seven main points for action and concluded that overall significant progress has been made.

3.6. The Child Protection Committee and Continuous Improvement Sub Group have now integrated the recommendations from the Follow Through Inspection and work is well underway to address any areas reported for improvement. 3.7. HMIe will return to Clackmannanshire for the full Follow Through Inspection within a year to assess further progress being made in meeting the main points for action. 4.0 **Sustainability Implications** 4.1. Not applicable. 5.0 **Resource Implications** 5.1. Financial Details The requirements from the HMIe Interim Follow Through Report can be met with existing resources. The full financial implications of the recommendations are set out П 5.2. in the report. This includes a reference to full life cycle costs where appropriate. 5.3. Staffing The requirements from the HMIe Interim Follow Through Report can be met with existing staffing resources. **Declarations** 6.0 The recommendations contained within this report support or implement our Corporate Priorities and Council Policies. (1) Our Priorities 2008 - 2011 (Please tick ☑) П The area has a positive image and attracts people and businesses Our communities are more cohesive and inclusive People are better skilled, trained and ready for learning and employment  $\overline{\mathbf{Q}}$ Our communities are safer  $\overline{\mathbf{Q}}$ Vulnerable people and families are supported  $\sqrt{\phantom{a}}$ Substance misuse and its effects are reduced Health is improving and health inequalities are reducing The environment is protected and enhanced for all The Council is effective, efficient and recognised for excellence

### (2) Council Policies (Please detail)

7.0	Equalities Impact		
7.1	Have you undertaken the required equalities in that no groups are adversely affected by the re	•	ensure
		Yes 🗹	No 🗆
8.0	Legality		
8.1	In adopting the recommendations contained in the Council is acting within its legal powers	this report,	Yes 🗹
APPRO	OVAL/SIGNATURE	DATE	
Head	of Service:	26.02.09	
Chief	Executive/ Director*:		
*Delete a	as appropriate		



### **REPORT TO COUNCIL**

To: Head of Administration and Legal Services, Greenfield, Alloa FK10 2AD

Report author:	Sara Lovelock, Quality Improvement Service Manager - Child Protection & Lead Officer- Clackmannanshire Child Protection Committee
Service: Services to	o People
Report title: HMIe J	oint Inspection of Services to Protect Children
Date of meeting: 12	th March 2009
It is recommended	that the attached report be:
1. Given unresti	ricted circulation
2. Taken in priva	ate by virtue of paragraph of schedule 7A of the Local Government
List any appendices	s attached to this report (if there are no appendices, please state 'none')
	ow - through inspection of services to protect children and young people in nire council area, February 2009.
2.	
3.	
	d papers used in compiling this report . If you have completed a klist please add this to your list (if there are no background papers please
1. None	
2.	
3.	
	listed must be kept available by the author for public inspection for four years from ng at which the report is considered

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Joint Interim Follow-through inspection of services to protect children and young people in the Clackmannanshire Council area

February 2009

### Introduction

The Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, 'How well are children and young people protected and their needs met?'

Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

### 1. The inspection

HM Inspectorate of Education (HMIE) published a report on the joint inspection of services to protect children and young people in the Clackmannanshire Council area in June and September 2007. Working together, services within the Clackmannanshire Council area prepared an action plan indicating how they would address the main points for action identified in the original HMIE inspection report.

Inspectors revisited the Clackmannanshire Council area in November 2008 to assess the extent to which services were continuing to improve the quality of their work to protect children and young people, and to evaluate progress made in responding to the main points for action in the initial report.

## 2. Continuous improvement

Chief Officers across Forth Valley had reviewed their strategic leadership of child protection. Together they had formed G5 to replace the former Forth Valley Strategy Group for Child Protection. G5 had membership of the Chief Executives of the three local authorities in Forth Valley, the Chief Executive of NHS Forth Valley and the Chief Constable of Central Scotland Police. The establishment of G5 had strengthened responsibility for child protection. A clearer vision and priority had also been set for improving services to protect children.

Services were working well together to improve services to protect children in Clackmannanshire. The Clackmannanshire Child Protection Committee (CPC) had established a Continuous Improvement Group (CIG) to implement action plans. All services had prioritised resources to support progress. The effectiveness of partnership working had increased. The CPC was now in a position to consolidate recent improvements and begin to focus on the quality of service delivery. There were encouraging signs that self-evaluation was being used by staff across services to examine performance and highlight further areas for development.

The reporting of performance had improved within the local authority and elected members provided closer scrutiny of child protection work. The Child Care Social Work Service had been restructured and there was a renewed energy and momentum to continue to improve services.

There was a shared commitment to the development of integrated services to support children and families underpinned by the principles of Getting it right for every child. However, the strategic vision for this was not yet sufficiently clear.

<sup>&</sup>lt;sup>1</sup> How well are children and young people protected and their needs met? Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

## 3. Progress towards meeting the main points for action

The inspection report published in February 2008 identified seven main points for action.

## 3.1 Involve children and families more fully in decisions about their lives

Encouraging progress had been made in involving children and families more fully in decisions about their lives.

Social workers saw children more frequently. Children were now seen by a consistent member of staff and were more able to form meaningful relationships with social workers. There were indications that parents were better prepared for and more able to take part in meetings. Useful information leaflets for children and parents attending child protection case conferences had very recently been developed. Social work reports were now shared with parents before child protection meetings. Chairs of child protection case conferences met with all parents before these meetings to explain why it was being held, who was going to be there and what decisions could be made. Social workers spent more time supporting children to contribute to child protection meetings and Children's Heanings.

Parents now received copies of minutes of meetings and child protection plans. This improved their opportunities to understand how decisions were made and what they and others needed to do to reduce the risks to their children.

Reports for meetings now included the views of children and their families.

## 3.2 Improve processes for the assessment of risks and needs

Significant progress had been made in the improvement of the assessment of risks and needs.

The effectiveness of responses to concerns about children had improved. This was most notable where concerns were about children at risk of neglect or emotional abuse. Managers were now more available to provide guidance and direction to staff when concerns were raised about children. Increasingly staff arranged meetings at an early stage to share information about children and build up a clearer picture of all relevant circumstances. List of significant events were maintained and used more often by staff across services to identify patterns of risk and needs. Joint investigative interviews were now more carefully planned. The debriefing of staff was standard practice once the investigation was completed.

A more consistent approach was taken to holding child protection case conferences. Responsibility for the decision to hold a case conference was clearer and this now rested with one senior member of staff. Staff understood the reasons for decisions to hold a child protection case conference and these meetings took place as planned. The quality of initial assessments carried out by social workers had started

to improve. This was assisted by support from social work team managers and an updated format for initial assessments. More attention was given to assessing the risks and needs of individual children within families. A series of staff training events had helped to increase skills and confidence in assessment. These were well attended by staff across services and evaluated positively. Social workers had benefited from specific training on assessing risks and needs in cases of neglect.

Case conferences now assigned key staff to carry out assessments in response to the specific needs of each family. A variety of materials had been developed to assist staff in carrying out assessments. However, not all staff had sufficient training or guidance to use these effectively. Case conferences closely monitored the progress of assessments to ensure they were completed on time. Work was underway to develop ways of assessing the needs of children affected by parental substance misuse. There were no assessment tools for the assessment of children affected by parental mental ill-health.

## 3.3 Fully involve health and medical staff at an early stage when there are child protection concerns and improve the arrangements for medical examinations

Overall, limited progress had been made on fully involving health and medical staff at an early stage when there were child protection concerns. There were encouraging improvements in the arrangements for medical examinations.

Positive steps had been taken to ensure health information was shared with police and social workers at the initial stages of a child protection investigation. However, policies and procedures provided inconsistent guidance to staff about carrying out three-way Initial Referral Discussions (IRDs), seeking medical advice and arranging medical examinations. Guidance to support the introduction of an IRD process had been developed. A very recent trial of IRDs had produced limited findings and a planned approach towards full implementation was under development. Paediatricians were not routinely asked at an early stage to assist in making decisions about whether a medical assessment or medical treatment was needed.

Medical staff and police had improved the arrangements for medical examinations. Helpful guidance had been produced about the need for medical examinations. Forensic medical examinations were mostly conducted by suitably-trained doctors in appropriate places. A clinic had been introduced to carry out health assessments of children including those for whom there were concerns about neglect. The sharing of reports by doctors carrying out medical examinations had improved.

# 3.4 Improve the quality of social workers' reports and ensure that they are provided on time

Significant progress had been made in improving the quality and timely submission of social workers' reports.

Senior managers had prioritised this main point for action and provided clear and consistent direction to staff. A report format had been introduced and the quality of reports provided by social workers to case conferences had improved significantly. Systems were now in place to monitor the quality and timing of social workers reports. Initial targets set by managers for the submission of case conference reports had been achieved. Team managers reviewed and counter-signed social work reports for child protection case conferences and Children's Hearings. Recommendations contained within reports were now discussed routinely by social workers and their line managers during supervision. The Quality Improvement Manager had recently started to monitor the quality and timing of social work reports had started.

There were significant improvements in the timely submission and quality of Social Background Reports to the Children's Reporter. However, there were still some delays in the submission of Initial Assessment Reports.

## 3.5 Improve joint planning to meet children's needs and ensure regular planning meetings take place for all children in need of protection

Joint planning to meet children's needs was progressing very well.

Services were working well together to improve outcomes for children. Planning to meet children's needs was now more consistent. Delays in decision-making meetings and decisions based on partial or out-of-date information had become a rare occurrence. All child protection case conferences were chaired by a manager who had responsibility for quality improvement. This manager had the authority to challenge lack of progress and had provided a greater consistency to decision-making. Staff now received sufficient notice of child protection case conferences. Attendance by all staff at child protection case conferences had improved significantly and they submitted reports well in advance of meetings. Most notably, attendance by police officers had improved. Staff routinely provided written reports when they were unable to attend. This ensured that all information about risks to children was taken into account. An appropriate minute was taken of all child protection case conferences and circulated quickly. A helpful list of agreed actions was included, which identified responsibilities and set clear timescales.

Joint work to improve children's circumstances was coordinated through multi-agency core group meetings. These now took place regularly for all children on the CPR. These meetings were well attended by staff and parents. Increasingly, core groups were being used to coordinate support for other vulnerable children, including children whose names had recently been removed from the CPR and those referred to the Children's Reporter as being in need of compulsory measures

of care. Work was being done to improve the system for recording core group meetings. An effective way of monitoring the frequency and quality of core groups had still to be developed.

Progress in improving planning for looked after children was more limited. Regular reviews of care plans for most children who were looked after away from home had taken place. However, care plans for children looked after were not developed. These plans were not regularly reviewed by social workers to ensure they were effective at improving children's lives.

# 3.6 Improve joint performance monitoring of key child protection processes and outcomes for children and families

Notable early progress had been made across all services to introduce a performance monitoring framework.

Senior managers within the local authority had ensured that the planned improvements to the performance monitoring of social work services were implemented. As a result, they were now well informed about the effectiveness of the childcare social work service.

The collective leadership of performance measurement and monitoring was now clearer. Performance was regularly monitored through groups of senior and operational managers within each service. It was also reviewed jointly by the CPC through the CIG. Managers across services worked closely together to plan and implement improvements. They had prioritised the monitoring of key processes and recognised they needed to place a stronger focus on evaluating the impact of services on children in need of protection.

The CPC was now in a position to consolidate improvements and to begin to focus on the quality of services for children and their families. There was an enthusiastic and committed operational management team to support this. However, much of the work was dependent upon a few key individuals. A planned approach to ensuring that line managers across services take responsibility for performance was now needed.

# 3.7. Sustain sufficient levels of social workers within the child care service

The measures taken to sustain sufficient levels of social workers within the child care service were having significant benefits.

The recruitment and retention of child care social workers was a corporate priority for the local authority. Elected Members, Chief Officers and senior managers were committed to maintaining a supportive working environment to improve staff morale. The local authority had prioritised funding to strengthen and sustain the child care workforce. The Social Work structure had been revised and new posts of Senior Manager and Quality Improvement Manager appointed. Recruitment to social work child care posts had continued to improve. Retention rates had improved

significantly and the local authority was now on a par with the national average. Staff sickness absence was consistently below both local authority targets and national figures.

The importance of good line management arrangements, regular supervision, and staff development was recognised. Staff now benefited from improved access to and communication with managers. A social work training manager had been appointed and a training strategy was under development. New staff received appropriate induction and their workloads protected until they acquired the knowledge they needed.

Staffing across all services was now monitored by the CPC.

### 4. Conclusion

Chief Officers and Clackmannanshire CPC had responded quickly and positively to the main points for action outlined in the inspection report published in February 2008. Overall, significant progress had been made in most of the main points for action arising from the full inspection. More limited progress had been made in improving the full involvement of health and medical staff at an early stage when there were child protection concerns. Chief Officers and Senior Managers recognised that there was still considerable work to be done but they were now much better placed to continue to take forward the identified areas for improvement Services were working well together through constructive team work and stronger partnerships. They were actively taking forward plans to improve provision for children in need of protection. There was a need to consolidate and build upon achievements and to develop a stronger focus on how services had an impact on children and their families.

### What happens next?

Within one year of publication of this report, inspectors will re-visit the authority area to assess further progress made in meeting the main points for action.

Jacquie Pepper Inspector February 2009

### How can you contact us?

## If you would like an additional copy of this report

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website www.hmie.gov.uk.

## if you wish to comment about this inspection

Should you wish to comment on any aspect of this inspection you should write in the first instance to Neil McKechnie, HM Chief Inspector at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

### Our complaints procedure

If you have a concern about this report, you should write in the first instance to our Complaints Manager. HMIE Business Management Unit, Second Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA. You can also e-mail HMIEcomplaints@hmie.gsi.gov.uk. A copy of our complaints procedure is available from this office, by telephoning 01506 600200 or from our website at www.hmie.gov.uk.

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Service Ombudsman. The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BP, You can also telephone 0800 377 3330 (fax 0800 377 7331) or e-mail enquiries to ask@spso.org.uk. More information about the Ombudsman's office can be obtained from the website: www.spso.org.uk.

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