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**Report to Scrutiny Committee**

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**Date of Meeting: 8th April 2010**

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**Subject: Care Commission Inspection Reports of Foster Care Services, Adoption Services and Residential Services in Clackmannanshire Council, Social Services**

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**Report by: Head of Social Policy**

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**1.0 Purpose**

- 1.1. The purpose of this report is to update the Scrutiny Committee on the outcome of recent Care Commission inspections of Clackmannanshire's Fostering and Adoption Service which took place in September 2009 and was published in November 2009.
- 1.2. In addition the Care Commission recently undertook an unannounced inspection of Woodside Residential unit for young people which was completed on the first of February 2010. Their report has recently been sent to Clackmannanshire Council but as yet has not been published on the Care Commission web site. The results of this Inspection are also available for the Scrutiny Committee.
- 1.3. Copies of the written inspection reports are attached as appendices to this report.

**2.0 Recommendations**

- 2.1. The unannounced inspection of the Woodside Residential Unit for young people took place on the 1st of February 2010. This unit has established a remarkable sequence of inspection outcomes with all aspects of the inspection evaluated at Excellent on their last announced inspection in December 2008.
- 2.2. The results of the unannounced inspection have again been evaluated at Excellent for both Quality of Care and Support and Quality of Staffing. These being the two areas covered by the unannounced inspection.
- 2.3. Care Commission Inspections can and usually do provide the service inspected with a number of Requirements and Recommendations. The Requirements are action points which require to be addressed and resolved before the next inspection. Recommendations are exactly that, practice Recommendations which may help in the improvement of an inspected service but which are not mandatory action points.

- 2.4. There were no Requirements or Recommendations for Woodside Residential Unit. The narrative summary of the Report indicates that Woodside has many strengths. It highlights its ability to sustain long term placements for young people with diverse needs, where a return to family is not possible.
- 2.5. There is also comment on the detailed attention given to daily communication, with the voice of the young people given priority. The inspection report also indicated that it looked forward to the introduction of a new supervision and appraisal policy in the unit and the extension of the operation of the unit to include, within its registration, services for care leavers in partnership with the Housing Service.
- 2.6. The inspection report also mentioned the ongoing support to the study buddies scheme which has improved the educational outcomes for the young people in the unit.
- 2.7. With regard to the Foster Care Service's inspection, the Care Commission evaluated the following three areas, a) Quality of Care and Support (Good), b) Quality of Staffing (Good) and c) Quality of Management and Leadership (Adequate).
- 2.8. The Care Commission observed that the line managers supported the staff team very well in their roles. It also observed that the service needed to continue to support individual staff as necessary to develop a team approach. Overall it concluded that managers within Clackmannanshire council had worked hard to develop a structure to support and guide staff in developing the service.
- 2.9. It is important to recognise that these evaluations are a significant improvement on the previous inspection report of November 2008 which had evaluated the same three areas as weak.
- 2.10. With regard to the Adoption Service's inspection, the Care Commission evaluated the following three areas, a) Quality of Care and Support (Good), b) Quality of Staffing (Good) and c) Quality of Management and Leadership (Adequate).
- 2.11. The Care Commission observed that the managers had a good overview of the service delivery. Again they encouraged the further development of a team approach and complimented the managers for working hard to develop structures to support staff and producing relevant policies and procedures to guide them.
- 2.12. Again it is important to remember that these evaluations are an improvement on the previous inspection report of November 2008 which had evaluated the same three areas as weak, adequate and weak.

### **3.0 Considerations**

- 3.1. The Woodside Residential Unit is an area of excellent practice which continues to support vulnerable young people and constantly seeks to improve its service. It is now broadening its base to support other young people who have left the unit and are in council supported accommodation. It is hoped that these developments will continue apace in the coming year.

3.2. The Fostering and Adoption Service have gone through serious challenges in terms of the recruitment and retention of both staff and foster carers during 2006 to 2008. However due to the hard work of all staff over the last 18 months and the targeted investment of new resources by the Head of Social Work the service has improved significantly. The action plan for the improvement of the service agreed with the Care Commission after the last inspection has been much reduced in scope reflecting the progress made by the service. There remains one requirement for the Fostering Service which requires the service to produce a written agreement between the service and the carers. This is being implemented in due course. There are no outstanding requirements for the Adoption Service.

#### 4.0 Sustainability Implications

4.1. None.

#### 5.0 Resource Implications

5.1. *Financial Details*- No financial implications.

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. Yes

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

5.4. *Staffing*

#### 6.0 Exempt Reports

6.1. Is this report exempt? Yes  (please detail the reasons for exemption below) No

#### 7.0 Declarations

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

(1) **Our Priorities 2008 - 2011** (Please double click on the check box )

The area has a positive image and attracts people and businesses	<input type="checkbox"/>
Our communities are more cohesive and inclusive	<input checked="" type="checkbox"/>
People are better skilled, trained and ready for learning and employment	<input checked="" type="checkbox"/>
Our communities are safer	<input checked="" type="checkbox"/>
Vulnerable people and families are supported	<input checked="" type="checkbox"/>
Substance misuse and its effects are reduced	<input checked="" type="checkbox"/>
Health is improving and health inequalities are reducing	<input type="checkbox"/>
The environment is protected and enhanced for all	<input checked="" type="checkbox"/>

The Council is effective, efficient and recognised for excellence

**(2) Council Policies** (Please detail)

**8.0 Equalities Impact**

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

Yes  No

**9.0 Legality**

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

**10.0 Appendices**

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

1. Care Commission Inspection Report Foster Care Services
2. Care Commission Inspection Report Adoption Services
3. Care Commission Inspection Report Residential Services

**11.0 Background Papers**

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes  (please list the documents below) No

**Author(s)**

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**Approved by**

<b>NAME</b>	<b>DESIGNATION</b>	<b>SIGNATURE</b>
Deirdre Cilliers	Head of Social Policy	
Grahame Blair	Director, Services to People	



# Inspection report

## Clackmannanshire Fostering Service Fostering Service

Child Care Services  
Lime Tree House  
Castle Street  
Alloa  
FK10 1EX  
01259 225000

<b>Inspected by:</b> (Care Commission officer)	Mary Soutar
<b>Type of inspection:</b>	Announced
<b>Inspection completed on:</b>	28 September 2009



	<b>Page Number</b>
<b>Summary of this inspection report</b>	3
<b>Section 1: Introduction</b>	
About the Care Commission	5
About the National Care Standards	6
What is inspection?	7
How we decided what to inspect	9
What is grading?	10
About the service we inspected?	11
How we inspected this service	13
<b>Section 2: The inspection</b>	18
<b>Section 3: Other information</b>	
Other Information	37
Summary of Grades	38
Terms we use in our reports and what they mean	39
How you can use this report	41
People who use care services, their relatives and carers	41

**Service provided by:**  
Clackmannanshire Council

**Service provider number:**  
SP2003002713

**Care service number:**  
CS2004084406

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## Easy read summary of this inspection report

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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Staffing  **4** Good

Quality of Management and Leadership  **3** Adequate

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

The line managers supported the staff team very well in their roles. They had a good overview of the service delivery.

## **What the service could do better**

The service needs to continue to support individual staff as necessary whilst being mindful of the need to develop a team approach through meetings and development days.

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

The service had developed draft policies to guide the practice of staff. They had improved communication and increased opportunities for consultation with people who use the service

## **Conclusion**

Managers within Clackmannanshire Council Fostering service have worked hard to develop a structure to support and guide staff in developing the service. Policies and procedures have been developed and a range of training and information materials have been purchased to support both staff and Foster Carers .

## **Who did this inspection**

### **Lead Care Commission Officer**

Mary Soutar

### **Other Care Commission Officers**

Lynne Nimmo

### **Lay Assessor**

N/A

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Blackwells Bookshop  
53-62 South Bridge Edinburgh  
EH1 1YS  
Telephone: 0131 662 8283  
Email: [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.uk)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

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

- 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.
- 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.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

## What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:



We do not give one overall grade.

### How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Clackmannanshire Council Fostering Service provides a fostering and family placement service for children and young people aged from birth to eighteen years and their families, who are assessed to be in need of this service. As well as short break and respite care arrangements, there are also permanent care arrangements made for children who are unable to return to their birth families and therefore need an alternative family to care for them until they reach adulthood.

The Agency recruits and supports carer families to provide a fostering service to a range of children throughout the area.

The service is based within Lime Tree House, Castle Street, Alloa, FK10 1EX. The service has in the past operated a 'three council approach' to recruitment, assessment and matching for fostering and adoption services, alongside Stirling and Falkirk Councils.

The service was registered on 23 November 2005 under Part 2 of the Regulation of Care (Scotland) Act 2001.

The stated aims and objectives included the following:

"... to ensure that all children and young people, who require one, have access to a foster care placement that is appropriate to their needs and takes into account their religious persuasion, racial origin, cultural and linguistic background ...".

At the time of inspection the service supported 18 foster care families registered to provide long term, short term care and/or respite care.

There were three children in long term (permanent) placements, 41 children in long term (temporary) placements and 4 children were receiving respite care. There were no children in short break placements. 20 children were in foster placements outwith Clackmannanshire Council.

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

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>3 - Adequate</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

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

This report was written following an announced inspection that took place between 9 and 18 September 2009. Feedback was given to the service on Monday 28 September. The inspection was carried out by Lynne Nimmo and Mary Soutar, Care Commission Officers.

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

- Personal plans of people who use the service.
- Foster Carers Consultative Committee minutes.
- Foster Carer Reviews.
- Staff and Foster Carer Training Programme.
- Team meeting minutes.
- Evidence from the service's most recent Self Assessment.

Discussions with various people including:

- The management team.
- Supervising Social Workers.
- Individual Foster Carers
- Childrens Rights Officer
- Foster Carer Support Group
- Foster Carer Consultative Committee

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

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services

- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

Children/young people should be provided with appropriate information on how to make a complaint. This should include the role of the Care Commission in respect of complaint.

This is in order to comply with: SSI 2002/114 as amended Regulation 25(5) (6) Complaints procedures.

In making this requirement the following National Care Standard was taken into account - National Care Standards: Foster Care and Family Placement, Standard 1 - Informing and Deciding.

Timescale for implementation: 12 weeks from the publication of this report.

### **Action taken on the Requirement**

The service have developed an information pack for children and young people which includes information on how to make a complaint.

### **The requirement is:**

Met

Any changes in registered numbers must be referred back to the panel, or in an emergency situation to the Agency Decision Maker.

This is in order to comply with: The Fostering of Children (Scotland) Regulations 1996 regulation 7 (2)

Timescale for implementation: Ongoing.

### **Action taken on the Requirement**

Appropriate systems have been developed.

### **The requirement is:**

Met

Unannounced visits to carers must be undertaken on an annual basis and recorded. This is in order to comply with the Fostering of Children (Scotland) Regulations 1996 regulation 8.

Timescale for implementation: Within 12 weeks of receipt of this report and on an ongoing basis.

**Action taken on the Requirement**

Unannounced visits were being carried out regularly and recorded.

**The requirement is:**

Met

Copies of all placement agreements must be retained in case records.

This is in order to comply with: The Fostering of Children (Scotland) Regulations 1996 regulation 18 (4)

Timescale for implementation: Within 1 month of receipt of this report and on an ongoing basis.

**Action taken on the Requirement**

Placement agreements were available within a sample of files checked.

**The requirement is:**

Met

The service must review the registration of Foster Carers at intervals of not more than one year.

This is in order to comply with The Fostering of Children (Scotland) Regulations 1996 regulation 10(1).

Timescale for implementation: Within 4 months of receipt of this report and on an ongoing basis.

**Action taken on the Requirement**

The registration of all carers had been reviewed and an annual programme developed.

**The requirement is:**

Met

The service must ensure that the views of placing Social Workers are obtained prior to the Foster Carer review panel.

This is in order to comply with The Fostering of Children (Scotland) Regulations 1996 regulation 10(2).

Timescale for implementation: Ongoing.

**Action taken on the Requirement**

A senior manager had written to Area Teams reminding them of their responsibilities in relation to these reports. This had resulted in a much improved response rate.

**The requirement is:**

Met

Risks relating to individual children and situations must be clearly recorded with guidance as to how they should be managed within a fostering setting. This should be developed in a format which can be regularly updated.

This is in order to comply with the Foster of Children (Scotland) Regulations 1996 regulation 8 Schedule 2.

**Action taken on the Requirement**

A new format had been developed with guidance for staff. This new format was being used by staff.

**The requirement is:**

Met

Where the local authority make arrangements with a voluntary organisation in respect of a child for whom they are responsible, they must enter into a written agreement.

This is in order to comply with The Fostering of Children (Scotland) Regulations 1996 regulation 16 (2).

Timescale for implementation: Ongoing.

**Action taken on the Requirement**

The Local Authority Contracts Officer was working on a standard format however this was ongoing.

**The requirement is:**

Not Met

**Actions Taken on Recommendations Outstanding**

There were 14 recommendations included in the last report, four of which remain outstanding. Three of the outstanding recommendations have been included within the body of this report. The remaining recommendation outstanding is as follows:

The service should ensure Foster Carers are provided with clear guidance in respect of alterations to their homes and help which may be available.

National Care Standards: Foster Care and Family Placement Services, Standard 2.

This recommendation is therefore included within this report.

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

### **Annual Return Received**

Yes - Electronic

### **Comments on Self Assessment**

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

The service provider identified what they did well and highlighted some planned areas for development.

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

Limited feedback was obtained from children due to their age, however where possible, their thoughts and opinions have been included in the body of this report.

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

Foster Carers who participated in the inspection were clear that communication within the service had improved. Most were confident they now had a voice within the service although a few stated they were yet to be convinced. Although some carers stated they were less inclined to contact another worker if their Supervising Social Worker was absent, they were confident they could always contact the managers.

All carers were clear regarding the line management structure and stated they would have no hesitation in contacting either team managers or senior managers if they had any concerns.



## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

Foster Carers experienced a service which supported participation in a number of ways. They had good opportunities to make their views known through support groups, Foster Carers Consultative Committee and support and supervision sessions.

Interviews confirmed most Foster Carers felt they had a voice within the service and were listened to by staff and managers. They were consulted in the development and review of policies and procedures and the new Foster Carer Agreement.

Relationships with Supervising Social Workers were generally described as very positive. However carers recognised that where their Supervising Social Worker was absent they were less inclined to phone another worker although they would have no hesitation in phoning a member of the management team.

There were opportunities for carers to share good practice and contribute to service development through the Consultative Committee. This group had been re-established in the past year. It supported discussion with senior managers regarding a range of policy development, practice and finance issues. Membership of this group also included a Social Worker from a Children and Families team. Minutes from the group were distributed to all carers ensuring they were informed of discussions and agreements reached.

The Foster Carers support group offered further opportunities for carers to share information and good practice and was felt to be useful for both new and well established carers. The support groups also offered a range of training opportunities. Carers confirmed they contributed to the development of the training programme which ensured it reflected their needs.

Following consultation some carers had expressed an interest in accessing training to allow them to co-facilitate the preparation sessions for new applicants. One carer had completed this training and additional carers planned to attend the next course. Carers viewed this as a positive step in recognising their role as members of the team.

Foster Carers who participated in the inspection expressed their satisfaction with the changes to the review process. They confirmed this provided them with an opportunity to express their views on the support provided and identify any outstanding training and development needs. A useful range of forms had been developed to inform the review process. This included forms to support birth parents, children of Foster Carers and children in foster care to feedback on the service.

A system had been developed to ensure the Agency Decision Maker approves the decision to ask any carer to operate outwith their registration. This is also supported by an early return to panel for a variation where appropriate.

Children and young people were also provided with the opportunity to express their views on the care and support they receive through the child care review process and the Children's Rights Officer. Children who took part in the inspection identified either their Foster Carer or their Social Worker as the people they would talk to if they had a problem.

### **Areas for Improvement**

Although opportunities were being developed to support Foster carers, children and young people to influence the development of the service, there was no guiding strategy or policy in respect of participation. This is an outstanding recommendation from the last inspection.

The service planned to develop a group for children and young people of Foster Carers. This is in recognition of the important part they play in the success of placements and would provide a forum for discussing any concerns or issues which may arise.

While the re-establishment of the Consultative Committee is a positive move forward, it is suggested consideration be given to widening the membership of the group to include representatives from health and education. This would support the service in ensuring the health and education of children and young people are considered.

A range of relevant information was available for children and young people moving in to foster care placements. However there was no evidence to indicate the profiles developed by carers had been shared with children moving on a planned basis.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Recommendations**

1.

The service should develop a participation strategy which recognises the role of service users in the ongoing development of the service.  
National Care Standards. Foster Care and Family Placement Services Standard 13.3.

### **Statement 3**

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

#### **Service Strengths**

Discussion with staff, and Foster Carers and examination of documentation evidenced that the service was operating at a good level.

Foster Carers confirmed that the assessment and approval process ensured any health needs were fully addressed prior to approval. Records confirmed that the health status of Foster Carers was monitored annually. Managers maintained an overview to ensure assessments were comprehensive and considered the applicants abilities to meet the needs of children.

The fostering service had access to a specialist nurse whose role was to ensure that the health needs of Looked After and Accommodated Children (LAAC) were documented and addressed. Records demonstrated that health issues were systematically discussed at reviews. Foster Carers were conscientious in ensuring children attended appointments with GP's, hospitals, opticians and dentists. Where children required additional support efforts were made to identify an appropriate resource through the relevant agency such as Child and Adolescent Mental Health Services (CAMHS). Some Foster Carers had been supported to access specialist training to enable them to better support individual children in their care.

Children in foster care were encouraged to access a range of physical activities and leisure pursuits and this was monitored through reviews. To further support the health and wellbeing of children the LAAC nurse provided advice, guidance and training on healthy eating and lifestyles to both carers and young people.

Foster Carers confirmed they had received guidance and further training was planned on 'safe caring'. Carers had either completed or were in the process of developing safe care policies for their households.

Recognising good practice guidance and following advice from their medical advisor, the service had consulted with carers prior to introducing a policy stating no child under five years would be placed with carers who smoke.

The Foster Carer handbook contained a range of guidance and procedures to support carers. This included confidentiality, complaints and allegations against carers. Staff and carers were involved in consultation regarding policies and procedures being drafted or updated. The Foster Carers handbook was in the process of being updated.

**Areas for Improvement**

During a support and development group carers were offered advice and guidance on the importance of hand washing. It is suggested the service obtain copies of Keep it Clean and Healthy and Looking After You and Your Baby. These documents provide useful guidance on the control of infection within a home environment and can be obtained from pat@cole-hartford.fsnet.co.uk .

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 5**

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

### **Service Strengths**

Following consideration of the evidence sampled and feedback from Foster Carers and staff, the service was determined to be operating at a very good level.

The service had developed a range of policies and procedures governing assessment, appeals and advertising.

Applicants were provided with useful information about the assessment and registration process through the council's website and an applicant's pack.

Foster Carers confirmed that the handbook provided them with a good level of information about the policies and procedures of the service and what the service expected of them. To assist Supervising Social Workers in their regular support and supervision with Foster carers a new recording format had been developed.

Day to day placement agreements were completed in all cases considered as part of the inspection and these provided basic information about a child's needs. They highlighted specific health issues or educational support needs and agreed contact arrangements between the child and family members.

Case records indicated health and safety risk assessments were carried out on the carer's family home on an annual basis. A new format and guidance in relation to risk assessment had been introduced to support staff to consider all relevant issues prior to placing any child.

It was generally felt that despite the limited number of carers available, in the majority of cases children's needs were matched with carer's skills. In recognition of the limited foster care places available within the service an additional member of staff had been recruited to focus specifically on recruitment.

Foster Carers had access to 24 hour support through the Emergency Duty Team however new carers welcomed the opportunity to contact another carer for support via the informal buddy system.

Previous concerns regarding sharing information when children moved into a respite placement had been addressed. A system had been developed within which the Supervising Social Worker played a lead role in the co-ordination and sharing of information.

There was evidence of both Foster Carers and the Children's Rights Officer being good advocates for children.

### **Areas for Improvement**

Although managers and staff were clear regarding practice within the service there was no written code of practice in relation to advertising.

The service published information on fees however a few carers remained unclear regarding additional expenses which could be claimed.

The fostering panel included a range of professionally qualified and experienced staff however efforts to recruit a foster carer and someone with experience of being in foster care had not yet come to fruition.

It was recognised there had been a significant improvement in the regularity of children's Social Workers completing reports for annual Foster Carer reviews. However managers should monitor the situation to ensure this continues.

The agreement between the Local Authority and Foster Carers had been revised. This had been followed by extensive consultation with all relevant parties including Foster Carers. However, during this period some new carers had been approved but had not signed written agreements with the council.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

1

### **Number of Recommendations**

2

### **Requirements**

1.

The Local Authority must enter into a written agreement with all foster carers. This is in order to comply with The Fostering of Children (Scotland) Regulations 1996 regulation 8.

Timescale for implementation: Within 1 month of receipt of this report.

## Recommendations

1.  
The service should develop a policy clearly stating their position on using children/young people in advertising.  
National Care Standards: Foster Care and Family Placement Services, Standard 1. 3.
  
2.  
Membership of the fostering panel should be expanded to include people with experience of providing or receiving foster care.  
National Care Standards: foster care and family placement services, Standard 12.1.

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

Following consideration of the evidence sampled and feedback from adopters and staff, the service was determined to be operating at a good level.

Within the service there were good relationships between Foster Carers and staff. One carer stated their Supervising Social Workers made them feel like a valued 'member of the team' whilst another said her Supervising Social Worker was a 'breath of fresh air!' Carers stated they were now kept fully informed of the availability of staff.

Foster Carers were able to provide feedback about the support they received from specific workers during their annual review. They also recognised they had an avenue to voice their opinion through the Foster Carers Consultative Committee. One carer had attended a Fostering Network Leaders course enabling her to work closely with members of the team in co-facilitating preparation training for new applicants. Carers were confident they could speak with a member of the management team or senior managers at any time should they have concerns or issues.

Within the 'Having your Say' document children and young people could have their views about staff and carers heard. Systems were also in place to enable panel members to provide feedback on the quality of reports and assessments presented to them.

#### Areas for Improvement

Although questionnaires had been developed to gather carers views, this information should be collated, evaluated and an action plan produced to inform the development of the service.

As previously highlighted an additional worker has been recruited to the team. Their initial remit is to recruit Foster Carers. After this they will undertake all other elements of the Supervising Social Worker role.

As reported on in Quality Theme 1, Statement 1 the service has still to develop a participation strategy.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 2**

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

### **Service Strengths**

An audit of the service's safer recruitment policies and procedures had been carried out by the Care Commission.

Overall, the audit evidenced very good performance on staff recruitment procedures across the organisation.

The audited files consistently evidenced that application forms were completed, all files held job profiles and the majority of files had copies of the council aims and objectives. Overall, the organisation followed their comprehensive recruitment policy and further procedure documents were in place to support the policy.

The organisation made use of their occupational health service to determine applicants' fitness for the post.

Relevant Disclosure Scotland checks were completed by all applicants before starting work with the council. The council had been audited by Disclosure Scotland and the report confirmed that the council was compliant in most areas of the Code of Practice with a range of recommendations made to meet full compliance. The council have completed a review of their recruitment policy and procedures in line with the recommendations made and a draft policy is ready for council approval.

The organisation policy and person specification form used at the recruitment panel and interview stage identified posts where qualifications were either required or desirable.

The service had developed an induction procedure which included both the council and service specific information.

### **Areas for Improvement**

This audit highlighted a small percentage of files where gaps were identified, for example;

One file had no evidence that a Disclosure Scotland Check had been carried out. A further check on the council data base confirmed that this had not been done.

The audit highlighted inconsistency in checking required qualifications at point of interview.

Seven files had no evidence of following the council panel and recruitment guidance of viewing and confirming qualifications where candidates had declared qualifications in support of their application.

Discussions with the council HR Team Leader identified that their most recent recruitment checklist should identify these gaps. After examining some of the completed checklists, the CCOs advised the HR Team Leader that there continued to be inconsistent completion of these and further work needed to be done to ensure that the Council had a clear and consistent audit trail which supported their new draft Recruitment and Disclosure Scotland policies and procedures.

The HR Team Leader confirmed at the feedback stage that they intend to improve their performance on quality control by introducing a systematic audit check of recruitment files on an ongoing basis in the near future. The findings of this audit support this area of improvement identified by the Council.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Safer Recruitment - Inspection Focus Area (IFA) outcome**

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

**Recommendation**

1.

It is recommended that the provider develops a system, as planned, which monitors and supports their current recruitment policies and procedures to ensure these are being consistently applied and that there is a robust evidence trail of these safe recruitment practices.

In making this recommendation reference has been made to Scottish Social Services Council Code of Practice 1.1 to 1.5

### **Statement 3**

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

#### **Service Strengths**

Discussion with staff and evidence sampled confirmed the service to be operating at a good level.

Policies and procedures including recruitment, whistle blowing and child protection were in place to guide staff practice.

Managers were experienced, knowledgeable and supportive to all staff. They shared examples of good practice and ensured staff had access to a wide range of guidance. Through regular supervision with staff, managers maintained an overview of the work of the team. The frequency of supervision was arranged to support individual staff needs and within this forum any issues were addressed.

Managers also worked with other agencies such as Fostering Network, British Association for Adoption and Fostering and other Local Authorities to develop and share practice.

Staff had accessed training required to support them in their role. A record of this was maintained. A draft workforce development strategy had been developed for the service.

Foster Carers generally felt more confident that the service would assist them to access specific training to support their professional development.

#### **Areas for Improvement**

Although the management team had developed a range of policies, procedures and paperwork to support staff it was evidenced that in some instances staff had not introduced this into practice. Some staff appeared reluctant to follow instructions or use good practice examples to assist with their own development. Staff need to take responsibility to develop their own practice.

Planned team meetings which were a forum to discuss business and practice issues were often cancelled due to staff availability. The level of management support required by the team had impacted on available time. As a result staff development days had not taken place. This had therefore limited the opportunities for the team to consider the aims, objectives and development of the service. This has to be addressed to allow the ongoing development of the fostering service.

Although it was noted communication had improved this was an ongoing challenge for the service. They should consider attending meeting with the Children and Family teams and sharing information on roles and responsibilities.

A training officer was in place who would oversee staff training. It would be helpful if a staff development strategy was compiled for the service which would inform the annual training plan. This should contain information on team and individual training needs. It was evidenced that some training had been paid for, but dates for the delivery for this were not in place. This should be arranged as topics such as permanency training would be beneficial to staff and is an outstanding recommendation from the last inspection.

The draft induction programme should be finalised and incorporated into practice as soon as possible. It would be beneficial to have a record of the induction programme undertaken by staff. This should include information on staff knowledge and understanding of policies, procedures and training attended.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

2

**Recommendations**

1.  
Training planned should be scheduled to take place as soon as possible as staff would benefit from accessing this.  
National Care Standards: Foster Care and Family Placement Services 13.2
  
2.  
All new staff should complete the induction programme outlined within the new service policy.  
National Care Standards: Foster Care and Family Placement Services 13.2

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service Strengths

Having sampled the evidence provided, the service was assessed to be operating at an adequate level in relation to this statement.

Service users generally experienced a service which supported participation in the variety of ways previously highlighted.

Policies and procedures had been drafted to assist staff in their day to day practice. The Council had proposed a restructuring within the organisation that included the Fostering and Adoption team.

#### Areas for Improvement

As previously acknowledged the management were developing the variety of ways in which service users could be involved in the service. However, this was still at an early stage and information needed to collated and evaluated and used to inform the development of the service.

The service still had further work to do to involve service users in completing the self assessment form for the service.

#### Grade awarded for this statement

3 - Adequate

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

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

### **Service Strengths**

Following sampling of the evidence provided relating to this statement it was determined that staff influence in the determining the direction of the service was adequate.

Staff had recently been consulted in relation to the restructuring of the service.

Training for team members had been planned and it was identified that the training officer would now have a role in planning future training. Any particularly good pieces of work were shared within the team to promote good practice.

Staff were very well supported by managers who offered regular support and guidance. They also had access to good practice publications. Staff and managers undertook joint working with other agencies to develop the service.

### **Areas for Improvement**

Although opportunities were provided for staff to influence the direction of the service, it was evident that some members of the team were not at the stage of being able to effectively influence the development of the service. For example the development days were not able, as yet, to be used for meaningful consultation with staff due to limited knowledge or experience. However, it should also be acknowledged that staff absences have had a negative impact on the team working together, sharing practice and discussing practice issues.

It was recognised that time needs to be given to discussing the policies and procedures drafted and for practice issues to be discussed and good practice shared. Staff need to be receptive to sharing good practice ideas and implementing them into their practice to improve and develop the service.

It would be helpful to have a training matrix for the service that provides an overview of staff skills and training. It was identified that although some training had been purchased dates for the delivery of this had not been agreed. Training dates should be identified as a priority.

### **Grade awarded for this statement**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 4**

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

### **Service Strengths**

It was determined that the service was operating at an adequate level in respect of quality assurance.

Managers were developing systems to involve Foster Carers and their families in providing feedback as previously highlighted within this report.

The service had developed an action plan in response to the last Care Commission inspection. They also participated in the follow up inspection carried out by the Social Work Inspection Agency.

A permanence planning group had been introduced and met regularly to ensure information on children and placements was regularly updated and monitored.

### **Areas for Improvement**

The manager planned to produce six monthly reports on the work of the fostering service, identifying key issues and ongoing developments.

There were outstanding recommendations from the last inspection in regard to quality assurance that the service need to address. This related to the formulation of an annual development plan and the development and implementation of a range of quality assurance systems.

### **Grade awarded for this statement**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

2

### **Recommendations**

1.

An annual development plan for the service needs to be developed in consultation with staff and service users.

Foster care and Family Placement Services Standard 13.7

2.

The service needs to further develop and implement quality assurance systems which recognise the importance of consultation with all stakeholders.  
Foster care and Family Placement Services Standard 13.3

## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

N/A

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care 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).

## Summary of Grades

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

## Inspection and Grading History

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Date	Type	Gradings
18 Nov 2008	Announced	Care and support      2 - Weak Staffing                      2 - Weak Management and Leadership      2 - Weak

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

This publication is available in other formats and other languages on request.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بایتسد سیم روزابز رگید روا رولکش رگید رپ شرازگ تعاشا هی

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

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Improving care in Scotland



# Inspection report

## Clackmannanshire Adoption Service Adoption Service

Child Care Services  
Lime Tree House  
Castle Street  
Alloa  
FK10 1EX  
01259 225000

<b>Inspected by:</b> (Care Commission officer)	Lynne Nimmo
<b>Type of inspection:</b>	Announced
<b>Inspection completed on:</b>	28 September 2009



	<b>Page Number</b>
<b>Summary of this inspection report</b>	3
<b>Section 1: Introduction</b>	
About the Care Commission	5
About the National Care Standards	6
What is inspection?	7
How we decided what to inspect	9
What is grading?	10
About the service we inspected?	11
How we inspected this service	12
<b>Section 2: The inspection</b>	17
<b>Section 3: Other information</b>	
Other Information	34
Summary of Grades	35
Terms we use in our reports and what they mean	36
How you can use this report	38
People who use care services, their relatives and carers	38

**Service provided by:**  
Clackmannanshire Council

**Service provider number:**  
SP2003002713

**Care service number:**  
CS2004083967

**Contact details for the Care Commission officer who inspected this service:**

Lynne Nimmo  
Telephone 01786 406363  
Email [enquiries@carecommission.com](mailto:enquiries@carecommission.com)



## Easy read summary of this inspection report

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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Staffing  **4** Good

Quality of Management and Leadership  **3** Adequate

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

The line managers supported the staff team very well in their roles. They had a good overview of the service delivery.

## **What the service could do better**

The service needs to continue to support individual staff as necessary whilst being mindful of the need to develop a team approach through meetings and development days

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

The service had developed draft policies to guide the practice of staff. They had improved communication and increased opportunities for consultation with people who use the service

## **Conclusion**

Managers within Clackmannanshire Council Adoption Service have have worked hard to develop a structure to support and guide staff in developing the service. Policies and procedures to guide practice have been developed, training and information materials has been purchased for staff.

## **Who did this inspection**

### **Lead Care Commission Officer**

Lynne Nimmo

### **Other Care Commission Officers**

Mary Soutar

### **Lay Assessor**

N/A

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Blackwells Bookshop  
53-62 South Bridge Edinburgh  
EH1 1YS  
Telephone: 0131 662 8283  
Email: [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.uk)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

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

- 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.
- 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.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

## What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:



We do not give one overall grade.

### **How grading works.**

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Clackmannanshire Council Adoption Service provides an Adoption Agency for children and young people aged from 0 to 16 years, who are assessed as in need of this service and who live or have a connection with Clackmannanshire. The agency is registered to recruit and support adoptive families.

The service was registered on 23 November 2005.

Since the last inspection the managers have worked hard to develop the service and support staff within their roles.

The stated aims and objectives of the service were:

- To meet the needs of children who, for a variety of reasons, cannot live with their own families.
- To work in partnership with prospective adopters.

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

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>3 - Adequate</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

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

This report was written following an announced inspection that took place between 9 and 18 September 2009. Feedback was given to the service on Monday 28 September. The inspection was carried out by Mary Soutar and Lynne Nimmo, Care Commission Officers.

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

- Personal plans of people who use the service.
- Questionnaires completed by applicants.
- Team meeting minutes.
- Evidence from the service's most recent Self Assessment.

Discussions with various people including:

- The management team.
- Supervising Social Workers.
- Adoptive parents.
- Children's Social Workers.

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

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Has the service had to take any actions as a result of or since our last inspection?**

Information provided to applicants must include details of the complaints procedure and the role of the Care Commission in respect of complaints against registered services.

**This is in order to comply with: SSI 2002/114 Regulation 25 (5)(6) and the Adoption Agencies (Scotland) Regulations 1996 Regulation 4.**

**Timescale: Within 4 weeks of receipt of this report.**

### **Action taken on the Requirement**

Leaflets in relation to complaints and the role of the Care Commission are now included within information packs. Leaflets were also given out retrospectively to people who were going through the assessment process.

### **The requirement is:**

Met

The service must develop policy and procedures to encompass the aspects of practice outlined within National Care Standards adoption agencies: Dealing with Your Application.

Standard 20.1, 20.2, 20.3. including a written explanation where application is not accepted and procedures for reconsideration of this. Also, information about other agencies who may be able to consider applicants.

**This is in order to comply with: The Adoption Agencies (Scotland) Regulations 1996**

**Regulation 4.**

**Timescale: Within 3 months of receipt of this report.**

### **Action taken on the Requirement**

Draft procedures had been developed that included all the required information in relation to the application process. This requirement will continue as the policy had not been finalised and incorporated into practice.

### **The requirement is:**

Not Met

Agency staff should ensure 'life story' work is undertaken with children who have been adopted.

**This is in order to comply with: The Adoption (Scotland) Act 1978 Regulation 1. (2)(bb)**

**Timescale: Ongoing.**

**Action taken on the Requirement**

Although training had been purchased it had not been delivered to staff. Therefore, this requirement will continue.

**The requirement is:**

Not Met

Records should clearly evidence how and when children's views had been taken into account.

**This is in order to comply with: The Adoption (Scotland) Act 1978 Regulation 6(1)(b)**

**Timescale: Ongoing**

**Action taken on the Requirement**

It was evident within care plans that systems had been developed to obtain children's views.

**The requirement is:**

Met

Prior to placing siblings an attachment assessment must be undertaken.

**This is in order to comply with the Adoption Agencies (Scotland) Regulations 1996 Regulation 11(6)**

**Timescale: Ongoing**

**Action taken on the Requirement**

The service had purchased the British Adoption And Fostering Together or Apart assessments which was to be introduced into practice.

**The requirement is:**

Not Met

The Agency is to provide written information on post adoption support to adoptive families. This should include information regarding Birth Records Counselling and Access to Records.

**This is in order to comply with: S 1 The Adoption (Scotland) Act 1978 underpinned**

**Para 219 Regulations and Guidance vol 3.**  
**Timescale: Ongoing**

**Action taken on the Requirement**

Although training had been purchased it had not been delivered to staff. Therefore, this requirement will continue.

**The requirement is:**

Not Met

Written reasons for not approving prospective adoptive parents must be given to them along with written information about procedures for appealing this decision.

**This is in order to comply with: The Adoption Agencies (Scotland) Regulations 1996 regulation 12 (3)(d).**

**Timescale: Ongoing**

**Action taken on the Requirement**

A pro forma has been developed by the service that would be used to inform prospective adopters in writing should their application be unsuccessful.

**The requirement is:**

Met

**The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

**Annual Return Received**

Yes - Electronic

**Comments on Self Assessment**

We received a fully completed Self Assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

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

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

At this inspection the children were too young to give their views.

**Taking carers' views into account**

People who had been approved as adopters were complimentary of the service. They found staff to be approachable and supportive. They were able to build up good working relationships with them. They stated that they felt able to give their views and were listened to by staff. Adopters knew the line management structure in place.

# Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

## Statement 1

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

### Service Strengths

Following consideration of a sample of the evidence provided and feedback from Adopters, children and staff, the service was determined to be operating at a good level.

Approved adopters confirmed that they had a range of ways in which they could have their say on the quality of service being provided. This included questionnaires at various stages in the process and discussion with staff and management. In response to feedback adopters felt that communication within the service had improved and they were kept well informed about changes that affected them.

Adopters reported that they had experienced a comprehensive assessment programme which they found beneficial. This included a preparation course with input from people who had been approved as adopters and people who had been adopted, child psychologists and paediatrician. They found these sessions well balanced and well presented. Adopters confirmed they had been approached to participate in a working group to produce a handbook for adopters.

Throughout the assessment process applicants reported that Supervising Social Workers were very supportive and always responded to any queries. This support was increased at key points in the process such as when applicants were going to Panel. They also knew who line managers were, their role in supporting Supervising Social Workers and how to contact them. Applicants were kept up to date about the progress of their application.

Children were consulted in an age appropriate way in relation to adoption. Within reports, Social Workers detailed why adoption was in the child's best interests. Information was recorded in relation to recommendations for adoption/permanency. It was also evident that birth parents were involved in the process and their views taken into account. They were invited to attend meetings, panels and reviews.

The service provided post adoption support for anyone affected by adoption. Additional support was available through the Group for Adopted People (GAP) and Post Adoption Central Support (PACS).

### **Areas for Improvement**

The Council still had to develop a participation strategy for the service detailing how adopters and adoptees can influence the ongoing development of the service. See Recommendation 1.

Although approved adopters confirmed they had been approached to be part of the working group to develop a handbook they were still waiting for a date for this. This should be progressed soon so that they do not lose people's interest.

### **Grade awarded for this statement**

4 - Good

### **Number of Requirements**

0

### **Number of Recommendations**

1

### **Recommendations**

1.

The service should develop a participation strategy which recognises the role of service users in the ongoing development of the service.

**This is in order to comply with National Care Standards: Adoption Agencies Standard 32.5 & 32.8. Providing a Good Quality Service.**

### **Statement 3**

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

#### **Service Strengths**

Discussion with staff, approved adopters and examination of documentation evidenced that the service was operating at a good level.

Prospective adopters were subject to a thorough assessment with regard to their suitability as adopters. Part of this assessment included medical checks being undertaken on prospective adopters. Managers oversaw this process to ensure that high standards were implemented by staff when gathering information. In one file examined the Panel commented on the high standard of the report submitted.

A full health assessment was undertaken on children placed for adoption. It was evident where referrals had been made to other agencies such as paediatrician, speech therapist and educational psychologist. Records indicated that children's health needs were supported pre and post adoption. Adopters confirmed that they were given ample up to date information in relation to children they had been matched with. They confirmed they had access to the medical advisor to discuss any issues or concerns. One adoptive family also had the opportunity to meet staff from the Education Department to discuss the child's development and future needs.

Adopters felt that health issues were covered well during the preparation sessions. If there were any particular issues, Supervising Social Workers were good at signposting them to appropriate literature. Adopters spoken with felt that decisions made by the service in relation to children had been correct. It was acknowledged that the thorough assessment and exploration carried out in relation to children's individual needs assisted in the matching process. Adopters had the opportunity to meet with birth families and were well informed about the possible contact, whether directly or indirectly, with them post adoption.

All adopters had been given a copy of the Framework Standards and Children's Charter.

**Areas for Improvement**

Some adopters found the abbreviations used at reviews confusing and would have found a bibliography of them useful.

The managers were to continue working with Falkirk and Stirling Councils to develop post adoption support.

It should be ensured that when adopters request information from the Council's legal department a response is made within a reasonable period of time.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 5**

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

### **Service Strengths**

Following consideration of the evidence sampled and feedback from adopters and staff, the service was determined to be operating at a very good level.

The service had developed a range of policies and procedures governing assessment, appeals and advertising.

Information was provided to people interested in becoming Adopters through the council website and information leaflets. Systems were in place to log and track applications. Adopters spoken with described positive experiences in regard to the initial assessment. This was then followed by a thorough assessment of prospective adopters. Potential adopters found the preparation sessions informative, well presented and well balanced. The input from adopters and people who had been adopted was seen as invaluable.

Applicants reported that they were well supported throughout the process. Supervising Social Workers kept appointments, explained the procedures and took time so applicants were clear about the process and where they were in it. It was established that staff, on occasion, were very good at supporting families out with office hours, particularly at key points of the assessment process. Reports were presented to panel within the required 12 weeks.

Where it had been identified adoption was in children's best interests, there was evidence of the assessments undertaken in relation to their individual needs. It was clear that external/independent agencies had been approached for their views in regard to children's needs and what was in their best interest. Parent's views on permanence were sought.

Permanence planning meetings were now in place. This allowed the service to have an overview and monitor the progress of all children who had been identified as needing alternative permanent care. Managers maintained an overview of workers caseload to monitor the progress in assessments.

During the matching process children's needs could be further explored. When prospective adopters had questions in relation to children, meetings were arranged with other professionals involved to assist them in the decision making. Adopters reported that linking meetings and planned moves for children were well organised.

People who had been adopted had received a quality service in respect of tracing their birth family. They stated that staff had been informative, sensitive, realistic and genuine in relation to the search and kept them up to date about the progress of the research.

### **Areas for Improvement**

It was identified that some Form E's had not been completed as quickly as expected. This should continue to be closely monitored so that assessments are completed within a reasonable time.

The following information relates to outstanding requirements from the last inspection. It was identified that life story work had still not been addressed or carried out by staff. The service had purchased BAAF Together or Apart to use in assessments when placing siblings, but still had to be fully implemented into practice. See Requirements 1 and 2.

### **Grade awarded for this statement**

4 - Good

### **Number of Requirements**

2

### **Number of Recommendations**

0

### **Requirements**

1.

Agency staff should ensure 'life story' work is undertaken with children who have been adopted.

**This is in order to comply with: The Adoption (Scotland) Act 1978**

**Regulation 1 (2)(bb)**

**Timescale: Ongoing**

2.

Prior to placing siblings an attachment assessment must be undertaken.

**This is in order to comply with the Adoption Agencies (Scotland)**

**Regulations 1996 Regulation 11(6) Timescale: Ongoing**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

Following consideration of the evidence sampled and feedback from adopters and staff, the service was determined to be operating at a good level.

Within the service there were good relationships between potential and approved adopters and staff. Adoptive parents and prospective adopters confirmed they were now kept fully informed of the availability of staff.

Applicants described staff as 'Approachable, supportive, brilliant and superb'.

Questionnaires had been developed to allow adopters to feedback on the assessment process and the post adoption support provided. Adopters were also invited to participate in developing a new handbook for new applicants.

Within the 'Having your Say' document, children and young people could have their views about staff and carers heard. Feedback regarding Supervising Social Workers was positive and applicants felt supported throughout the assessment process.

Since the last inspection additional staff had been recruited and a team was now in place.

Systems were in place to enable panel members to provide feedback on the quality of reports and assessments.

**Areas for Improvement**

The workshops planned for developing a hand book for adopters should be facilitated.

Although questionnaires had been developed to gather adopters views, this information now needs to be collated, evaluated and an action plan produced which should then inform the development of the service.

An additional worker has been recruited to the team. Their initial remit is to recruit Foster Carers. After this they will undertake all other elements of the Supervising Social Worker role.

As reported on in Quality Theme 1, Statement 1, the service has still to develop a participation strategy.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

0

## **Statement 2**

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

### **Service Strengths**

An audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission.

Overall, the audit evidenced very good performance on staff recruitment procedures across the organisation.

The audited files consistently evidenced that application forms were completed, all files held job profiles and the majority of files had copies of the council aims and objectives. Overall, the organisation followed their comprehensive recruitment policy and further procedure documents were in place to support the policy.

The organisation made use of their occupational health service to determine applicants' fitness for the post.

Relevant Disclosure Scotland checks were completed by all applicants before starting work with the council. The council had been audited by Disclosure Scotland and the report confirmed that the council was compliant in most areas of the Code of Practice with a range of recommendations made to meet full compliance. The council have completed a review of their recruitment policy and procedures in line with the recommendations made and a draft policy is ready for council approval.

The organisation policy and person specification form used at the recruitment panel and interview stage identified posts where qualifications were either required or desirable.

An induction procedure had been developed for all staff designations.

### **Areas for Improvement**

This audit highlighted a small percentage of files where gaps were identified, for example;

One file had no evidence that a Disclosure Scotland Check had been carried out. A further check on the council data base confirmed that this had not been done.

The audit highlighted inconsistency in checking required qualifications at point of interview. Seven files had no evidence of following the council panel and recruitment guidance of viewing and confirming qualifications where candidates had declared qualifications in support of their application.

Discussions with the council HR Team Leader identified that their most recent recruitment checklist should identify these gaps. After examining some of the completed checklists, the CCOs advised the HR Team Leader that there continued to be inconsistent completion of these and further work needed to be done, to ensure that the Council had a clear and consistent audit trail, which supported their new draft Recruitment and Disclosure Scotland policies and procedures.

The HR Team Leader confirmed at the feedback stage that they intend to improve their performance on quality control by introducing a systematic audit check of recruitment files on an ongoing basis in the near future. The findings of this audit support this area of improvement identified by the Council.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

1

**Safer Recruitment - Inspection Focus Area (IFA) outcome**

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

**Recommendation**

1.

It is recommended that the provider develops a system, as planned, which monitors and supports their current recruitment policies and procedures to ensure these are being consistently applied and that there is a robust evidence trail of these safe recruitment practices.

**In making this recommendation reference has been made to Scottish Social Services Council Code of Practice 1.1 to 1.5.**

### **Statement 3**

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

#### **Service Strengths**

Discussion with staff and evidence sampled confirmed the service to be operating at a good level.

Policies and procedures that included recruitment, whistle blowing and child protection were in place to guide staff practice.

Managers were experienced, knowledgeable and supportive to all staff. They shared examples of good practice with staff and ensured they had access to a range of good practice guidance. Through regular supervision with staff, managers maintained an overview of the work of the team. The frequency of supervision was arranged to support individual staff needs. Within this forum any issues were addressed.

Managers also worked with other agencies such as BAAF and other Local Authorities to develop and share practice. For example the three Local Authorities were considering how they could jointly provide post adoption support.

Staff had accessed training required to support them in their role. A record of this was maintained. A draft workforce development strategy had been developed for the service.

#### **Areas for Improvement**

Although the management team had developed a range of policies, procedures and paperwork to support staff it was evidenced that staff had not introduced this into practice. Some staff appeared reluctant to follow instructions or use good practice examples to assist with their own development. Staff need to take responsibility to develop their own practice.

Planned team meetings which were a forum to discuss business and practice issues were often cancelled due to staff availability. Due to the level of management support that the team had needed, there had also been no staff development days arranged. This had therefore limited the opportunities for the team to consider the aims, objectives and development of the service. This has to be addressed so that managers have more time to consider the development of the service.

Although it was noted communication had improved this was an ongoing challenge for the service. They should consider attending meeting with the Children and Family teams and sharing information on roles and responsibilities.

A training officer was in who would oversee staff training. It would be helpful if a staff development strategy was compiled for the service which would inform the annual training plan. This should contain information on team and individual training needs. It was evidenced that training had been paid for, but dates for the delivery for this were not in place. This should be arranged as topics such as permanency training would be beneficial to staff and is an outstanding recommendation from the last inspection.

The draft induction programme should be finalised and incorporated into practice as soon as possible. It would be beneficial to have a record of the induction programme undertaken by staff. This should include information on staff knowledge and understanding of policies, procedures and training attended.

See Recommendations 1 and 2.

**Grade awarded for this statement**

4 - Good

**Number of Requirements**

0

**Number of Recommendations**

2

**Recommendations**

1.

Training planned should be scheduled to take place as soon as staff would benefit from accessing this.

**This is in order to comply with National Care Standards: Adoption Agencies standard 32.2; providing a good quality service.**

2.

All new staff should have an induction following the new policy in place.

**This is in order to comply with National Care Standards: Adoption Agencies standard 32.2; providing a good quality service.**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service Strengths

Having sampled the evidence provided, the service was assessed to be operating at an adequate level in relation to this statement.

Service users generally experienced a service which supported participation in the variety of ways previously highlighted.

Policies and procedures had been drafted to assist staff in their day to day practice. The Council had proposed a restructuring within the organisation that included the Fostering and Adoption team.

#### Areas for Improvement

As previously acknowledged the management had produced and developed ways in which service users could be involved in the service. However, this was still at an early stage and information needed to collated and evaluated and used to inform the development of the service.

The service still had further work to do to involve service users in completing the self assessment form for the service.

#### Grade awarded for this statement

3 - Adequate

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

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

### **Service Strengths**

Following sampling of the evidence provided relating to this statement it was determined that staff adequately influenced the direction of the service.

Staff had recently been consulted in relation to the restructuring of the service.

Training for team members had been planned and it was identified that the training officer would now have a role in planning future training. Any good pieces of work were shared within the team to promote good practice.

Staff were very well supported by managers who offered regular support and guidance. They also had access to good practice publications. Staff and managers undertook joint working with other agencies to develop the service. For example, in post adoption support.

### **Areas for Improvement**

Although opportunities were provided for staff to influence the direction of the service, it was evident that at this time staff experience and absence had limited their contributions to effectively influence the service. It was recognised that time needs to be allocated to the development of the team. This could be achieved by finalising the new policies and procedures and sharing these with staff. Time also needs to be given to discussing and sharing practice issues. Staff have to take responsibility for ensuring they are receptive to sharing good practice ideas and implementing them into their practice to improve and develop the service.

**Grade awarded for this statement**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

1

**Recommendations**

1.

The draft policy developed to assist staff with completing assessments should be shared with them to assist their practice.

**This is in order to comply with National Care Standards: Adoption Agencies Standard 22. Being assessed.**

## **Statement 4**

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

### **Service Strengths**

It was determined that the service was operating at an adequate level in respect of quality assurance.

The service had developed an action plan in response to the last Care Commission inspection. They also participated in the follow up inspection carried out by the Social Work Inspection Agency.

The service had develop questionnaires for approved adopters who had children placed with them so they were able to give their views about the assessment, linking and matching processes.

A permanence planning group had been introduced and met regularly to ensure information on children and placements was regularly updated and monitored.

### **Areas for Improvement**

There are outstanding recommendations from the last inspection in regard to quality assurance that the service need to address. A development plan for the service should be compiled. Quality Assurance systems still need to be set up and fully implemented. See Recommendations 1 and 2.

**Grade awarded for this statement**

3 - Adequate

**Number of Requirements**

0

**Number of Recommendations**

2

**Recommendations**

1.

A development plan for the service needs to be formulated in consultation with staff and service users.

**This is in order to comply with Adoption Agencies standard 32.8; Providing good quality service.**

2.

The service needs to further develop and implement quality assurance systems which recognises the importance of consultation with all stakeholders.

**This is in order to comply with Adoption Agencies standard 32.8; Providing good quality service.**



## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

N/A

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care 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).

## Summary of Grades

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

## Inspection and Grading History

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Date	Type	Gradings
18 Nov 2008	Announced	Care and support      2 - Weak Staffing                      3 - Adequate Management and Leadership                      2 - Weak

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

This inspection report is published by the Care Commission. It is for use by the general public. You can get more copies of this report and others by downloading it from our website [www.carecommission.com](http://www.carecommission.com) or by telephoning 0845 603 0890.

## Translations and alternative formats

This publication is available in other formats and other languages on request.

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

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**Web: [www.carecommission.com](http://www.carecommission.com)**

Improving care in Scotland

# Inspection report

## Woodside Childrens Unit Care Home Service Children and Young People

18-20 Woodside Terrace  
Clackmannan  
FK10 4HU  
01259 213401

<b>Inspected by:</b> (Care Commission officer)	Tony Clarke
<b>Type of inspection:</b>	Unannounced
<b>Inspection completed on:</b>	1 February 2010



	<b>Page Number</b>
<b>Summary of this inspection report</b>	3
<b>Section 1: Introduction</b>	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	13
<b>Section 2: The inspection</b>	15
<b>Section 3: Other information</b>	
Other Information	21
Summary of Grades	22
Terms we use in our reports and what they mean	23
How you can use this report	25
People who use care services, their relatives and carers	25

**Service provided by:**  
Clackmannanshire Council

**Service provider number:**  
SP2003002713

**Care service number:**  
CS2003011578

**Contact details for the Care Commission officer who inspected this service:**

Tony Clarke  
Telephone 01786 406363  
Email enquiries@carecommission.com



## Easy read summary of this inspection report

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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support	6	Excellent
Quality of Environment		N/A
Quality of Staffing	6	Excellent
Quality of Management and Leadership		N/A

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

The service has many strengths.

It has shown that it can sustain long-term placements for young people with diverse needs, where a return to family is not possible. This has provides a stable life for the young people in as domestic a setting as possible. They are able to draw up and pursue their school and social goals with consistent support and guidance.

There is detailed attention given to daily communication, with the voice of the young people given priority. Care plans are changed on a daily basis if needed. The basics of care are daily reviewed such as food, clothing, the living environment, conduct, and work with carers. This structure is welcomed by the young people and they take part in the processes.

Staff are given authority to deal with daily issues, leading to greater confidence and consistency in the work. The staff and manager emphasised the contribution of the young people to the quality of the service, crediting them with good work and the progress they make.

### **What the service could do better**

A new supervision and appraisal policy was being introduced.

Staff were being helped to give presentations at outside meetings, and to visit other services to observe practice.

The service was being extended to a nearby supported flat for those young people who were approaching independence with ongoing support. This variation in the registration was being processed at the time of the inspection.

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

The service has recently obtained Council funding and support for the ongoing study buddies scheme. This has been set up with a local private school, whereby the pupils come and help the young people individually with their homework.

More furniture for the bedrooms and living areas has been replaced, and the choice of young people was observed in this.

Staff were helped to reflect on and to improve their practice. This brought about better communication, and the greater involvement of staff in developing the service.

Two new young people have come to stay, and were helped to settle in



quickly and to resume or continue their school attendance. Young people have moved on in a planned and positive way, with ongoing support and contact.

## **Conclusion**

Overall the service has made progress through an ethos of being fair yet firm, with committed empathy for the young people. A person-centred approach has taken the service through the challenges it faced. This has also helped to sustain the gradings of "excellent " achieved in previous inspections.

## **Who did this inspection**

### **Lead Care Commission Officer**

Tony Clarke

### **Other Care Commission Officers**

### **Lay Assessor**

Not used.

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Blackwells Bookshop  
53-62 South Bridge Edinburgh  
EH1 1YS  
Telephone: 0131 662 8283  
Email: [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.uk)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

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

- 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.
- 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.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

## How we decided what to inspect

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### **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

### **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

## What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:



We do not give one overall grade.

### **How grading works.**

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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This service was managed by Clackmannanshire 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 long term care was aimed for, to allow work toward identified outcomes and the achievement of the young people's aspirations.

The service was first registered on 1 April 2002 and was last inspected on 5 December 2008.

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

<b>Quality of Care and Support</b>	<b>6 - Excellent</b>
<b>Quality of Environment</b>	<b>N/A</b>
<b>Quality of Staffing</b>	<b>6 - Excellent</b>
<b>Quality of Management and Leadership</b>	<b>N/A</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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

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

The inspection was unannounced, and consisted of two visits to the service. These were on 20 January 2010, from 9.30 to 4 pm and 1 February 4 pm to 7pm.

Documents looked at included

Care plans  
Reviews  
Minutes of staff meetings  
Minutes of young person's meetings  
Medication records  
Communication book  
Daily handover meeting records  
Training strategy  
Supervision and appraisal records.

On 20 January we talked with two of the young people, with four residential care officers, with the manager and the housekeeper. The Training officer and a through care social worker were visiting and we met with them also. We took part in the daily handover meeting at 10 am, where the new staff coming on shift were brought up to date on the previous 24 hours by staff going off duty.

On the evening of 1 February we met with four of the five young people at a house meeting which we attended by their invitation.

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

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children

- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

### **Annual Return Received**

No

### **Comments on Self Assessment**

The previous self assessment was a useful guide in assessing the development of the service.

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

One person said that 'Woodside was number one!'. Specific discussions showed that young people were very happy with the food, cooking opportunities, with the environment and with how they were treated by staff. They clearly felt involved in how things were organised on a day to day basis.

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

The views of carers had been considered during the previous inspection, and there was no new information available.



## Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

### Statement 1

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

#### Service Strengths

The strengths identified in previous reports were maintained. These included a house meeting which was convened and recorded by the young people themselves, with clear links to the business of the weekly staff meeting.

Several issues raised by the young people had been agreed. The number of power points in each bedroom were to be increased, the layout of the living area was agreed, and young people took part in buying new chairs and soft furnishing. Advocacy is directly available to the young people if needed through regular visits of the Who Cares? representative and access to a Children's Rights Officer. Who Cares? now takes a more active role by meeting regularly with the young people.

Young people were also supported to have an input into the policy of the Council, at regular 'Meet the Bosses' events. These enabled young people who are looked after to give feedback and to have a say in planning care services. Most recently, the Council had promised the group to improve housing opportunities for young people, and there had been more young people from foster care coming along. It is a credit to Woodside to have started this event and to continue to support its work.

Young people wrote their own daily case records, and these were the basis of the daily handover to staff coming on shift.

Young people had taken part in the away day for staff. This had been followed up by notices in user friendly and visual layout about the current goals for the service. Young people still routinely helped to select new staff. They had been actively involved in drawing up and revising written information for the service.

There were thus excellent opportunities for young people's involvement in improving the quality of care they received.

#### Areas for Improvement

The service intended to continue to meet the interests and preferences of the young people where possible. Work was ongoing with staff to ensure that young people were treated as equal partners as much as possible in the provision of care and support.

**Grade awarded for this statement**

6 - Excellent

**Number of Requirements**

0

**Number of Recommendations**

0

### **Statement 3**

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

#### **Service Strengths**

The service had helped to draw up the local Health Board's guidance on medicines in care homes for young people. The records for medicine and its storage were looked at today, and they complied fully with best practice.

A wide range of outside resources was used to ensure the health of the young people. These included a named nurse for looked after young people, consultant psychiatrists, and speech therapists. In several cases the staff had found and taken forward health issues not seen by other services. Increasingly these professionals support staff in their work by providing specialist advice and support.

Internal resources for health included a focus on activity, health awareness and healthy eating. This was helped by maintaining a vegetable garden whose produce was used in cooking. The garden was worked on by several of the young people. The housekeeper helped to promote cooking skills and health awareness. She also provided programs to help young people to budget in a realistic way.

Staff worked hard to find out the goals and preferences of the young people themselves, and to fulfill these. For example, karting, swimming, camping, cadets, dance and ballet were some activities which were regularly followed. This ensured that individual interests and skills were fostered, leading to an active and full life for each young person.

#### **Areas for Improvement**

The service intended to continue to monitor and to promote the health of the young people, through reviews and day to day support.

#### **Grade awarded for this statement**

6 - Excellent

#### **Number of Requirements**

0

#### **Number of Recommendations**

0



## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 6 - Excellent

### Statement 1

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

#### Service Strengths

When the service is recruiting new staff, young people assist in the interviews. They are encouraged to prepare their own questions in advance and this has helped to put across the views of young people in the quality of staffing. Existing staff confirmed the value of young people being involved in their interviews.

There is regular input by young people into meetings of staff, either directly or indirectly.

Examples of this were:

- (i) views of the young people expressed in the house meeting are taken forward at the main staff meeting each week.
- (ii) young people write their own case record each day, which is used as the basis of the daily handover meeting
- (iii) the annual away day for staff training now routinely involve the young people coming along and playing an integral part in the training. Their views on good support staff had been put in visual form on the notice board in the dining room.

The manager has daily contact with staff on duty and with each of the young people. This ensures that young people's views are heard and carried forward at all levels of working of the service to relevant staff.

There was clear evidence that the service valued the voice of young people on staffing matters at all levels, including policy formation, recruitment and day to day practice. The service had an excellent commitment to maintaining and taking this forward as much as possible.

**Areas for Improvement**

The service was ensuring that all staff gave equal weight to the views of the young people in their work and the the working of the service.

Grade awarded for this statement

6 - Excellent

**Number of Requirements**

0

**Number of Recommendations**

0

### **Statement 3**

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

#### **Service Strengths**

All staff were qualified to at least SVQ level four with HNC. Additionally, several staff had further qualifications such as in Social work, psychology and community support and development. Registration of staff with the Scottish Social Services Council had been completed.

There was careful and precise attention to daily communication between staff, and this had been further improved recently. The daily handover meeting each day had a specific written agenda and covered the case records written by the young people, the communications book, diary and any needed changes in plans for the day for each young person or staff member. The manager makes a point of being at each handover meeting where possible.

Staff meeting minutes showed a focus on staff development to ensure smooth teamwork and to promote good practice with the young people. Working relationships between certain staff groups had been specifically discussed.

Outside training opportunities were regularly attended, there were talks by staff at seminars, and visits to other services were being arranged to allow staff to observe and to reflect on alternative approaches to practice.

The overall ethos was one of reflective practice where the development of everyone, staff as well as young people was valued and promoted.

#### **Areas for Improvement**

The service was finalising its training program for the coming year with the help of the training officer for the Council. Work was being done to introduce the new policy on supervision and appraisal. It was anticipated that this would further develop the professionalism and development of staff practice.

#### **Grade awarded for this statement**

6 - Excellent

#### **Number of Requirements**

0

#### **Number of Recommendations**

0

## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

#### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care 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).

## Summary of Grades

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<b>Quality of Care and Support - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 3	6 - Excellent
<b>Quality of Management and Leadership - Not Assessed</b>	

## Inspection and Grading History

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Date	Type	Gradings								
5 Dec 2008	Announced	<table> <tr> <td>Care and support</td> <td>6 - Excellent</td> </tr> <tr> <td>Environment</td> <td>6 - Excellent</td> </tr> <tr> <td>Staffing</td> <td>6 - Excellent</td> </tr> <tr> <td>Management and Leadership</td> <td>6 - Excellent</td> </tr> </table>	Care and support	6 - Excellent	Environment	6 - Excellent	Staffing	6 - Excellent	Management and Leadership	6 - Excellent
Care and support	6 - Excellent									
Environment	6 - Excellent									
Staffing	6 - Excellent									
Management and Leadership	6 - Excellent									
15 Sep 2008	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very Good</td> </tr> <tr> <td>Environment</td> <td>5 - Very Good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	5 - Very Good	Environment	5 - Very Good	Staffing	5 - Very Good	Management and Leadership	5 - Very Good
Care and support	5 - Very Good									
Environment	5 - Very Good									
Staffing	5 - Very Good									
Management and Leadership	5 - Very Good									



## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

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## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

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