

Stanmore Care Home Service Care Home Service

Stanmore House School
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Lanark
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Telephone: 01555 665 041

Type of inspection:
Announced (short notice)

Completed on:
21 December 2022

Service provided by:
Capability Scotland

Service provider number:
SP2003000203

Service no:
CS2019377305

About the service

Stanmore Care Home Service is owned and managed by Capability Scotland. It provides residential care for children and young people who have a range of care needs which include complex medical conditions, as well as physical and sensory impairments. The service was previously registered as school care accommodation and adjusted its conditions of registration in 2020. The service is now registered as a care home service for children and young people. These changes were made to expand the range of young people who could be cared for at Stanmore. The service is based on a campus which also provides specialist education provision, and includes a range of play and leisure facilities.

The accommodation consists of four-bedded bungalows, with each resident having their own room as well as access to communal areas. At the time of our inspection, there were nine resident young people living in three bungalows. The house that provided a respite service is temporarily closed.

The aims and objectives of the service include the following:

- To provide children and young people with positive stimulation and enjoyable experiences and also help children, young people and, where possible, their families and networks to plan towards and, where possible, achieve a positive future.
- To provide each child/young person with the highest quality of care in order to achieve positive outcomes for the individual.
- Promote young people's self-confidence and self-esteem within a framework of equal opportunities and anti-discriminatory practice, recognising their individual potential and needs.
- Safeguard young people and promote their welfare, educational opportunities and achievement.
- Promote positive relationships with families if this is deemed to be in the best interest of the young person.
- Promote young people's integration with the wider community.
- To equip young people with independent living skills in accordance with their level of ability and understanding.
- Collaborative working will be undertaken to ensure positive outcomes for young people.
- Advocate on behalf of young people, whilst acting in their best interest at all times.
- To equip young people with the skills required to self-regulate their own behaviour, whilst promoting their self-esteem and independence.

About the inspection

This was a short announced Inspection which took place on 12 and 13 December 2022. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Observed four young people/residents of the service and spoke with one family member
- Spoke with 13 staff and management
- Spoke with one social worker
- Observed daily life in all three houses
- Spoke/observed staff from allied health services
- Reviewed documents and policies
- Took into account responses from surveys sent out prior to the inspection starting
- Reviewed comments from a recent service evaluation.

Key messages

- Managers had made good progress in relation to meeting requirements and areas for improvement identified at the last full inspection, and continued to sustain these positive developments.
- Staff and managers of the service were working hard to improve the culture of the service, making this more nurturing and inspiring.
- Collaborative working relationships were more positive between education and residential staff, improving outcomes for young people.
- Staff and managers of the service were supporting transitions of young people moving to adult services in a robust and effective manner.
- A new initiative to recruit social care staff more efficiently and safely had increased the numbers of more experienced and person-centre applicants.
- Adjustments should be made to enable young people to be involved in food practices that promotes their wellbeing and important areas of social learning.
- The setting young people reside in should be more homely and comfortable, the purchasing of large furniture items was time-consuming, and temporary fixtures were not appropriate.
- Staff shortages resulted in some young people being unable to participate in activities, particularly at the weekends.
- The induction policy for newly appointed staff should be better planned to include priority mandatory training takes place as soon as possible.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing?

4 - Good

We have graded this key question as good. Although there were areas of improvement identified, these were outweighed by important strengths which had led to positive outcomes for some young people. However, improvements are still required to maximise wellbeing and ensure that young people consistently have outcomes which are as positive as possible.

Quality indicator 7.1: Children and young people are safe, feel loved, and get the most out of life

We observed caring and nurturing relationships taking place between the young people and staff members. Overall, staff were knowledgeable about young people and understood their complex individual needs. Staff were also skilled at reading body language and identifying signs of discomfort or distress. Social care staff, and associated health care staff that we observed, were sensitive in their interactions and responses to young people, and listened to them very carefully.

We found that successful and well planned activities and outings in the community took place regularly. Within a population of young people in society who can experience discrimination, we saw no evidence of this or institutionalised or group care. Young people were encouraged to follow their individual interests and activities such as horse riding, swimming, attending local groups and being included in local celebrations. When assessed as safe, young people were supported to travel on public transport and, in doing so, this supported their sense of wellbeing and independence considerably.

Practices were being developed that aimed to hear the voice of young people through close collaboration with the speech and language therapy team. This approach identified each young person's communication needs, and was incorporated into personal plans to ensure a shared understanding of what was required to help young people to participate in their daily interactions. Young people were supported to engage in decisions affecting them. This was not always easy given their high level of need; however, appropriate arrangements were always made and communication aids and graphic symbols were used routinely.

Closer collaboration between and across services had improved outcomes for young people due to more systematic and organised handovers and meetings attended by all key individuals. This robust approach ensured all staff on campus were informed about any changing needs; for example, health appointments or changes to personal plans. We were informed that social care and education staff were now working together more closely in the best interests of young people and, as a result, young people had more predictability and structure to their day.

A particular strength of the service was the way that support was provided in order to co-ordinate planning for young people transitioning to adult services. This can be a very anxious and stressful time for families and young people, and it is important that all key individuals are included in any change of provision. A birth parent informed us that 'staff at Stanmore had been excellent' at ensuring their adult child had a safe and detailed move to a new property. This process included training staff who would be new to the young person and ensuring that they understood every detail of the young person's communication style and complex care needs. Advocacy services were also helpfully included within some transitions, to ensure young people's rights were upheld.

A recent initiative by the service had been the introduction of their 'keeping you safe' symbolised document for young people. This clearly illustrated graphic document was designed to help young people understand

their rights, and keep them safe from abuse. We were informed the material used had been rolled out using a 'roadshow format' that allowed all key individuals and young people to participate. We welcomed this well considered and innovative approach to keeping vulnerable young people safe. Child and adult policy and protection training had been provided to all members of staff to ensure that they understood the increased barriers that children and adults with disabilities can experience when faced with abuse.

Managers could order and purchase small domestic items efficiently. However, the procedures in place to obtain larger items such as couches, tables and chairs were lengthy, resulting in unnecessary delays. At times, unsuitable temporary fixtures were being used to try and mitigate this **(see area for improvement 1)**.

The current arrangements for the provision of food and menu planning were not meeting the particular needs of some young people. Young people were not involved in the planning or shopping for food that would promote their independence skills and support social development **(see area for improvement 2)**.

Quality indicator 7.2: Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights

We have graded this key question as good. Although there were areas of improvement identified, these were outweighed by important strengths which had led to positive outcomes for some young people. However, improvements are still required to maximise wellbeing and ensure that young people consistently have outcomes which are as positive as possible.

During the last full inspection (December 2021), we found there were a number of concerns regarding the way the house was being managed. At times, this had resulted in crisis management, rather than the consistent and stable approach that we would have expected. Additional factors, such as investigations and complaints into work practice, planned and unplanned absences, all had an adverse impact on staff morale and on the day-to-day delivery of service. In general, there was concern about the culture of the service and overall approaches to work practice.

During this inspection, it was encouraging to see that that improvements introduced following the last inspection had been sustained and managers were having a more positive impact on the day-to-day running of the service. Managers were attempting to strengthen the staff team by introducing more stability; for example, team leaders were now placed on the rota working alongside the staff they were responsible for. We noted more consistency of person-centred practice, and it was clear that managers also appreciated the support that they received from external management, particularly around more positive admission procedures and good matching.

We received some mixed views from staff in relation to the support they were now receiving from their line managers and senior managers. However, overall, the majority of staff we spoke with informed us that morale had improved in the last year and that they had more direction and opportunities to engage in relevant training. They advised us that training has been beneficial to their practice and they could request any training that would help to improve outcomes for young people. The staff team now all received regular formal supervision, and had benefitted from managers being present for informal supervision at times of need.

Managers and staff informed us that they felt they were 'moving in the right direction' in terms of service development. However, they were also aware that there was still a lot of improvement work to be carried out. Despite this, they appeared more optimistic than we had found previously. It was encouraging to find that several staff felt more involved within the service and that they were not afraid to speak up during team meetings or formal supervision if they had any concerns or ideas for improving outcomes. Staff

presented to us as being generally more confident during this inspection, and peer support was viewed as very positive.

Comments from staff included:

"Things are getting better, we are taking strides moving up the way. I am happy with the support from managers, if they are not on site they are always contactable by phone."

"Staff need praise from a higher level, to feel more valued. Nurturing approaches are taken, staff are kind and want to work despite these challenges."

"I am still on a probation period and it is going well, a bit different as I knew the service well from before. I have done training in moving and handling, medication, epilepsy training and can ask to do anything helpful for my role."

"Managers appreciate when we work overtime or go the extra mile, I feel **** listens to me and takes things on board. Communication is much better all round."

"Staff are always coming up with new ways for the young people to be active and engage in activities. There is a lot of promise here and we just need more time and the right resources to make Stanmore Great again."

We reviewed two recruitment files during this inspection and were satisfied that for these cases, appropriate safer recruitment principles had been followed. As highlighted within 'What the service has done to meet any requirements made at or since the last inspection' (number 8), recruitment processes had been strengthened to try and ensure that any potential candidate has, for example, an understanding of person-centred principles and values, and that they were equipped to take on the support worker role. This approach should ensure that in the future, staff being employed have the necessary skills and knowledge to carry out their role more effectively. A promising start had been made; however, we were unable to fully measure outcomes during this inspection, and we will look at this area again during the next service inspection.

We were pleased to see that family members had been identified who could be involved in the interviewing of new recruits. In addition, work is ongoing with young people to enable them to participate in this process. It is important that family and young people are actively involved in the recruitment process to allow their expertise and views to be taken into account.

We examined induction documents for new staff that had taken place and overall, this was working well and enabled ongoing assessment of practice, values and identified any areas for development. However, we noted that there was not a precise timescale for priority core training to be completed, and this still needs to be addressed (**see area for improvement 3**).

Due to more recent staff sickness, there had been times when staffing levels were low, and this was having an impact on some young people. The majority of staff we spoke with informed us that agency staff were still required at times. We were pleased to hear that sensible arrangements had been made to try and provide consistency of agency workers to support young people. During the inspection, there were six vacancies, and we also heard about staff and managers going above and beyond to fill in gaps to ensure young people's needs were being met. Despite new recruitment processes that are likely to improve staffing levels in the near future, we were concerned about staff being able to sustain working long days and hours and the impact this might have on their wellbeing (**see area for improvement 4**).

A new and improved support plan format had been introduced earlier this year and was well received by parents and staff. We looked at the quality of these records and found that they were comprehensive and fully documented personal information. They helped guide staff about young people's needs and practices and staff informed us that families and young people were fully included in six-monthly reviews. The narrative within the plan was sensitively written and provided information about the young people's aspirations. However, we felt that the goals and outcomes for young people were confusing at times. These read more like objectives to be achieved by staff and we provided managers with advice at feedback regarding the importance of ensuring that young people's needs and desired outcomes are clearly identified. Managers were receptive to this advice and agreed to review all personal plans to ensure consistency of practice. We will look at this area again during the next service inspection.

Areas for improvement

1. To ensure all young people experience a high quality environment, the provider should ensure that the premises are furnished and equipped to meet their needs. In addition, any large purchases required within the young people's home should always be managed in a timely manner and without delay.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

2. The provider should ensure that young people are involved in all food practices that supports their health, wellbeing and dietary needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

3. To ensure that those caring for children and young people are clear about their roles and responsibilities, the provider should review and amend their induction policy. The aim of the policy should be to ensure, that all new staff complete mandatory training at the earliest opportunity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

4. To ensure that all young people living at the service are in receipt of safe and supportive care, the provider should continue to complete a four-weekly staffing assessment of physical, emotional, social, psychological and recreational needs and choices as to how they will deliver their care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15); and 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

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

Requirements

Requirement 1

By 30 April 2022, the provider must ensure that a more reliable system is in place to improve collaboration between and across services. This is also required to ensure that information about young people is shared effectively and without delay.

To do this, the provider must, at a minimum:

- a) Ensure that managers will introduce systematic and well organised meetings, briefings and handovers to ensure all staff on campus are well informed and up to date about any changing needs and planning for children and young people.
- b) Ensure members of staff across the campus take responsibility for ensuring they have all the necessary information to fully carry out their role.
- c) Ensure all staff of the service are aware of resources within the school and how to obtain/refer for such a resource.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19); and 'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17).

This requirement was made on 25 January 2022.

Action taken on previous requirement

Managers had reviewed their current communication systems and had introduced more effective approaches to try and improve communication. Important meetings about young people now involved a whole team approach and were attended by all key individuals. Improvements had been sustained since the follow up inspection in May 2022.

Met - within timescales

Requirement 2

By 26 January 2022, the provider must ensure that their complaints policy and procedure is followed.

To do this, the provider must, at a minimum:

- a) Ensure their current policy achieves the desired outcomes; a review of the policy is required.
- b) Ensure all managers carrying out investigations of complaints must have a shared understanding of what is required to ensure consistency.
- c) Ensure a lessons learned approach is taken to investigating all complaints, and that learning is shared across the services.
- d) ensure any complaint investigation is carried out by a manager who can offer an independent view on matters.

This is to comply with Regulation 4(1)(a) (Welfare of Users) and Regulation 18 (Complaints) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 25 January 2022.

Action taken on previous requirement

Managers of the service had reviewed their complaints policy and had made some adjustments to help support better outcomes. More specific training had been introduced to support those carrying out investigations of complaints, and a more helpful arrangement had been made to try and offer a more independent view. Improvements had been sustained since the follow up Inspection in May 2022.

Met - within timescales

Requirement 3

By 26 January 2022, the provider must ensure that staff practice is based on person-centred principles that ensures the dignity and rights of young people are always upheld.

To do this, the provider must, at a minimum:

- a) Ensure staff are informed of the aims, objectives and person-centred values of the service.
- b) Ensure the quality and level of staff supervision is sufficient to ensure that staff are able to deliver the standard of care required.

This is to comply with Regulation 4(1)(a) and (b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 25 January 2022.

Action taken on previous requirement

Managers of the service had introduced new arrangements to try and ensure that the vision, aims and values of the service were clear to existing staff members and newly recruited members of staff. New screening of applicants had also been introduced since the follow up Inspection in May 2022; this should also strengthen this area.

Met - within timescales**Requirement 4**

By 30 April 2022, the provider must ensure that appropriate systems are in place to support quality assurance and improvement within the service.

To do this, the provider must, at a minimum:

- a) Ensure management systems are developed to ensure appropriate oversight of key systems and procedures.
- b) Ensure they improve their quality assurance processes to ensure practice is influenced by audit findings and records are completed to a satisfactory standard.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 25 January 2022.

Action taken on previous requirement

At an operational level, more rigorous auditing of medications, files and other systems had been developed and overall, these had been implemented successfully. Service management guidelines had also been developed to assist managers and team leaders to understand their role and responsibilities, and we welcomed this approach. The manager of the service also had more oversight of staff training and team leaders were routinely based within the bungalows they had responsibility for. It was encouraging to see that fortnightly meetings were taking place with the director of services to review progress and this added an additional layer of quality assurance. Improvement had been sustained since the follow up inspection in May 2022.

Met - within timescales**Requirement 5**

By 26 January 2022, the provider must ensure that arrangements are in place for the thorough investigation of any staff misconduct. Investigations should be carried out within appropriate timescales and also ensure that the investigation process is consistent with internal policies.

To do this, the provider must, at a minimum:

- a) Ensure management oversight of staff practice must be routinely embedded in practice.
- b) Ensure appropriate independent scrutiny is in place to ensure professional challenge to the service aimed at improving outcomes for young people.
- c) Ensure managers carrying out internal investigations have the capability and skill set that allows for strong judgments, recommendations and learning to be made.
- d) Ensure further engagement with staff to ensure they understand their duty and responsibilities in relation to reporting staff misconduct.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 25 January 2022.

Action taken on previous requirement

The service had produced an investigating officer procedure that allowed a more precise understanding of the investigating officer role. A template had also been developed that would allow more consistency of recording and highlight organisational learning. Training had taken place for managers who carry out these procedures, and we noted more independent scrutiny. We reviewed documents following an investigation that had taken place, and we were satisfied that this had been carried out effectively.

Met - within timescales

Requirement 6

By 30 April 2022, the provider must undertake a full review of the training and development needs of staff and ensure that all new staff receive training in a timely manner to assure people and their families that they are competent in their role.

To do this, the provider must, at a minimum:

- a) Ensure that the provider understands the services' current and future capability needs.
- b) Assess existing levels of skills, attitudes and knowledge for all staff of the service.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 25 January 2022.

Action taken on previous requirement

Overall, improvements had been sustained since the follow up inspection in May 2022. Regular supervision of staff was now in place, and we could see from examining these documents that learning and development needs were routinely taken into account. The training tracker and audit also enabled more oversight of staff development needs. Staff informed us that overall, the culture of the service was now more nurturing and communication had improved.

Met - within timescales**Requirement 7**

By 26 January 2022, the provider must ensure that the skill mix, numbers and deployment of staff meet children and young people's needs, and, in addition, that there is an effective process for assessing how many staff or staff hours are required.

To do this, the provider must, at a minimum:

- a) Ensure, in light of sustained difficulties regarding the recruitment of appropriately skilled and qualified staff, that they address the staffing arrangements in a targeted manner. This should ensure that all young people living at the service are in receipt of safe and supportive care.
- b) Ensure the service completes a four-weekly staffing assessment of physical, emotional, social, psychological and recreational needs and choices as to how they will deliver their care.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people (HSCS 3.15); and 'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

This requirement was made on 25 January 2022.

Action taken on previous requirement

As highlighted within the report, the respite service will remain closed until sufficient staffing numbers are employed and suitably inducted. The service will continue to actively recruit until all vacant positions are filled. The service had six vacancies at the time of this inspection. A new screening system allowed more efficient targeting of potential candidates, and this arrangement appeared to be working well. Several interviews had taken place and two full-time support workers had been appointed, but had not commenced their role at the time of the inspection. Staff vacancies continued to have a partial impact on young people, and although we were satisfied that the overall requirement had been met, and this will be addressed through an area for improvement. Please see body of the report.

Met - within timescales**Requirement 8**

By 26 January 2022, the provider must ensure that safer recruitment practices are always followed and that a robust induction plan is in place for all staff recruited to the service.

<https://hub.careinspectorate.com/resources/national-safer-recruitment-guidance/>

To do this, the provider must, at a minimum:

a) Ensure managers involved in the recruitment of staff are aware of safer recruitment principles/ approaches and guidance that will support the legal and regulatory requirements.

b) Ensure all new staff undergo a robust induction program to familiarise themselves with the aims and objectives, with significant people, policies and procedures, and the particular values of the service.

This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 9(2)(b)(Fitness of Employee) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately recruited' (HSCS 4.24).

This requirement was made on 25 January 2022.

Action taken on previous requirement

At the follow up inspection in May 2022, we were concerned to see that safer recruitment principles had not always been followed. Since then, relevant audits had taken place to ensure compliance in relation to safer recruitment. We examined recruitment files during this inspection and we were satisfied that crucial checks and screening had taken place. In addition, a values and ethics assessment was routinely part of the process for every candidate.

During this inspection, we looked at the induction process and believe there is still scope for development in this area. Although we were satisfied that the overall requirement had been met, this will be addressed through an area for improvement. Please see body of the report for more details.

Met - within timescales

Requirement 9

By 30 April 2022, the provider must ensure that all young people have a SMART personal plan which takes into account young people's needs, wishes and views.

To do this, the provider must, at a minimum:

a) Ensure that there is sufficient oversight of the assessment and planning process.

b) Ensure that staff are supported to develop the skills necessary to compile personal plans to the standard required.

c) Ensure that all young people have a SMART personal plan which takes an account of their needs, wishes and views (specific, measurable, achievable, relevant and timely) and be regularly reviewed in line with guidance or legislation.

This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 5(2)(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as the care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 25 January 2022.

Action taken on previous requirement

We sampled three personal plans during this inspection, and we were satisfied that progress had been sustained since the follow up inspection in May 2022. Personal plans were individualised and more person centred, and the quality assurance of these documents had been strengthened. The overall requirement has been met. Please see the body of the report for further comment on personal planning and outcomes.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should implement a robust plan for the development of the service, in partnership with staff and young people who use the service and prioritise key areas that require urgent attention. The plan should follow SMART principles (Specific, measurable, achievable, relevant and timely) and be regularly reviewed.

The business improvement and development plan should be submitted to the Care Inspectorate with clear timescales for intended actions and dates for these to be reviewed.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use an organisation that is well led and managed' (HSCS 4.23); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This area for improvement was made on 25 January 2022.

Action taken since then

We reviewed the improvement plan for the service. This was a comprehensive document that highlighted the specific action to be taken and allowed progress to be monitored. It was encouraging to see that the service had introduced their own carer evaluation of the service, and were working closely with the inclusive communications officer to develop an appropriate survey for young people. We would expect to see the findings from these surveys being included within the service improvement plan. Using this approach will

allow improvements to be generated from both young people and their carers unique perspective. We will look at this area during the next service inspection.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	4 - Good
7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	4 - Good

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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