

ITEM No ...3.....

REPORT TO: SCRUTINY COMMITTEE – 24 APRIL 2024

REPORT ON: CRAIGIE COTTAGE

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 124 - 2024

1.0 PURPOSE OF REPORT

The purpose of this report is to provide an update following the opening of Craigie Cottage on 31st August 2023 and subsequent inspection by the Care Inspectorate on 12th and 13th September 2023.

2.0 RECOMMENDATION

- 2.1 It is recommended that the Committee:
- 2.2 Notes the contents of this report and remits the Executive Director to continue to monitor progress with the 4 requirements and 3 areas for improvement.
- 2.3 Remits the Executive Director to provide a further report following the next inspection, which is anticipated to occur in May 2024.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND

- 4.1 Craigie Cottage opened in August 2023 as a new build situated in the East End of the City to replace Fairbairn Street Children’s house. The house was originally to be approved by the Care Inspectorate to care for young people over the age of 12 years.
- 4.2 Following a review of the age profile and needs of children and young people at risk of or in external residential care, the house was repurposed to provide short to medium term residential care for 6 children aged between 6 and 12 years.
- 4.3 The leadership vision was to develop a local residential care option for children of this younger age group so they can remain in the city and/or return from external residential care settings, closer to their birth family, friends, schools and local community.
- 4.4 Prior to opening, there was a plan to build the capacity of the team to provide bespoke care relevant to the age and stage of development of younger children, alongside additional support from education, health and third sector services.
- 4.5 Very soon after being opened, Craigie Cottage was inspected by the Care Inspectorate. Whilst only 3 children had so far returned to live in the house, there were several staff absences carried over from the former Fairbairn Street team.
- 4.6 The inspector acknowledged that the house was a new provision and was very clear that there were strong signs of early progress just 2 weeks after opening, with some key strengths including:

- External managers had a strong vision for the service and developed a model of quality assurance to measure key areas of performance.
- Crucial insight into each child's experiences, strengths and stage of development had been shared prior to their arrival.
- Family views had been sought and this strengthened the children's sense of belonging to the house.
- Connections to family were recognised as important and were being safely supported by external Social Workers.
- Staff demonstrated a desire and commitment to provide safe care and children had access to familiar, consistent adults outside the service.
- The team understood the importance of children having fun and the house was well equipped with developmentally appropriate equipment to support this.
- The importance of children's physical and mental health was understood by the caring team.

4.7 However, the inspector issued an overall grade of Weak, with 4 requirements and 3 areas for improvement to be met by 28th February 2024. Appendix 1 contains the full report. An Improvement Plan was agreed with the inspector and all actions have been implemented by the manager and care team as follows:

4.8 Requirement 1

4.8.1 **By 28 February 2024, the provider must ensure that there is effective support available at all times to keep young people safe. To do this the provider must, at a minimum:**

a. Provide safe staffing levels at all times, clearly determined by individual needs of young people.

4.8.2 As a result of the staff absences, the house was ensuring cover was sourced from sessional staff but numbers were still considered to be insufficient for the new age group. The house manager therefore now completes a weekly assessment of staffing levels with monthly predictors identified to ensure they are commensurate with levels of identified risk and individual needs of all children, including higher staffing levels during specific time periods.

4.8.3 Between 9am-3pm there is a minimum of 2 staff in the house, after 3pm this increases to a minimum of 3 and there are always 2 waking night shift staff. Adjustments are made to meet individual needs, such as when any child may require more 1:1 support to provide additional comfort during any periods of anxiety or distress. Appropriate management support has led absence levels to reduce considerably.

b. Ensure risk assessments and care plans are up to date and accurately reflect the needs of each individual young person.

4.8.4 Whilst appropriate matching had taken place, the risks/needs of children changed after arrival and assessments/plans needed to be adapted. As the staff group initially had little experience of assessment and care planning for younger children, further training/support was needed. The manager has therefore implemented bespoke risk assessment training, risk assessments immediately following admission and weekly meetings to ensure support always reflects needs/risks.

4.9 Requirement 2

4.9.1 **By 28 February 2024, the provider must ensure that the use of restraint follows best practice at all times to keep young people safe.**

a. Ensure all staff are trained in a model of restraint that effectively considers children's age and stage of development.

4.9.2 As all 3 children had only very recently been placed, 2 were demonstrating some distress at times. In response, the team had some anxiety over when and how to safely restrain them. They have all since undertaken mandatory training and have confidence in applying initial de-escalation followed by a level 2 intervention of turning, guiding and directing, through to level 3 of hands-on safe holding and level 4 of 2 members of staff carrying out safe holding.

b. Ensure all incidents of restraint are clearly documented, reported to relevant others and a process of analysis is implemented to support safe reduction of restraint practice.

4.9.3 The manager has routine oversight, carries out daily auditing of all Behaviour of Concern Reports (BOCs) and records exploration of potential triggers, de-brief, reflective account and the views of the child. Our data shows a continued reduction since opening on 31 August 2023, with 4 applications of restraint in September 2023 and only 1 in January 2024. All completed BOC reports are also audited monthly by an external manager and health and safety officer.

4.10 Requirement 3

4.10.1 **By 28 February 2024, the provider must ensure that children and young people receive support from staff that have the required skills and training.**

a. Implement staff learning and development plans that reflect the known and anticipated needs of the children.

4.10.2 As was planned, a training needs analysis of the team has been completed and a training plan has been established for each worker. Supervision for all workers and sessional staff also takes place every 6 weeks and includes continued discussions on training needs. Mandatory training in Solihull, Nurture and Trauma Informed Practice is provided as a minimum and staff have received the following training since the inspection:

1. **Trauma** – 11 staff trained up to level 2 as per national recommendations.
2. **Nurture** – 6 staff trained to date.
3. **Mind of My Own (MOMO)** – 4 staff trained in this communication tool.
4. **Case recording** – 7 staff trained to date.
5. **Risk assessment** – 11 members of staff awaiting to undertake part 2 of this training.
6. **CAMHS** – neuro-development and neuro-sequential thinking for children with adverse childhood and trauma experiences, learning session with senior clinical consultant Dr Cossar delivered on 31st January, with all staff attending.
7. **CALM** – 9 staff fully accredited in both theory and physical training, three staff waiting for another date to complete their physical training.
8. **Play pedagogy** – currently being delivered by Educational Psychologist attached to our house and 9 staff currently involved in this.
9. **Solihull therapeutic parenting model** – This was well attended by the care staff group, with all permanent workers now trained in this parenting/nurturing model.
10. **Educational Psychology Service** – ongoing consultation and support to all staff, who attend regular learning sessions.
11. **Play Therapy** - input from play therapist through observations and feedback sessions, they support DEPS as above. In addition to the play therapy, we plan to introduce Video

Enhanced Reflective Practice (VERP) this enables staff to review and reflect on their own therapeutic interventions with children to enhance their practice in this area.

b. Ensure consistent quality assurance processes to monitor competency.

4.10.3 An Assess Plan Do Review (APDR) audit and assessment of staff training needs has now been implemented in partnership with Educational Psychology. The Learning and Workforce Development team submit a monthly record of mandatory training completed for all staff. Quality assurance processes ensure robust auditing of training, supervision and learning needs.

4.11 Requirement 4

4.11.1 By 28 February 2024 the provider must ensure that the staff can safely and effectively support newly admitted children.

a. Ensure that the matching and admissions process clearly assesses, records and plans how they meet new and existing children's needs.

4.11.2 Whilst the inspector saw 'crucial insight into each child's experience, age and stage of development', they found limited evidence of actual recording of the matching process. A document is now in place to guide meetings and ensure all relevant information is captured and transferred into care planning documents. A weekly review of external and proposed placements takes place to ensure this process is being implemented.

Areas for Improvement

4.11.3 To support children and young people's health and wellbeing, the provider should ensure they have effective links with professionals external to the service. This should include but is not exclusive to, developing professional links to proactively address barriers to healthcare, education and specialised supports, and to seek consultation from relevant trained professionals to promote positive outcomes and reduce likelihood of harm.

4.11.4 An NHS Tayside Nurse is involved in matching and planning meetings and attends the house regularly. The nurse maintains oversight of all standard and individual health needs, including physical development, monitoring of developmental milestone's if appropriate, outline check-ups such as dental checks and eye tests if required. All children are registered with a GP and staff are competent with contacting out of hours doctors if necessary.

4.11.5 Police Scotland Community Officers attend the house weekly to build relationships and trust with the children. Advocacy services provided by Who Cares Scotland attend the house regularly and facilitate monthly house meetings for our young people. No significant issues have been identified by our young people. However, regular requests for extra pocket money and preferred snacks are regularly top of the agenda.

4.11.6 The Educational Psychology Service has a worker attached to the house to provide ongoing consultation, training, learning and coaching opportunities for staff. Includem are also commissioned to deliver the Solihull parenting programme which is mandatory for all staff. Ongoing risk assessment training is delivered in-house and all children have an up-to-date risk assessment that reflects their current needs in place.

4.11.7 To support children and young people's development, the provider should ensure children have age-appropriate experiences. This includes but is not exclusive to ensuring the practice and rules of the house support children to make safe friendships.

4.11.8 All young people are engaged with community-based activities that reflect their current interests and are in keeping with their age and stage of development. This is evidenced in their care planning documents. All children are attending regular education placements and have opportunities to develop peer friendships, which are supported by staff through tea visits and

play dates in the house and local community. All children also have full time education placements.

4.11.9 **To ensure young people receive the best care possible, the provider should develop effective quality assurance and self-evaluation measures that promote safe and effective care. This should include but is not exclusive to managers having robust oversight of all incidents including restraint, ensuring risk assessments and care plans reflect children and young people's needs and have specific and developmentally appropriate strategies.**

4.11.10 A quality assurance calendar is in place in both Craigie Cottage and across the residential care houses using standard pro-forma to monitor the content and quality of key areas of practice, including risk assessments, care plans, incident reports, medication, accidents, restraints, the views of children, health and safety plans, missing persons, staff supervision, team meetings, absence management and the overall house improvement plan informed by the findings of the inspection.

4.12 As a result of the Improvement Plan, the inspector confirmed that it was not necessary to return prior to the commencement of the annual inspection timetable that runs from April to March. A further inspection is expected in May 2024.

4.13 Going forwards, the external manager carries out weekly on-site visits and at least 2 unannounced visits a year. Regular reporting to the Chief Social Work Officer and Head of Service ensures continuous monitoring of progress and improvement.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate Senior Manager has reviewed and agreed with this assessment.

6.0 CONSULTATIONS

6.1 The Council Leadership Team have been consulted in the preparation of this report and are in agreement with its content.

7.0 BACKGROUND PAPERS

7.1 None.

Audrey May

Executive Director of Children and Families
Dundee City Council
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Dundee

Glyn Lloyd

Head of Children Services
Chief Social Work Officer

April 2024

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APPENDIX 1



Craigie Cottage Care Home Service

Craigie Cottage
25 Southampton Road
Dundee
DD4 7PN

Telephone: 01382 436 563

Type of inspection:
Unannounced

Completed on:
5 October 2023

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003000483



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Inspection report

About the service

Craigie Cottage is a residential care home for children and young people and has six registered places. The service's revised aims and objectives set out to provide a short to medium term residential placement for younger children. The house is a large, detached property, set out over one floor, with six en-suite bedrooms. There is a large living room, kitchen and dining room and there are additional social spaces that can be used flexibly for a range of activities. The house has a large, enclosed garden to the rear.

This new build property replaced the service previously known as Fairbairn Street Young People's Unit and is now located in a residential area close to the centre of Dundee. The service is close to local amenities and benefits from nearby transport links.

About the inspection

This was an unannounced inspection which took place on 12 September 2023 between 10:30 and 19:00, 13 September between 07:00 and 15:00 and 14 September between 11:00 and 14:00. The inspection was carried out by two inspectors 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:

- spoke with three people using the service and four of their representatives;
- spoke with seven staff and management and received feedback from nine others;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

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Key messages

- Children's need for safety was recognised but some staff did not always have the relevant skills and experience to respond effectively.
- Staff were committed to developing nurturing relationships with children.
- Use of restraint did not always follow best practice guidance.
- Care was, at times, unstable as children lacked routine and consistency and care plans and risk assessments did not reflect their needs.
- External managers had a clear vision for the service, however, the pace of admissions to the service did not take account of individuals needs.

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?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

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

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths were identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made several requirements for improvement.

We had concerns about the safety of the children living in Craigie Cottage. Most of the children were new to the service, and their younger age was a new area of practice for many staff including managers. Despite a desire and commitment to provide safe care, we found the team to be ill-equipped to proactively recognise and respond to each child's individual need for safety and security. This put children at risk of harm. (See requirement 1).

The children all had access to familiar, consistent adults outside the service who knew them well. However, whilst this offered some experience of continuity, their knowledge and understanding of the children was not yet informing day to day care. Crucial insight into each child's experiences, strengths and stage of development had been shared prior to their arrival, but the managers had yet to ensure this information was meaningfully informing care. Staff from Craigie Cottage were in the very early stages of developing relationships with the children living there, and this was being prioritised. However, we had concerns regarding the inconsistent response to children's expression of distress, and whilst some staff were effectively and proportionately intervening to keep young people safe, the use of restraint did not always follow best practice guidance. (See requirement 2).

The caring team understood the importance of children having fun and the house was well equipped with developmentally appropriate equipment to support this. Whilst the team had an adequate understanding of the impact of trauma, not all staff had the skills and knowledge to therapeutically respond, or effectively use play to allow the children to safely communicate and explore their experiences. This limited the opportunities for the children to express themselves safely and meaningfully. (See requirement 3).

The importance of children's physical and mental health was understood by the caring team; however, the service had not developed relevant partnerships with key agencies that effectively ensured children could thrive and have their health needs responsively met. Individual plans for children returning to education were in the early stages of development and delays in planning contributed to poor structure and routine that left children feeling apprehensive. (See area for improvement 1).

Connections to family were recognised as important and were being safely supported by external social workers. Families who continued to be involved in their child's care had visited the service and their views on the environment had been sought. This strengthened the children's sense of belonging, however, the team, at this early stage, had not yet arranged to support the children to safely develop friendships in their local community, but this was identified as an ongoing plan. Managers of the service should consider how the rules of the house promote each child's right to friendship. (See area for improvement 2).

At the time of inspection, managers within the service were temporarily covering for leaders who were absent. Whilst this offered some stability for the caring team, some staff felt anxious and unsure as to how they would be supported to safely and effectively meet the needs of the children. External managers had a strong vision for the service, but we were concerned that this vision was not sufficiently informing the delivery of consistent, safe, therapeutic care. Pre-admission matching information described children's

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needs well, however, we had concerns that this was not informing the pace of children moving into the service. Managers had not adequately considered if existing children were settled and safe before exposing them to further change. Proposed plans for admissions did not detail how managers would ensure that staff were adequately equipped to meet new children's needs. **(See requirement 4).**

Staff were committed to caring for the children, however, at times the number and experience of staff on shift was not enough to safely and effectively care for them. The lack of robust risk assessments and care plans meant rotas were not routinely informed by the children's needs. This was a notable barrier to ensuring the children had the right support to navigate the significant challenges they faced day to day. Supervision had been prioritised, but staff had not been sufficiently trained to meet the needs of the children living in the service.

(See requirement 1).

External managers had developed a model of quality assurance that intended to measure key areas of performance, essential to the safe and effective care of children. However, this was not yet embedded in the service. This left us concerned that managers had insufficient insight into the risks and experiences of children. **(See area for improvement 3).**

Some requirements set from an upheld complaint, had not been fully met within timescales, thus we have amalgamated these outstanding improvements into the improvement areas identified within this report.

Requirements

1. By 28 February 2024 the provider must ensure that there is effective support available at all times to keep young people safe.

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

- a) provide safe staffing levels at all times, clearly determined by individual needs of young people;
- b) ensure risk assessments and care plans are up to date and accurately reflect the needs of the young people.

To be completed by: 28 February 2024.

This is in order to comply with: Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with 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).

2. By 28 February 2024 the provider must ensure that the use of restraint follows best practice at all times to keep young people safe.

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

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- a) ensure all staff are trained in a model of restraint that effectively considers children's age and stage of development;
- b) ensure all incidents of restraint are clearly documented, reported to relevant others and a process of analysis is implemented to support safe reduction of restraint practice.

To be completed by: 28 February 2024.

This is in order to comply with: Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with 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).

3. By 28 February 2024 the provider must ensure that children and young people receive support from staff that have the required skills and training.

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

- a) implement staff learning and development plans that reflect the known and anticipated needs of the children and young people;
- b) ensure consistent quality assurance processes to monitor competency;

To be completed by: 28 February 2024

This is in order to comply with: Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure 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).

4. By 28 February 2024 the provider must ensure that the staff can safely and effectively support newly admitted children

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

- a) ensure that the matching and admissions process clearly assesses, records and plans how they will meet new and existing children's needs.

To be completed by: 28 February 2024.

This is in order to comply with: Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

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'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).

Areas for improvement

1. To support children and young people's health and wellbeing, the provider should ensure they have effective links with professionals external to the service.

This should include but is not exclusive to, developing professional links to proactively address barriers to healthcare, education and specialised support, and to seek consultation from relevant trained professionals to promote positive outcomes and reduce likelihood of harm.

This is to ensure 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 well together.'
(HSCS 3.19)

2. To support children and young people's development, the provider should ensure children have age appropriate experiences.

This should include but is not exclusive to ensuring the practice and rules of the house support children to make safe friendships

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can be with my peers, including other people who use the service, unless this is unsafe and I have been involved in reaching the decision'. (HSCS 1.11).

'As a child, I can direct my own play and activities in the way that I choose, and freely access a wide range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity' (HSCS 2.27).

3. To ensure young people receive the best care possible, the provider should develop effective quality assurance and self evaluation measures that promote safe and effective care.

This should include, but is not exclusive to managers having robust oversight of all incidents including restraint, ensuring risk assessments and care plans reflect children and young people's needs and have specific and developmentally appropriate strategies in place.

This is to ensure 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 my organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

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

Requirements

Requirement 1

By 31 August 2023 the provider must ensure that there is effective support available at all times to keep young people safe.

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

- a) provide safe staffing levels at all times, clearly determined by individual needs of young people;
- b) ensure there is effective external management support and oversight at all times;
- c) ensure risk assessments are up to date and accurately reflect the needs of the young people.

To be completed by: 31 August 2023.

This is in order to comply with: Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed'. (HSCS 4.23).

This requirement was made on 16 May 2023.

Action taken on previous requirement

We saw completed staffing assessments and rotas that identified the number of staff required. We saw that additional staff had been made available at times where there were behaviours of concern and transitions for new young people coming to the service.

We saw that there was mostly a manager, deputy on shift during the day.

There were consistently two waking night shift workers.

There was insufficient information to determine the risks and needs of the young people in the home, therefore there was no evidence that the staffing numbers or skillset of the staff reflected the needs of the young people.

The aims and objectives of the home had changed to support for younger children. There was little evidence that staff on shift had sufficient experience in working with young people who had experienced trauma, therefore were not matched to the needs of the young people.

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Staff told us they did not feel there were enough staff available and there were times when there were gaps in the rota, especially at weekends.

External managers were visiting every week, at times more than once a week. Senior practitioners had been linked to the service to support staff development. However, external managers were unaware of some of the staffing challenges outlined in this report.

We found some updated risk assessments with details of strategies and guidance for staff to respond appropriately to young people. However, risk assessments were not in place for all children and young people living in the service.

We have extended the timescale for this requirement to 31 January 2024

Not met

Requirement 2

By 31 August 2023 the provider must ensure that young people receive support from staff that have the required skills and training.

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

- a) implement staff learning and development plans that reflect the needs of the young people;
- b) ensure consistent quality assurance processes to monitor competency;
- c) provide regular and consistent supervision to staff and managers.

To be completed by: 31 August 2023

This is in order to comply with: Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure 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 16 May 2023.

Action taken on previous requirement

There had been one staff development day where staff had the opportunity to discuss and reflect on their skills, strengths and gaps in knowledge.

Staff had been asked to complete online modules and reading about the 'Solihull parenting approach' and relevant modules for working with younger children.

There was evidence that staff had not had sufficient time and resources to embed any knowledge or training required to work with younger children. We did not see that any individual or team learning plans had been implemented with the staff team at this time.

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The matching information highlighted specific young people's needs but we could not see that all staff had the relevant experience or training to meet these needs and manage associated risks.

Senior staff had begun to collate information on training completed and a plan was in place for managers to regularly report on key performance indicators, however, during the inspection there was no clear overview and understanding of staff skills, strengths or needs relevant to supporting younger children.

Supervision was being prioritised in the service.

We have extended the timescale for this requirement to 31 January 2024

Not met

Requirement 3

By 31st August 2023, the provider must safely and effectively support those with specific health needs including epilepsy.

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

a) any young person living with epilepsy has a specific care plan. This must be agreed with their healthcare professionals and the young person and parent if appropriate, and include:

1. brief description of their seizure type (s) and any signs that a seizure might be about to occur;
2. any known seizure triggers relevant to the young person;
3. basic management of seizures/seizure first aid including any follow-up care needed;
4. current medication, including dosage;
5. emergency protocol;
6. impact on learning, behaviour physical and emotional health.

b) Staff have training that facilitates them demonstrating competence and confidence in delivering care and support in accordance with the plan.

c) Records evidence delivery of the support plan including any seizures that occur and reviews of the care plan at regular pre-agreed intervals, no less than annually, and in response to any change in seizure pattern.

To be completed by: 31 August 2023.

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

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27).

This requirement was made on 16 May 2023.

Action taken on previous requirement

There were specific care plans with details of the support and health needs relating to epilepsy.

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We saw that seizures were recorded on the online recording system and communicated with the epilepsy nursing team.

We spoke with the specialist epilepsy nurse, who had noted positive improvements with regards to staff continuity, staff communicating about seizures and staff attending training.

The medication files had information about how to respond to seizures. There was a detailed risk assessment that included information about possible triggers and how to respond to seizures.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	2 - Weak
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬਿਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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APPENDIX 2

Young Person's House Inspection Findings 2021-23			
Young Person's House	2021	2022	2023
Gillburn Cottage		Good	
The Junction		Good and Very Good	Very Good
Drummond & Foresters House		Adequate and Good	Good
Millview Cottage		Good	
Fairbairn/Craigie Cottage	Good		Weak

NB

The Care Inspectorate annual inspection programme was disrupted by the Covid-19 pandemic and did not re-commence in full until 2022.

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