

**DUNDEE CITY COUNCIL**

**REPORT TO: SCRUTINY COMMITTEE – 23 SEPTEMBER 2020**  
**REPORT ON: EXTERNAL INSPECTION REPORT FOR DRUMMOND HOUSE**  
**REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE**  
**REPORT NO: 235-2020**

**1.0 PURPOSE OF REPORT**

1.1 To provide an outline of recent external inspection report of Drummond House Children's Home which, over 5 categories of inspection, received 4 grades of Adequate to 1 grade of Good. The house was inspected in relation to supporting children and young people's wellbeing, leadership, staffing, setting, care and support planning.

**2.0 RECOMMENDATIONS**

- 2.1 It is recommended that members:
- i. Note the attached summaries of the inspection report on Drummond House;
  - ii. Remit the Executive Director of Children and Families to ensure that the areas for improvement are acted upon.

**3.0 FINANCIAL IMPLICATIONS**

3.1 None.

**4.0 MAIN TEXT**

4.1 This summary report provides an outline of the recent inspection of Drummond House. The Inspection identified many positives, although the adequate grades do represent a decline from previous inspection reports. This reflects difficulties at the time of the inspection with providing care and support to young people with particularly high levels of trauma, significant mental health concerns and adverse childhood experiences, amongst a challenging climate of staff change, absence levels including the substantive manager being absent for 3 months and vacancies. No formal Requirements were made and Areas For Improvement are being implemented by the Senior Manager for Resources and the staff team in the house as outlined in the summary below.

4.2 Since this inspection staff absence levels have been addressed and management support has greatly improved, providing a much-needed level of staff support and supervision to the team, Drummond House now has a full staffing quota operating consistently towards providing a high level of support to the young people. A number of management tasks and processes have now been re-instated such as regular staff support and supervision, regular team meetings, incident de-brief sessions, and staff training, all allowing for improved planning and risk assessments, and better consistency and oversight of care arrangements for our young people. The House Manager continues to oversee the ongoing implementation of an action plan to tackle the Areas for Improvement. The engagement and consultations with Education Psychologists in the house has also increased and is giving staff a better insight into the care needs of the young people and strategies to meet these needs. Key worker -support meetings have also re-started meaning the young people are again fully involved in their care planning process giving

them a better sense of security in their placement and more involvement with the care planning process. These structures now in place and key personnel returning to the team has seen an improvement in the outcomes for the young people and the overall functioning of the house, there are less incidents of behaviour of concern, there is more engagement with our young people in their care plans and relationships in general have greatly improved.

4.3 Copies of the inspection report have been passed to the Lord Provost, Group Leaders and Councillor Murray.

## **5.0 POLICY IMPLICATIONS**

5.1 This Report has been subject to an assessment of any impact on equality and diversity, fairness, poverty, environment and corporate risk. There are no major issues.

## **6.0 CONSULTATIONS**

6.1 The Council Management Team have been were consulted in the preparation of this report.

## **7.0 BACKGROUND PAPERS**

7.1 Drummond House Inspection Report

Paul Clancy  
Executive Director

Mark MacAulay  
Senior Manager

June 2020

Theme	Grading History, based on previous inspection framework quality themes		
	Nov 2018	Oct 2017	Dec 2016
Quality of care and support	5 Very Good	4 Good	4 Good
Quality of environment	3 Adequate	Not Assessed	Not Assessed
Quality of staffing	Not Assessed	5 Very Good	Not Assessed
Quality of management and leadership	Not Assessed	Not Assessed	4 Good

#### Latest Grades Awarded based on Revised Inspection Framework Quality Themes

Theme	Grades:
How well do we support children and young people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

#### Summary

The inspection of Drummond House was completed on 20 January 2020. During the inspection the Inspector obtained the views of 5 young people in the form of a questionnaire, face to face discussions with 3 others and a telephone conversation with 2 parents. Both parents were very happy with the quality of the service saying "staff were brilliant" and went over and above for their children describing young people and staff having good relationships. However the young people's comments were more mixed. They talked about being welcomed by staff and being treated with respect and how staff try and cheer them up. They believed they had positive relationships with staff who spent time with them and cared about them. They expressed their concerns that although they liked living in Drummond House, the behaviours of other residents at times such as damaging property, drug misuse and bullying made it difficult for them and staff. They also commented on the environment how they liked being able to decorate their rooms but felt the en-suite's and communal areas need upgrading.

#### What The Service Does Well

It is noted that most young people develop secure, positive relationships with staff. They experience warm, nurturing and affectionate care from adults to whom they can turn to for support and reassurance. Young people spend meaningful time with staff doing the things they like, have fun and create happy memories, knowing staff care about them. Young people are valued and treated with respect, which was reflected in discussions with their parents and staff and in most of the written records the Care Inspector reviewed.

Young people have opportunities to make their views and preferences known. This included a complaints system and house meetings which are independently facilitated, as well as access to advocacy.

Young people exercise lots of choice on a day-to-day basis. These include activities, spending time with friends, spending their pocket-money, choosing holidays and outings, and meals. They receive support from staff to maintain meaningful relationships with parents, siblings and friends wherever

possible, to promote a sense of belonging. Friends can also come to visit. If young people are less able to make and sustain positive peer relationships staff will support them with this.

School attendance and engagement in learning varies significantly amongst young people due to them all being at different ages and stages in their education but young people are supported by staff and the link Educational Psychologist.

Overall the Care Inspector was satisfied with the service's management of child protection concerns. Staff were alert to potential risks and worked in partnership with others to keep young people safe. However, feedback from young people indicated there were occasions when some had experienced bullying or intimidation by others in the home which was addressed quickly.

Young people are supported to access primary health care when required. Staff encourage them to take a proactive approach to their health and offer advice about healthy relationships. Young people benefit from consistent nurturing care and support from staff, with increased self-confidence, emotional regulation and insight, and a reduction in risky behaviour such as being absent or going missing. A small number of young people have difficulty with emotional and behavioural regulation and staff recognise the importance of and have promoted effective relaxation and stress reduction strategies.

Young people's feelings of frustration and perceived injustice pose significant challenges for staff attempting to provide appropriate boundaries. This can have a negative impact on others in the group, making life difficult and unsettled at times. The Care Inspector identified conflicting views between the service and other professionals about how best to approach this aspect of care.

A quality assurance and improvement plan is in place, though capacity for supporting this diminished over a period due to staff sickness and temporary management arrangements being in place.

External Senior managers had responded positively to escalating concerns about the service's performance, including pressures on a staff group depleted by absence. There were indications that some headway had started to be made as a result of additional leadership and support during a short absence by the manager.

Most staff felt supported by their colleagues and staff meetings had taken place, allowing mutual support and reflection.

A new system had recently been introduced looking at assessing staffing levels and matching this to the needs of the young people.

Drummond House is well-situated for enabling young people to maintain contact with their families and friends, for example being close to public transport routes. Parents described visiting and being welcomed in the home and having positive relationships with staff. Young people also make use of internet access and phones to stay in touch with the people who matter to them. Some young people have a number of friendships outside the home, whilst others need ongoing support to develop interpersonal skills. The house has plenty of communal space for young people to socialise in larger or smaller groups and for friends to visit. Staff encourage young people to show respect and consideration for each other and offer advice on positive relationships with peers. There have on occasions been a need for staff to intervene and take a more proactive stance to manage conflict, some of which is inevitable in a group setting. Staff continue to provide Outreach work to young people as ex-residents who have left Drummond House; providing much needed emotional and practical support and continuity in their lives.

Risk assessment and management plans had improved since the last inspection and were generally of good quality. They identified key concerns about young people's safety and welfare and contained clear strategies for risk reduction.

### **What the Service Could do Better**

Regarding **how well we support children and young people's wellbeing**, the Inspector highlighted that although on the whole young people experienced positive care and support there were times when a small number of young people were less able to benefit from staff's efforts to exert a positive influence and keep them safe due to bullying and intimidation in the home. Drug misuse by some young people was a cause for concern. Also, the inspector felt some staff were not confident about

providing effective support for young people with mental health problems and other complex needs and felt further training was required.

There were conflicting views between the service and other professionals about how best to approach the aspect of one young person's care. The lack of a united approach had affected staff morale and had the potential for hampering progress. The service was in the process of addressing some of these issues. For example, staff and leaders from both residential and fieldwork services had been meeting for some time and had already implemented some initiatives. (See Area for Improvement 1)

Although it was out with Drummond Houses control there had been a relatively high number of unplanned, emergency admissions of young people to the home and a lack of clear documentary evidence showing the factors that had been taken into account in the assessment process to minimise a disruptive effect on the lives of the young people already at Drummond House. There was a further negative impact on those young people who subsequently had to move elsewhere as a result of the service no longer being able to meet their needs and keep others safe. (See Area for Improvement 2)

The provider should, following discussion with staff and other relevant professionals, ensure that agreed strategies are implemented for responding to all young people's behavioural needs, including managing aggressive behaviour. (Area for Improvement 1)

In order to ensure the best possible outcomes and experiences for young people, the provider should review procedures for the admission of young people to residential care. (Area for Improvement 2)

In terms of **how good is our leadership**, there were some quality assurance and improvement planning systems in place, though capacity for supporting these had been reduced over a period of several months, during which temporary management arrangements were in place.

A more robust self-evaluation, including seeking the views of staff and other stakeholders, and considering how young people can play more of a part in quality assurance and improvement activity needs to be implemented. (See Area for Improvement 1).

It was also acknowledged there had been a lack of systematic, prompt incident analysis to ensure learning following significant events. This was also an area identified in previous inspection reports. The Inspector detailed that in order to ensure that staff practice is monitored, plans reviewed as appropriate and any learning implemented for the benefit of young people, the provider should ensure that managers and senior staff carry out, and document, analysis of incidents. (See Area for Improvement 2)

There was limited documented management analysis of individual incidents as they occurred or in the service as a whole, though some of this took place in periodic meetings with the service's link educational psychologist. This meant it was difficult to see how the service monitored and learned from significant events involving young people in order to prevent recurrence and cater care and support and service delivery in the most effective way. (See Area for Improvement 2).

In order to ensure high-quality, positive outcomes and experiences for young people and to address the issues detailed in this report, the provider should develop an improvement action plan, clearly identifying the next steps, including timescales. (Area for Improvement 1)

In order to ensure that staff practice is monitored, that plans are reviewed as appropriate and that any learning is implemented for the benefit of young people, the provider should ensure that managers and senior staff carry out and document prompt analysis of incidents as they occur and periodically in the service as a whole. (Area for Improvement 2)

Within the quality theme **how good is our staff team**, until recently the system for assessing staffing levels and deployment of staff had consisted of discussions at staff meetings. A new system had recently been introduced, but this was under-developed and did not specify the actual numbers of staff required to meet young people's needs and reduce risk. The system was not effective in ensuring the right mix of staff skills and experience was available at all times. This also highlighted delays in completion of mandatory training. Some staff also felt that training provision did not reflect the high level and complexity of need of some of the young people. (See Area for Improvement 1).

It was acknowledged that on occasions the service was unable to provide enough staff to meet young

people's needs. The service faced challenges caused by high sickness levels, including the temporary absence of two senior staff, and vacancies.

Some planned activities had been cancelled and there were more limited opportunities for staff to spend time with young people because they had to prioritise maintaining safety. Whilst staff turnover was below the national average, the impact was not as positive as might have been anticipated. There had also been a decline in the frequency of planned staff supervision, which did not meet the provider's policy. (See area for improvement 2).

In order to meet young people's needs and reduce risk, the provider should:

- (i) implement an effective system for assessing the staffing levels and skills required throughout the day, and maintain records of any shortfalls
- (ii) review staff training needs, specifically in relation to mandatory training. (Area for Improvement 1)

In order that staff receive appropriate levels of support, have opportunities for reflection and have their learning and development identified, the provider should ensure they have regular supervision. (Area for Improvement 2)

In terms of **How Well is our Care and Support Planned**, the inspector identified although plans had improved staff need to ensure that they document how they have involved young people in discussions and record their views. Some planned actions were also not specific enough to provide clear direction for staff. Clearer, outcome-focussed planning supports more effective evaluation and can help to identify whether a change of approach is required. They also found it difficult to judge the extent to which young people had taken part in developing their plans. The inspector suggested the need for more robust quality assurance of plans by managers and senior staff. (See area for improvement).

#### **Within this Inspection Report there are 7 Areas for Improvement**

1. The provider should, following discussion with staff and other relevant professionals, ensure that agreed strategies are implemented for responding to all young people's behavioural needs, including managing aggressive behaviour.
2. In order to ensure the best possible outcomes and experiences for young people, the provider should review procedures for the admission of young people to residential care.
3. In order to ensure high-quality, positive outcomes and experiences for young people and to address the issues detailed in this report, the provider should develop an improvement action plan, clearly identifying the next steps, including timescales.
4. In order to ensure that staff practice is monitored, that plans are reviewed as appropriate and that any learning is implemented for the benefit of young people, the provider should ensure that managers and senior staff carry out and document prompt analysis of incidents as they occur and periodically in the service as a whole.
5. In order to meet young people's needs and reduce risk, the provider should:
  - (i) implement an effective system for assessing the staffing levels and skills required throughout the day, and maintain records of any shortfalls
  - (ii) review staff training needs, specifically in relation to mandatory training.
6. In order that staff receive appropriate levels of support, have opportunities for reflection and have their learning and development identified, the provider should ensure they have regular supervision.
7. The provider should improve the quality of personal plans in order to more effectively meet young people's needs.

#### **Actions from Areas for Improvements**

1. The manager has arranged training for staff relevant to the young people we are working with. This includes Mental Health, Drug misuse, Anti Bullying, Safe Talk, Effects of Domestic Abuse

on Children and Growth Mind-Set. Educational Psychologist attached to Drummond House to regularly attend team meetings allowing additional support to staff around managing trauma informed behaviours. Four weekly Team Around the Child meetings with all professionals involved in care plans allowing for a whole systems approach. Regular 1-1 sessions with keyworkers allowing young person the time to discuss care plans.

2. Manager and RRW are currently part of an Interface Group which is looking at the admission process. This is chaired by Senior Management and is a diverse group from social work, education, LAC officer and health. New processes are being looked at to inform best practice in how young people are admitted into the houses. Senior management team have ongoing overview of emergency placement admissions and decision making forums are convened prior to any agreed emergency placement, Resources Senior Manager has devised a recording template that evidences defensible management decisions on this.
3. A House Action Plan has been completed, taking into account the Areas for Improvement. This is informed further by an overarching Service Residential Action Plan.
4. The Service is currently implementing a Working Group looking at Behaviour of Concern Reports. Within this group there will be better scope for analysis of incidents and allow a clearer overview of behaviours. It will also allow for learning for staff and young people through clearer concise debriefing sessions.
5. (i) There is currently a Monday morning briefing with management and staff, which can be updated on a daily basis if required, which looks at staffing levels and young people's needs for the week. The Depute Manager is currently looking at this to see if there is any further way we can evidence the needs of the young people both met and unmet.  
(ii) New staffing folders have been implemented which includes a training section. Staff must take this folder to supervision where training will be discussed. It will also allow for discussion around further training needs. Management will have oversight of the folders.
6. A new process for supervision has been implemented looking at protected time. We have also set up a process whereby informal supervisions are being recorded as this had been happening but not evidenced.
7. We have set up an in-house working group to look at how we effectively record personal plans. Capturing best outcomes and how to evidence we are working within National Care Standard principles.

