

**DUNDEE CITY COUNCIL**

**REPORT TO: SCRUTINY COMMITTEE - 12 DECEMBER 2018**

**REPORT ON: EXTERNAL INSPECTION REPORTS FOR WHICH ALL GRADES ARE GOOD OR BETTER**

**REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES**

**REPORT NO: 377-2018**

**1.0 PURPOSE OF REPORT**

To provide a summary of two recent external inspection reports carried out by the Care Inspectorate on young people’s homes at Gillburn Road and The Junction which do not require in-depth scrutiny.

**2.0 RECOMMENDATIONS**

It is recommended that members:

- 2.1 Note the attached summary of the inspection reports on Gillburn Road and The Junction Young People’s homes, which received grades of good or better in all areas covered by the inspection.
- 2.2 Remit the Executive Director of Children and Families to ensure that the areas for improvement, requirements and recommendations included in the reports are acted upon in relation to the services inspected and as guidance on good practice for other services.

**3.0 FINANCIAL IMPLICATIONS**

None.

**4.0 MAIN TEXT**

- 4.1 The remit of the Scrutiny Committee states that, where the grades awarded in external inspection reports are all good or better and the reports would not benefit from in-depth scrutiny, summary scores from the inspections will be reported, together with examples of best practice and areas for improvement. The summary of the recent inspection report which falls into this category is attached.
- 4.2 One summary report is included from the Children’s Residential Service. In both the houses, the Care Inspectorate focused on 2 Quality Indicators and grades improved in one of the areas inspected and were maintained in the other area inspected. The areas for improvement listed below will be actioned by the regulated residential service in the Children and Families Service.
  - Copies of the inspection reports have been passed to the Lord Provost and Group Leaders

**5.0 POLICY IMPLICATIONS**

- 5.1 This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

**6.0 CONSULTATIONS**

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

**7.0 BACKGROUND PAPERS**

- The Junction
- Gillburn Road

Paul Clancy  
Executive Director  
Children and Families Service

DATE: 20 November 2018

<b>Inspection of:</b> The Junction				
<b>Inspection by:</b> Care Inspectorate				
<b>Grades:</b> <b>Theme</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
		<b>Sept 2017</b>	<b>Aug 2016</b>	<b>Jan 2016</b>
Quality of care and support	<b>5 Very Good</b>	4 Good	5 Very Good	5 Very Good
Quality of environment	Not Assessed	Not Assessed	Not Assessed	5 Very Good
Quality of staffing	<b>5 Very Good</b>	Not Assessed	5 Very Good	5 Very Good
Quality of management and leadership	Not Assessed	4 Good	Not Assessed	5 Very Good

### **Summary**

The inspection was completed on 3rd September 2018. The inspector received completed questionnaires from all the young people in the house as well as meeting with 2 of the young people. The inspector also spoke with staff and management. The inspector noted that all the young people showed high levels of satisfaction with the service. This year's inspection shows an improvement in the grading for Care and Support and maintenance of the grading for Quality of Staffing.

### **What the Service Does Well**

The service was noted to be underpinned by warm, nurturing relationships between staff and young people. Staff were described as persistent in trying to establish connections with young people and this contributed to a relaxed and settled living environment. Staff were also commended for their work to involve parents within a care plan for a young person and this led to a very good outcome for the specific young person and the family.

The staff team were noted to be managing young people's medical needs effectively, providing opportunities for healthy living and good risk management procedures to ensure the safety and wellbeing of the young people was promoted. Staff development opportunities were noted as a strength within the inspection with all staff accessing a good range of training as well as the opportunity for temporary acting-up positions. Staff supervision had also improved in frequency since the last inspection, with recognition of good quality supervision records.

The inspector noted that young people were effectively supported to develop self-care and independence skills. Efforts had also been made to ensure that the link between the residential house and the schools that young people attend had improved since the last inspection. This led to improved attendance for young people within their education settings. Linked to this, the work undertaken with colleagues in Education Psychology was noted as valuable with recognition that this will continue to develop as it is embedded within the service.

**What the Service could do better**

The inspector looked through young people's plans and noted that there is still scope for making some improvements, especially in regards to ensuring plans have clear outcomes. Staff were noted to find this area of work challenging and the inspector noted that further quality assurance and support from Management would lead to improvements in this area. Linked to this, the inspector also noted the format of reports linked to plans needed to be more aligned to outcomes for young people so that progress can be monitored and evaluated more successfully. Further management audits of plans will be undertaken throughout the year to address this issue.

Areas of practice that could be improved also included how staff record sanctions and consequences, so that this can be monitored more effectively. Staff had also been noted to lock the activity and living rooms in the house to encourage school attendance. This was discussed with the inspector and action was taken immediately to ensure this practice does not continue as it does not reflect the ethos of creating a home environment.

In regards to staffing, the inspector noted that some staffing shortages earlier in the year had placed pressure on the team and that appropriate staffing levels were required to be in place to ensure the staffing levels reflect the level of risk and need in the house. The only recommendation related to this and is noted below. The inspector noted that a successful recruitment campaign had taken place and that new staff were starting. Advice was given in respect of a more formal mentoring system for new staff as part of induction as well as promotion of the new Health and Social Care Standards.

**There were no requirements but 1 recommendation was made:**

- The provider should develop a system for regular assessment of staffing levels and deployment, taking into account the full range of young people's needs and other relevant factors.

**Action**

- The service is developing a tool, using our current risk assessment template, that can be used for the purpose of recording assessment of risk, need and staffing levels. This will be implemented fully in 2019.

<b>Inspection of:</b> Gillburn House				
<b>Inspection by:</b> Care Inspectorate				
<b>Grades:</b>  <b>Theme</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
		<b>Jul 2017</b>	<b>Sept 2016</b>	<b>Jan 2016</b>
Quality of care and support	<b>5 Very Good</b>	4 Good	5 Very Good	5 Very Good
Quality of environment	Not Assessed	Not Assessed	Not Assessed	5 Very Good
Quality of staffing	Not Assessed	Not Assessed	5 Very Good	5 Very Good
Quality of management and leadership	<b>4 Good</b>	4 Good	Not Assessed	4 Good

### **Summary**

The inspection was completed on 24<sup>th</sup> August 2018. At the time of the inspection, the service had a temporary variation to the conditions of registration as it was providing support to one Looked After Child rather than short breaks and respite for children with disabilities.

The inspector did receive questionnaires from children, parents and carers as well as speak with several on the phone which highlighted a high level of satisfaction with the service.

This year's grading reflects an improvement from last year under Quality of Care and Support and a maintenance of last year's grade of Quality of Leadership and Management.

### **What The Service Does Well**

The inspector noted major strengths in supporting positive outcomes and experiences for children and young people. Children are kept safe when they stay at Gillburn and staff evidenced effective use of risk management processes for minimising potential areas of harm. Staff were seen to clearly understand their role in regards to child protection and were also evidenced to provide safe practice in regards to managing medication for children. Support for sessional staff had improved since the last inspection as well as the monitoring of staff registration with the SSSC.

The environment of the house is described as nurturing, where a consistent staff team were developing positive relationships to the children in their care. This consistency was noted as very positive, especially due to the complexities associated with many of the children who access the service.

The service evidenced new approaches to seeking the views of and involving young people in any developments within the service. This included the development of self-care and independence skills for young people. Children's plans was seen as an area of improvement within the service with evidence of clear links to outcomes as well as evaluation of progress made. Engagement with parents and carers continued to be evidenced within practice as part of service improvement planning.

Clear strengths were identified in the management and leadership of the service, including the implementation of a clear service-plan linked to national developments and best practice in improving outcomes for young people. Planned development of securing National Autism

Accreditation was welcomed by the inspector and will offer further quality assurance and access to resources to support autistic children within the service. The external manager was evidenced to provide clear support to the manager as well as contributing to the safeguarding of children cared for within the service.

**What the Service Could do Better**

Advice was given from the inspector on how child's plans can continue to improve, building upon progress already made in regards to evaluation of progress. Planned audits of files by the manager were already in place when the inspector had arrived, so this is something that will be addressed through increased management oversight.

Arrangements for managing medication only required minor adjustment to reflect best practice. Further minor adjustments are noted in regards to reviewing progress within the service plan and finding a tool to record staffing level decisions in respect of risk and need within the house. As with the Junction, a tool is being developed to evidence staffing level decisions in respect of risk and need and will be used from 2019.

The frequency of staff supervision was noted as an area to improve and a recommendation has been given below in relation to this.

**There were no requirements but 1 recommendation was made:**

- In order to support staff to develop and improve through reflective practice, the provider should ensure they have access to regular, planned supervision.

**Action**

- The external manager will use unannounced and announced visits to look through the staff supervision folder to ensure that supervision is taking place 6 weekly for staff.