
To: Social Work, Health and Wellbeing Policy Board

On: 19 May 2015

Report by: Director of Children's Services

Heading: Inspection of registered services by the Care Inspectorate

1. Summary

- 1.1 Social Work services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties and are providing appropriate care and support to vulnerable individuals and groups. The last service-wide inspection took place in 2012 and the service has made good progress in implementing the improvement plan which followed that inspection. A multi-agency inspection of integrated children's services took place in January 2015 and an inspection report is expected in the first quarter of 2015/16. A national inspection of Criminal Justice Multi-Agency Public Protection Arrangements (MAPPA) will also be undertaken in 2015.
- 1.2 In addition to service-wide and multi-agency inspection, individual registered services are subject to regular inspection by the Care Inspectorate. Typically, residential facilities will be subject to two inspections per year, including at least one unannounced inspection. Other services are likely to be inspected once a year or less frequently.
- 1.3 Inspections are undertaken by the Care Inspectorate and the model of inspection is based on proportionate risk. Services which are graded as 'Good' or above are subject to low-intensity inspections. Services are assessed on up to four quality themes:
- Quality of Care and Support
 - Quality of Environment
 - Quality of Staffing
 - Quality of Management and Leadership

- 1.4 Renfrewshire Council Social Work currently provides 24 registered services, broken down as follows:
- Children's services – 8 services
 - Learning disability services – 5 services
 - Older adult services – 8 services
 - Other registered services – 3 services
- 1.5 Gradings which can be awarded to each service against the four themes are as follows:
- 1 – Unsatisfactory
 - 2 – Weak
 - 3 – Adequate
 - 4 – Good
 - 5 – Very Good
 - 6 – Excellent
- 1.6 The Care Inspectorate may impose requirements and/or make recommendations in its inspection reports. Requirements are legally enforceable and set out what is required by a care service to comply with the Regulation of Care (Scotland) Act 2001 or with the conditions of registration. A recommendation will set out an action that would improve or develop the quality of the service, but failure to meet a recommendation would not result in enforcement.
- 1.7 This report summarises the latest findings from inspections conducted since the previous update to the Social Work, Health and Wellbeing Board in November 2014. In the future, inspection reports relating to Children's Services will be provided to the Education and Children Policy Board, and those relating to adult social care will be provided to this Board until such time as functions are legally delegated to the Integration Joint Board.

2. **Recommendations**

- 2.1 It is recommended that elected members:
- Note the strong performance of Renfrewshire Council Social Work registered services, with all services graded as Good, Very Good or Excellent for Quality of Care and Support
 - Agree that performance in registered service inspections will, in future, be reported to the most relevant Policy Board, reflecting the split between the governance of services for children and those for adults
 - Notes the arrangements for future reporting.

3. **Overview of Inspection Activity**

- 3.1 Renfrewshire Council Social Work continues to provide a high standard of care and support in its registered services, as evidenced in the gradings awarded by inspectors. All services are graded on Quality of Care and Support, and all continue to be graded as 'Good', 'Very Good' or 'Excellent' in this regard, with most also demonstrating this high standard of achievement across all measures.

4. Inspection Activity in Children's Services

- 4.1 Four services for children and young people have been inspected since the last update to Board – the Supported Carers Scheme and three Children's Houses (Beech, Barochan and Longcroft). As is regularly evidenced in these updates to Board, the children's houses continue to offer very high standards of care. Beech and Barochan are rated 'Very Good' on all four dimensions, and Longcroft is 'Very Good' in terms of Care and Support and Environment, and 'Excellent' for Staffing and Leadership. The Supported Carers Scheme has also demonstrated high standards and is graded 'Very Good' for Care and Support.
- 4.2 There were no requirements made in respect of any of these services. Beech had no recommendations, whilst Barochan had one relating to the inspection process, Longcroft had five (covering planning documents, food storage, risk management and privacy) and the Supported Carers Scheme had two (covering stakeholder engagement and quality assurance measures). Action has already been taken to address all areas covered by the recommendations.

5. Inspection Activity in Adult Services

- 5.1 Five services for older adults have been inspected since the last update to Board – Hunterhill and Renfrew Care Homes for older adults, the Weaver's Linn respite unit for adults with learning disabilities, the Intensive Support Service for adults with learning disabilities, and the Care at Home service. This was the first inspection for the recently registered Intensive Support Service, and it was graded 'Very Good' on all dimensions. The Care at Home service and Weaver's Linn are also 'Very Good' on all dimensions; Hunterhill is 'Excellent' for Environment and 'Very Good' in all other areas; Renfrew Care Home is 'Good' in all areas.
- 5.2 Both care homes have a requirement in relation to medication practice, and additional training and a robust audit procedure are in place. There are no requirements in respect of the other three services. Inspectors have also made a recommendation in respect of Renfrew Care Home that staff take responsibility for improving their own medication practice.

- 5.3 Other recommendations across the five services cover the development of specific guidance for particular areas of practice, formal auditing of some personal planning documents, building on existing good practice in relation to dementia care in residential homes, and incorporating learning from current practice into future consultation. Action to address all recommendations is in place. Full details of the recommendations for each service are given in Appendix 1.

6. Recurring Themes

- 6.1 The findings of recent inspections demonstrate continuing high standards of care and support across Social Work's registered services and the commitment to continuous improvement.
- 6.2 Two units had requirements and recommendations pertaining to staff practice in the administration of medication. This is an area which is increasingly complex as the care needs of service users increase. The Care Inspectorate's increased focus on this area is welcome in light of the growing complexity and support the service in improving practice in light of changing needs. In response to this, a system of regular audits is in place and an electronic system for monitoring medication errors is being piloted so that any service-wide issues relating to practice are identified more quickly.
- 6.3 Going forward, updates on inspections will continue to be provided for elected members. As structural and governance arrangements are developed during this transitional year, senior officers will establish new systems for sharing cross-service learning arising from inspection activity. The Chief Social Work Officer will continue as the professional practice lead in this area.

Implications of the Report

1. **Financial** - None
2. **HR & Organisational Development** - None
3. **Community Planning** – None
4. **Legal** - None
5. **Property/Assets** – None
6. **Information Technology** – None

7. **Equality & Human Rights** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
8. **Health & Safety** - None
9. **Procurement** – None
10. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers.
11. **Privacy Impact** - None

List of Background Papers

- (a) None

Author: Lisa Fingland, Principal Officer, Planning & Performance

Appendix One: Summary of Care Inspectorate Reports

Date of last inspection	Grades	Number and Detail of Requirements	Number and Summary of Recommendations	Progress since inspection
Barochan Road Jan 2015	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	One The service should ensure that an appropriate action plan is submitted to the Care Inspectorate, where requirements and/or recommendations are made during inspection.	Progress against recommendations: The service will ensure that action plans are submitted timeously. It is the manager's view that this recommendation is met.
Beech Avenue Oct 2014	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	None	Relevant recent developments: The service has been developing the way it gathers feedback from stakeholders, and now asks social workers to complete quarterly questionnaires about the quality of the service Beech provides to children and their families. The manager is also asking staff and the children resident to contribute to the completion of the annual self-assessment. Key workers will offer support with this.
Longcroft Aug 2014	Care: 5 Environment: 5 Staffing: 6 Leadership: 6	None	Five The provider should review personal planning systems to ensure that plans are clear and linked directly to the individual needs of each young person.	Progress against recommendations: The content of care plans has been reviewed to ensure that needs are clearly identified and that repetition is reduced. The service is also considering the option of moving to electronic recording.

			The provider should ensure that personal planning systems don't involve staff in inefficient, repetitive administrative tasks. The provider should ensure that staff only enter young people's bedrooms during the night where there is an assessed risk to be monitored, rather than as a routine event. The provider should ensure that any food items used in preparing meals for young people are stored and used in line with the manufacturer's instructions. The provider should ensure that risk assessments and individual crisis management plans are brief, clear and concise so that they can be quickly and clearly understood by all staff.	Requirement is partially met. Due to waiting on the decision re: electronic recording system. Staff are clear that they will only enter a bedroom when required or requested by the young person. In the event of any assessed risk, a common sense decision will be taken by staff. All food items are labelled and dated when opened, and staff have been reminded to check manufacturer guidelines in relation to use and storage. This is monitored by senior staff. Behaviour management plans have been reviewed. These are now more precise and easy to understand for all staff. Risk assessment will be used in general terms within the house and not on individual young people as risks will be incorporated into their individual management plans. It is the manager's view that recommendations have been met.	
Renfrew Care Home Nov 2014	Care: 4 Environment: 4 Staffing: 4 Leadership: 4	Three The provider must ensure that the recording of medicines received and administered follow best practice guidance. The provider must ensure that	Five The service should ensure that the temperature within the service can be adequately regulated by residents and staff. Risk assessments for the use of	Progress against requirements: The service has established robust monitoring systems in relation to medication and implemented a series of regular audits to monitor practice. The findings of these audits are fed back to staff to help improve practice. Additional training by the link pharmacist has been delivered to 40 frontline staff	

		up to date training in Moving and Handling is completed by all staff. The provider must ensure that all relevant notifications are sent to the Care Inspectorate.	sensor mats should be completed and signed by the resident or their representative. Staff must take responsibility for improving their practice and actions when administering and recording medication. Regular supervision should be established for all staff. The provider and management must maintain a more robust overview of the medication practice within the home They must support staff to improve their practice in line with best practice.	within the unit. It is the manager's view that this requirement has been met. Moving and Handling training is offered to all staff and the manager will ensure that training is up to date. The service will ensure timeous notification to the Care Inspectorate as required. Progress against recommendations: The issue in relation to temperature control is being progressed with the corporate landlord. Risk assessments for sensor mats are in place. All members of staff have an individual training plan to improve practice in relation to medication, and regular staff supervision is in place as per Council procedures. It is the manager's view that these recommendations have been met. The monitoring system noted above is another way in which staff are supported to improve practice. Progress against recommendations: Revised guidance is in development; the service is currently reviewing the content and considering how best to issue this to service users. The guidance also needs to be agreed by health and social care staff outwith the Care at Home service. The target completion date is August 2015. The content and style of care diaries is being reviewed, with reference to good practice from other providers in relation to communicating
Care at Home Service Dec 2014	Care: 5 Staffing: 5 Leadership: 5	None	Three The service should provide revised guidance to service users and staff about the recording of decisions made following review of support. The guidance should make clear what the process is and what documentation will be produced. The service should review and	Progress against recommendations: Revised guidance is in development; the service is currently reviewing the content and considering how best to issue this to service users. The guidance also needs to be agreed by health and social care staff outwith the Care at Home service. The target completion date is August 2015. The content and style of care diaries is being reviewed, with reference to good practice from other providers in relation to communicating

			develop the way in which care diaries are used to improve information about the effectiveness of support. The service should review the results of training in dementia awareness for staff and translate this into future support plans for people who live with dementia	outcomes simply and effectively. The target completion date is August 2015. Following the delivery of specialist dementia care training to staff, work is ongoing to determine how service user plans can best reflect need and inform the delivery of support. The target completion date is October 2015. It is the manager's view that all recommendations are partially met, and that agreed deadlines will be met.
Hunterhill Care Home Nov 2014	Care: 5 Environment: 6 Staffing: 5 Leadership: 5	One The provider of the care service must ensure: 1. The recording of medicines administered must follow best practice guidance. 2. That staff understand their responsibility to keep accurate and current records of medicines including quantity for the use of service users which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service. 3. That staff administration practice is evaluated and where identified refresher training on medicines	Two The service should consider how the experience gained through the recent consultation exercise can be used to develop the participation of residents and relatives in any future decision-making. The service should review the current strategy for supporting people living with dementia. The current best practice advice should be considered to improve communication and outcome for people.	Progress against requirement: The service has established robust monitoring systems in relation to medication and implemented a series of regular audits to monitor practice. The findings of these audits are fed back to staff to help improve practice. Progress against recommendations: The service involves service users and carers in decisions in a number of ways, as evidenced by the inspection report. The recent consultation aimed to be inclusive and meaningful; the service will consider the learning from the exercise in any future consultation activity. The service has developed a range of activities and therapies to support people with dementia and is developing a dementia strategy which will inform further developments in this area.

		management provided. 4. That robust auditing measures are put in place to reduce errors and improve practice. 5. That the provider and the management team within the home seek further guidance and support from external agencies to improve practice.		
Intensive Support Service Jan 2015	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	Three	Progress against recommendations: Staff guidance has been clarified to ensure that carer involvement in the review of personal plans is clear. Senior staff within the service have responsibility for reviewing care plans to ensure consistency and quality. Draft guidance on removing or restraining service users within the care environment is currently with senior management with approval. It is the manager's view that these recommendations have been met. The manager should ensure that there is always clear evidence of family involvement (and other interested parties where appropriate) in reviewing personal plans on a minimum six monthly basis. The manager should introduce a formal auditing process to ensure appropriate standards of personal plan recording were maintained. Policy and procedural guidance should be developed for when a service user would be placed in a quiet room or other service users would be removed from the room, in order to help the

			individual calm down.	
Supported Carers Scheme Nov 2014	Care: 5 Staffing: 4 Leadership: 3	None	Two The service should develop a clear protocol for all stakeholder engagement to improve and develop the service. The service should improve quality assurance measure to review and develop the overall quality of work.	Progress against recommendations: Renfrewshire Council has recently published a 'Participation Strategy for Integrated Children's Services' in December 2014. The service is currently in the initial stages of further developing stakeholder engagement in partnership with young people, carers and other services through reviews, carer consultation and policy review / updates. The service holds structured reviews annually and has a programme of regular supervision visits and audits. A needs-led development plan, in line with the 'Staying Put' agenda has been produced. It is the manager's view that the recommendations have been met.
Weaver's Linn Nov 2014	Care: 5 Environment: 5 Staffing: 5 Leadership: 5	None	One A protocol should be written giving guidance when a specific internal door may be locked to protect the safety of staff and service users. The use of this protocol must be reflected in specific support plans of any individual affected.	Progress against recommendation: The Unit Manager has produced a guidance note on the use of this protocol. This is operational as of April 2015 and will be reviewed in April 2016. It is the manager's view that this recommendation is met.