Inverclyde council
Municipal Buildings, Greenock PA15 1LY

Ref: DS

Date: 2 May 2025

A meeting of the Social Work & Social Care Scrutiny Panel will be held on Tuesday 13 May 2025 at 3pm.

Members may attend the meeting in person at Greenock Municipal Buildings or via remote online access. Webex joining details will be sent to Members and officers. Members are requested to notify Committee Services by 12 noon on Monday 12 May 2025 how they intend to access the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

LYNSEY BROWN
Head of Legal, Democratic, Digital & Customer Services

BUSINESS

1.	**Apologies, Substitutions and Declarations of Interest**	**Page**
PERFORMANCE MANAGEMENT		
2.	**Revenue & Capital Budget Report – 2024/25 Revenue Outturn Position as at 28 February 2025** Report by Chief Officer, Inverclyde Health & Social Care Partnership and Head of Finance, Planning & Resources, Inverclyde Health & Social Care Partnership	**p**
ROUTINE DECISIONS AND ITEMS FOR NOTING		
3.	**Inspection of Children's Residential Houses – Crosshill and Kylemore** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
4.	**Supported Living Service Care Inspectorate Inspection 8 May 2024** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**
5.	**Fostering, Adoption and Continuing Improvement Activity** Report by Chief Officer, Inverclyde Health & Social Care Partnership	**p**

	The documentation relative to the following item has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in paragraphs 6 and 9 of Part I of Schedule 7(A) of the Act.	
6.	**Governance of HSCP Commissioned External Organisations** Report by Chief Officer, Inverclyde Health & Social Care Partnership providing an update on matters relating to the HSCP governance process for externally commissioned Social Care services.	**p**

The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.

Please note: this meeting may be recorded or live-streamed via You Tube and the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting the Provost/Chair will confirm if all or part of the meeting is being recorded or live-streamed.

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during any recording or live-streaming will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site or You Tube.

If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting will be used for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. In making this use of your information the Council is processing data which is necessary for the performance of a task carried out in the public interest. If you are asked to speak at the meeting then your submission to the committee will be captured as part of the recording or live-stream.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at dataprotection@inverclyde.gov.uk

Enquiries to - Diane Sweeney – Tel 01475 712147

Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Social Work & Social Care Scrutiny Panel**	**Date:**	**13 May 2025**
Report By:	**Kate Rocks** **Chief Officer** **Inverclyde Health and Social Care Partnership** **Craig Given,** **Head of Finance, Planning and Resources** **Inverclyde Health and Social Care Partnership**	**Report**	**SWSCSP/45/2025/CG**
Contact Officer:	**Samantha White**	**Contact No:**	**01475 715365**
Subject:	**Revenue & Capital Budget Report – 2024/25 Revenue Outturn Position as at 28 February 2025**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel on the projected outturn on revenue and capital for 2024/25 as at 28 February 2025.

1.3 The current year, 2024/25 revenue projected outturn as at 28 February 2025 is an overspend of £0.027m.

1.4 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Slippage of £2.287m is being reported linked to the delays in achieving financial close on the Community Hub project and consequent progression to the construction phase. Expenditure on all capital projects to 28 February 2025 is £0.755m (21.90% of approved budget, 65.09% of the revised estimate). Appendix 4 details capital budgets.

1.5 The balance on the Integration Joint Board (IJB) reserves at 31 March 2024 was £19.287m. Within this balance, specific reserves totalling £5.975m have been delegated to the Council for use in 2024/25. Also, within the IJB reserves balance, smoothing reserves of £2.853m are held in relation to delegated functions to the Council of a more volatile nature, to mitigate the risk of in year overspends, for use during the financial year if required. As at 28 February 2025, it is not anticipated that a call on the smoothing reserves will be required in 2024/25. This position will continue to be monitored as we head into year-end.

2.0 RECOMMENDATIONS

2.1 That the Panel notes the projected current year revenue outturn of £0.027m overspend at 28 February 2025.

2.2 That the Panel notes the current projected capital position.

2.3 That the Panel notes the current reserves position and the intention to allocate any year end overspend against appropriate reserves.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

Craig Given,
Head of Finance, Planning and Resources
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 The purpose of the report is to advise the Panel of the current position of the 2024/25 Social Work revenue and capital budgets and to highlight the main variances contributing to the 2024/25 projected £0.027m overspend.

3.2 **2024/25 Current Revenue Position**

3.2.1 As at 28 February 2025, it is currently projected that Social Care will overspend by £0.027m. The table below provides a summary of this position, including the impact on earmarked reserves.

2023/24		**2024/25** (£000)				
Actual £000	**Service**	**Revised Budget**	**Outturn**	**Outturn Variance**	**Prior Variance**	**Variance Movement**
16,929	Children & Families	13,483	18,086	4,504	4,275	229
57	Criminal Justice	19	1	(18)	(30)	12
29,242	Older Persons	31,816	30,635	(1,107)	(958)	(149)
10,544	Learning Disabilities	11,637	11,510	(112)	79	(191)
3,254	Physical & Sensory	3,500	3,243	(247)	(215)	(32)
1,847	Assessment & Care Management	2,187	2,261	74	32	42
1,396	Mental Health	1,623	1,580	(43)	(24)	(19)
706	Alcohol & Drugs Recovery Service	943	803	(140)	(212)	72
1,504	Homelessness	1,166	1,343	177	148	29
2,361	Planning, Health Improvement & Commissioning	2,123	2,066	(57)	11	(68)
2,260	Corporate Director (incl Business Support)	5,900	2,896	(3,004)	(2,995)	(9)
70,100	**Social Work Net Expenditure**	**74,397**	**74,424**	**27**	**111**	**(84)**

2023/24		**2024/25** (£000)				
Actual £000	**Earmarked Reserves**	**Approved IJB Reserves**	**Revised IJB Reserves**	**Council-delegated Reserves**	**Projected Spend**	**Projected Carry Forward**
28,325	Earmarked Reserves	19,287	19,287	5,975	1,585	4,390
0	CFCR	0	0	0	0	0
28,325	**Social Work Total**	**19,287**	**19,287**	**5,975**	**1,585**	**4,390**

Appendix 1 provides the details of the movement in the budget to date and Appendix 2 contains details of the projected outturn position. The material variances are identified by service below and detailed in Appendix 3.

3.2.2 **Children and Families**

3.2.3 Children and Families is currently projecting an overall overspend of £4.504m. Client commitments is projected to overspend by £3.888m, an increase in projected costs of £0.288m from the position reported at Period 9. The increase is as a result of new placements and changes in assumptions since the last report. A review group continues to meet regularly to closely monitor these placements to ensure a focussed approach on placements and the associated financial implications, with a view to management action bringing down the overall costs as we head into 2025/26. The projected overspend and movement from Period 9 is broken down by service area in the table below:

	£m	
Children & Families Client Commitments	**Projected Overspend**	**Movement from Period 7**
External Residential placements	1.704	0.220
Fostering, Adoption & Kinship including Continuing Care	0.597	0.057
Supported Living	0.361	0.009
Home Care, Respite, Direct Payment, Additional Support	1.226	0.002
Total for Children & Families Client Commitments	**3.888**	**0.288**

Within employee costs there is a net projected overspend of £0.411m, which is largely due to temporary posts throughout the service.

There is a projected overspend of £0.076m on Section 22 payments within payments to other bodies.

It is currently expected that the overspend in the service can be largely managed within the overall position, however, smoothing reserves of £0.733m are available for use in relation to Children's residential placements and Continuing Care if required, should an overspend remain at the end of the financial year. As at period 11 it is not anticipated that a call against these reserves will be required.

3.2.4 **Older Persons**

Employee costs for the internal care at home service are currently projected to underspend by £0.111m, an increase of £0.026m due to posts being filled since the position reported at Period 9.

The external care at home service is projecting an underspend of £0.305m, a reduction in projected costs of £0.049m from the Period 9 position reported. The reduction in costs is largely due to fewer hours being delivered across all providers.

For residential and nursing placements a net underspend of £0.707m is projected, with bed levels continuing at and projected to remain at lower levels than those in 2023/24 and increased income following financial assessments.

The underspends noted above are contributing to an overall projected underspend of £1.107m for Older Persons at this stage.

A smoothing reserve is held for Residential and Nursing placements should it be required as the financial year progresses, but it is currently not expected to be drawn.

3.2.5 **Learning Disabilities**

A projected £199k underspend on employee costs that is related to current vacancy levels. This is partially offset by a projected net £0.140m overspend on client commitments, a reduction of £0.176m

from the position reported at Period 9, which reflects the lower than anticipated impact for 2024/25 of transitions cases, (£80k), care packages that have ended (£58k) and additional in-year savings against assessed care packages (£61k). Together these are the main reasons for the overall projected overspend for Learning Disabilities.

A smoothing reserve is held for Learning Disabilities client commitments should it be required as the financial year progresses, but it is currently not expected to be drawn.

3.2.6 **Physical and Sensory Disabilities**

Within client commitments there is a projected £0.236m underspend, a reduction in costs of £0.044m from the position reported at period 9, in the main due to reductions in existing care packages. This, together with an underspend of £0.093m in Employee costs related to vacancies, are the main reasons for the variance reported.

3.2.7 **Assessment and Care Management**

A year-end £0.075m overspend is currently projected for the service, of which £0.044m is within employee costs linked to the partial non-achievement of the turnover target. The remainder is minor variances across all headings.

3.2.8 **Mental Health**

Overall, a £0.043m underspend is anticipated for the service. Within this, employee costs are currently projected to underspend by £0.148m, related to the current level of vacancies held by the service. This is offset by an overspend of £0.048m on client commitments, a reduction of £0.020m from Period 9, largely due to later changes in assumptions. Together with minor overspends against other areas these make up the main reasons for the position being reported.

3.2.9 **Alcohol & Drugs Recovery Service**

As at 28 February 2025, the underspend of £0.140m for employee costs is the main variance contributing to the overall projections reported.

3.2.10 **Homelessness**

As reported at Period 9, pending the implementation of the service review, additional security and agency staffing costs being incurred are the main reason for the projected overspend of £0.177m within homelessness.

3.2.11 **Corporate Director (including Business Support)**

Pension monies and progress against the agreed savings are the main reasons for the projected underspend of £3.004m.

Pension Monies
As previously reported, the £3.109m non-recurring pension monies will be used in full to offset the overspend currently projected in Children and Families.

Agreed Savings for 2024/25
The position against each savings target as at 28th February is shown in the table below.

Savings Title	£m		
	Required Saving	**Achieved as at 28/02/25**	**Saving still to be achieved**
Redesign of Children's Community Supports	0.015	0.000	0.015
Day Service redesign	0.239	0.239	0.000
Review of Respite Services	0.257	0.257	0.000
Review of commissioning arrangements	0.250	0.163	0.087
Payroll management target - Council	0.450	0.450	0.000
Review of previous year underspends/budget adjustments	0.267	0.267	0.000
Review of long-term vacancies	0.250	0.250	0.000
Review of Adult services self-directed supports	0.500	0.333	0.167
Total Savings	**2.228**	**1.959**	**0.269**

Sub-groups for each saving stream are in place and financial progress towards the achievement of these targets will continue to be included in this report to Panel.

4.0 2024/25 Current Capital Position

4.1 The Social Work capital budget is £9.907m over the life of the projects with £3.447m originally projected to be spent in 2024/25. Slippage of £2.287m (66.35%) is being reported linked to the delays experienced on the Community Hub project which impacted the financial close date and progression to the main construction phase. Expenditure on all capital projects to 28 February 2025 is £0.755m (21.90% of approved budget, 65.09% of the revised estimate). Appendix 4 details the capital budgets.

4.2 **New Community Hub**

The project commenced on site in early December 2024 following financial close with completion projected April 2026. Works progressed to date and on-going are outlined below:

- Site welfare establishment in place;
- Soil remediation works complete;
- Existing garages & plant building demolition complete;
- Existing swale extension works complete;
- Existing culvert repairs complete;
- Attenuation tank complete;
- Lift pit and trampoline bases complete;
- Drainage works on-going;
- Substructure blockwork on-going;

Works planned to commence in the forthcoming period include:

- Foul/storm drainage;
- Underground service ducting;
- Steel frame commencement;
- Floor slab preparation;
- Retaining wall works.

4.3 SWIFT replacement

As previously reported, the local implementation of ECLIPSE has been postponed until July 2025. Bi-Monthly meetings between OLM and HSCP representatives are taking place, to ensure we remain in contact and are regularly updated with the ongoing ECLIPSE developments.

5.0 PROPOSALS

5.1 Proposals for this paper are contained within the Recommendations at Section 2.0.

6.0 IMPLICATIONS

6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial	x	
Legal/Risk		X
Human Resources		X
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		X
Environmental & Sustainability		X
Data Protection		X

6.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					Details within report

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					Details within report

6.3 **Legal/Risk**

There are no legal implications arising from this report.

6.4 **Human Resources**

There are no human resources implications arising from this report.

6.5 **Strategic**

There are no strategic implications

6.6 **Equalities, Fairer Scotland Duty & Children/Young People**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement. No policy changes/implications

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision: -

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant. No policy changes/implications

(c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

6.7 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

6.8 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

7.0 CONSULTATION

7.1 There has been no consultation in relation to this report

8.0 BACKGROUND PAPERS

8.1 Not applicable

Appendix 1

Social Work

Budget Movement - 2024-25

Period 11 1 April 2024 - 28 February 2025

Service	Approved Budget £000	Movements: Inflation £000	Movements: Virement / Reallocation £000	Movements: Supplementary Budgets £000	Movements: IJB Funding £000	Movements: Transfers (to)/ from Earmarked Reserves £000	Amended Budget £000	IJB Funding Income £000	Revised Budget £000
Children & Families	13,516	0	(755)	722	0	0	13,483	0	13,483
Criminal Justice	19	0	0	0	0	0	19	0	19
Older Persons	33,904	0	(2,088)	0	0	0	31,816	0	31,816
Learning Disabilities	10,803	0	834	0	0	0	11,637	0	11,637
Physical & Sensory	3,148	0	352	0	0	0	3,500	0	3,500
Assessment & Care Management	2,749	0	(562)	0	0	0	2,187	0	2,187
Mental Health	1,913	0	(290)	0	0	0	1,623	0	1,623
Alcohol & Drugs Recovery Service	1,164	0	(221)	0	0	0	943	0	943
Homelessness	1,204	0	(53)	15	0	0	1,166	0	1,166
Planning, Health Improvement & Commissioning	2,143	0	(126)	106	0	0	2,123	0	2,123
Corporate director (including Business Support)	3,860	0	2,749	0	0	0	6,609	0	6,609
Contribution from General reserves	(709)	0	0	0	0	0	(709)	0	(709)
Totals	**73,714**	**0**	**(160)**	**843**	**0**	**0**	**74,397**	**0**	**74,397**

Budget Movements Detail	**£000**
Inflation	
	0
Virements	
Information Governance Restructure Funding	(131)
Procurement Post Funding	(29)
Supplementary Budgets	
Children's Social Care Pay Uplift redetermination	313
Homelessness redetermination - temporary accommodation	15
New to Scotland (Ukraine) redetermination	106
Pay Award funding	409

Appendix 2

Social Work

Revenue Budget Projected Outturn - 2024/25

Period 11 1 April 2024 - 28 February 2025

2023/24 Actual £000	Subjective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
38,369	Employee costs	39,111	37,618	37,452	(166)	(0.44)
1,678	Property costs	1,154	1,524	2,011	487	31.96
1,412	Supplies & services	1,145	1,267	1,298	31	2.45
343	Transport & plant	312	333	422	89	26.73
973	Administration costs	775	824	975	151	18.33
54,993	Payments to other bodies	54,153	59,523	60,182	659	1.11
(27,668)	Income	(22,936)	(26,692)	(27,916)	(1,224)	4.59
70,100		**73,714**	**74,397**	**74,424**	**27**	**0.04**
0	Transfer to Earmarked Reserves	0	0	0	0	0
70,100	**Social Work Net Expenditure**	**73,714**	**74,397**	**74,424**	**27**	**0.04**

2023/24 Actual £000	Objective Analysis	Approved Budget £000	Revised Budget £000	Projected Outturn £000	Projected Over / (Under) Spend £000	Budget Variance %
16,929	Children & Families	13,516	13,483	17,987	4,504	33.41
57	Criminal Justice	19	19	1	(18)	(94.74)
29,242	Older Persons	33,904	31,816	30,709	(1,107)	(3.48)
10,544	Learning Disabilities	10,803	11,637	11,525	(112)	(0.96)
3,254	Physical & Sensory	3,148	3,500	3,253	(247)	(7.06)
1,847	Assessment & Care Management	2,749	2,187	2,261	74	3.38
1,396	Mental Health	1,913	1,623	1,580	(43)	(2.65)
706	Alcohol & Drugs Recovery Service	1,164	943	803	(140)	(14.85)
1,504	Homelessness	1,204	1,166	1,343	177	15.18
2,361	Planning, Health Improvement & Commissioning	2,143	2,123	2,066	(57)	(2.68)
2,260	Corporate director (including Business Support	3,151	5,900	2,896	(3,004)	(50.92)
70,100		**73,714**	**74,397**	**74,424**	**27**	**0.04**
0	Transfer to Earmarked Reserves	0	0	0	0	0
70,100	**Social Work Net Expenditure**	**73,714**	**74,397**	**74,424**	**27**	**0.04**

Appendix 3

Social Work

Material Variances - 2024/25

Period 11 1 April 2024 - 28 February 2025

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of Budget £000	Actual to 28/02/25 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
	Employee Costs						
8,006	Children & Families	6,780	3,046	6,600	7,139	359	5.29
1,892	Criminal Justice	2,019	907	1,688	1,979	(40)	(1.98)
2,898	Learning Disabilities	2,916	1,310	2,470	2,718	(198)	(6.79)
1,360	Physical Disabilities	1,344	604	1,139	1,251	(93)	(6.92)
2,306	Assessment & Care Management	2,275	1,022	2,100	2,320	45	1.98
1,460	Mental Health	1,253	563	980	1,126	(127)	(10.14)
1,276	Alcohol & Drugs Recovery Service	1,414	635	1,121	1,274	(140)	(9.90)
1,076	Homelessness	1,000	449	794	1,027	27	2.70
2,081	Planning, Health Improvement & Commissioning	2,742	1,232	2,196	2,689	(53)	(1.93)
2,788	Business Support	2,867	1,288	2,602	2,831	(36)	(1.26)
38,369		24,610	11,058	21,690	24,354	(256)	(1.04)
	Non-Employee Costs						
	Children & Families:						
249	Property - Other property costs	252	231	274	308	56	22.22
46	Transport - Other Transport costs	5	5	39	49	44	880.00
0	Admin - Signs of Safety training	0	0	7	35	35	
0	PTOB - Adoption Fees	0	0	35	35	35	
5,075	PTOB - External residential placements	3,433	3,147	4,420	5,138	1,705	49.67
103	PTOB - Supported Living	0	0	231	361	361	
2,416	PTOB - Adoption, Fostering, Kinship and Continuing Care placements	2,345	2,150	2,757	2,942	597	25.46
671	PTOB - Home Care, Respite, Direct Payments, Additional Support	197	181	1,232	1,419	1,222	620.30
69	PTOB - Section 22	66	61	128	142	76	115.15
	Older Persons:						
21	Comm Alarms - S&S - Tools & Equipment	100	92	50	74	(26)	(26.00)
40	Comm Alarms - PTOB - Bield Contract	42	39	47	73	31	73.81

Appendix 3

Social Work

Material Variances - 2024/25

Period 11 1 April 2024 - 28 February 2025

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of Budget £000	Actual to 28/02/25 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
19	Day Care - Transport & Plant Costs- Internal Transport Drivers	87	80	17	19	(68)	(78.16)
3,911	Homecare - PTOB - External care packages	4,955	4,542	3,621	4,650	(305)	(6.16)
(28)	Homecare - Income	(53)	(49)	(107)	(118)	(65)	122.64
18,631	Residential Nursing - PTOB - net bed costs	18,815	17,247	15,901	18,105	(710)	(3.77)
	Learning Disabilities:						
11,878	PTOB - External client packages	13,026	11,941	10,613	13,151	125	0.96
(10)	Income - Recoveries	0	0	(57)	(57)	(57)	
	Physical Disabilities:						
2,608	PTOB - External client packages	2,954	2,708	2,289	2,708	(246)	(8.33)
	Mental Health						
1,889	PTOB - External client packages	2,248	2,061	1,876	2,296	48	2.14
	Alcohol & Drugs Recovery Service:						
297	PTOB - External client packages	452	414	425	488	36	7.96
	Homelessness:						
5	Property Costs - Inverclyde Centre security costs	0	0	50	58	58	

Appendix 3

Social Work

Material Variances - 2024/25

Period 11 1 April 2024 - 28 February 2025

2023/24 Actual £000	Budget Heading	Revised Budget £000	Proportion of Budget £000	Actual to 28/02/25 £000	Projected Outturn £000	Projected Over/(Under) Spend £000	Percentage Variance %
170	Property Costs - Inverclyde Centre other property costs	106	44	141	179	73	68.87
0	Administration - External Consultants	0	0	25	32	32	
35	PTOB - Housing Support	56	51	3	4	(52)	(92.86)
	Corporate Director (including Business Support)						
182	Administration Costs - Insurance	145	60	0	196	51	35.17
0	PTOB - Unachieved Savings Target - Commissioning & Supported Living	(254)	(106)	0	0	254	(100.00)
0	PTOB - Non Recurring Pension Monies	3,109	1,295	0	0	(3,109)	(100.00)
48,277		52,086	46,193	44,017	52,287	201	0.39
86,646	**Total Material Variances**	**76,696**	**57,250**	**65,707**	**76,641**	**(55)**	**(0.07)**

Appendix 4

Social Work

Capital Budget 2024/25

Period 11 1 April 2024 - 28 February 2025

Project Name	Est Total Cost	Actual to 31/03/24	Approved Budget	Revised Estimate	Actual to 28/02/2025	Estimate 2025/26	Estimate 2026/27	Future Years
	£000	£000	£000	£000	£000	£000	£000	£000
Social Work								
New Community Hub	9,707	655	3,447	1,160	755	6,392	1,500	0
Swift Upgrade	200	0	0	0	0	200	0	0
Social Work Total	**9,907**	**655**	**3,447**	**1,160**	**755**	**6,592**	**1,500**	**0**

21.90% App Budget
65.09% Rev Est
66.35% Slippage

Appendix 5

Social Work

Earmarked Reserves - 2024/25

Period 11 1st April 2024 - 28 February 2025

Project	Lead Officer/ Responsible Manager	Total Funding 2024/25 £000	Projected Spend 2024/25 £000	Amount to be Earmarked for 2024/25 & Beyond £000	Lead officer Update
Tier 2 School Counselling	Jonathan Hinds	229	81	148	School counselling contract renewed. Commitment held for future years.
Whole Family Wellbeing	Jonathan Hinds	766	281	485	Spending Plan submitted to SG. Will be fully utilised over the period of the funding; currently assuming to 2026-27.
National Trauma Training	Jonathan Hinds	0	0	0	
New to Scotland	Maxine Ward	3,073	358	2,715	For continued support for refugees in Inverclyde area. New Scots Team, third sector support, interpreting, education support etc. Income received to fund planned spend over 23/24 and next 3 financial years at this stage
Autism Friendly	Alan Best	123	45	78	To implement the National and Local Autism strategies with an aim to create an 'Autism Inclusive Inverclyde'.
Integrated Care Fund	Alan Best	108	25	83	Fully committed. Independent Sector lead costs for 24/25 and 25/26.
Delayed Discharge	Alan Best	50	21	29	Fully committed. .
Winter Pressures Care at Home	Alan Best	745	365	380	Care and support at home review commitments plus ongoing care at home requirements being progressed. Maximising indep/CM work.
Carers	Alan Best	254	50	204	Consultation with carers being carried out to identify most appropriate use of funds. Commitments to be confirmed and further developments planned for.
ADRS fixed term posts	Maxine Ward	103	40	63	For continuation of contribution to fixed term MIST posts .
Rapid Rehousing Transition Plan (RRTP)	Maxine Ward	75	75	0	Fully committed.
CORRA Residential Rehab	Maxine Ward	87	0	87	New Reserve for CORRA Residential Rehab Project. Funds will be utilised over the life of the project in line with the project plan.
Temporary posts	Craig Given	256	184	72	Will be fully utilised over 24/25 and 25/26.
Welfare	Craig Given	106	60	46	Fully committed.
Council delegated reserves		**5,975**	**1,585**	**4,390**	

Appendix 5

Social Work

Earmarked Reserves - 2024/25

Period 11 1st April 2024 - 28 February 2025

Project	Lead Officer/ Responsible Manager	Total Funding 2024/25 £000	Projected Spend 2024/25 £000	Amount to be Earmarked for 2024/25 & Beyond £000	Lead officer Update
Pay contingency	Craig Given	392	0	392	To address any additional pay award implications for 24/25 and 25/26.
Client Commitments - general	Kate Rocks	414	0	414	To address potential demographic pressures.
Adoption/Fostering/Residential Childcare/ Kinship	Jonathan Hinds	466	0	466	To address in year pressures if required.
Continuing Care	Jonathan Hinds	267	0	267	To address in year pressures if required.
Residential & Nursing	Alan Best	432	0	432	To address in year pressures if required.
Learning Disabilities Client Commitments	Alan Best	382	0	382	To address in year pressures if required.
Learning Disabilities Redesign	Alan Best	500	200	300	Community Hub non-capital spend reserve. Includes £200k contribution to build costs.
IJB ADP	Maxine Ward	502	45	457	Fully committed - remaining balance relates to MIST posts and allowable earmarking.
IJB Mental Health - Action 15	Katrina Philips	116	0	116	Fully committed for fixed term posts.
IJB Mental Health Transformation	Katrina Philips	477	100	377	Fully committed towards ANP service within MH.
IJB Contributions to Partner Capital Projects	Kate Rocks	1,099	620	479	Community Hub spend reprofiled. £500k contribution likely to be during current financial year.
IJB Primary Care Support & Public Health	Hector McDonald	525	215	310	A number of initiatives ongoing within these funds e.g. Thrive under 5, Smoking prevention, GP premises improvement.
IJB Prescribing Smoothing Reserve	Alan Best	563	563	0	Full spend anticipated
IJB Addictions Review	Maxine Ward	272	60	212	Redesign transition funding including Residential Rehab costs.
IJB Transformation Fund	Kate Rocks	1,226	551	675	Expenditure on projects approved by the Transformation Board and IJB. Updates reported regularly to both the Transformation Board and IJB. Projects can be Council, Health or Joint.
IJB Community Living Change Fund	Alan Best	101	101	0	Balance is for ongoing committed posts
IJB Staff L&D Fund	Jonathan Hinds	397	50	347	Training board led spend for MSC students, staff support, Grow your own and ongoing Social work Adult/Child protection training.
IJB Homelessness	Alan Best	256	256	0	Redesign transition funding. Balance committed for continuation of temp posts in 24/25.
IJB Swift	Craig Given	415	0	415	For project implementation and contingency. Project on hold to July 2025.
IJB WP MDT	Alan Best	134	81	53	Fully committed - balance to fund costs of committed posts and equipment spend 24/25.
IJB WP HSCW	Laura Moore	331	279	52	Fully committed - balance is for ongoing Band 5 and 6 posts commitments
IJB Care Home Oversight	Laura Moore	88	49	39	Any unused funds at year end to be earmarked for continuation of workstreams including Call before you convey.

Appendix 5

Social Work

Earmarked Reserves - 2024/25

Period 11 1st April 2024 - 28 February 2025

Project	Lead Officer/ Responsible Manager	Total Funding 2024/25 £000	Projected Spend 2024/25 £000	Amount to be Earmarked for 2024/25 & Beyond £000	Lead officer Update
IJB Digital Strategy	Alan Best	202	150	52	Analogue to Digital commitments - spending plan ongoing.
IJB MH Recovery & Renewal	Katrina Philips	343	70	273	Earmarked for continuation of board-wide facilities improvement and workforce wellbeing initiatives.
IJB LD Health Checks	Alan Best	64	0	64	To fund central team work re LD Health checks led by East Renfrewshire.
The Lens Project	Jonathan Hinds / Alan Best	132	60	72	Projects identified to take forward.
IJB Severance Costs Contingency	Kate Rocks	1,492	0	1,492	New IJB Reserve agreed as part of the 2024-25 budget. No confirmed spend at P5.
IJB Free Reserves	Craig Given	1,724	709	1,015	Planned use of Reserves agreed by IJB.
Overall Total		**19,287**	**5,744**	**13,543**	

Inverclyde council

AGENDA ITEM NO: 3

Report To:	**Social Work & Social Care Scrutiny Panel**	**Date:**	**13 May 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social care Partnership**	**Report No:**	**SWSCSP/44/2025/MM**
Contact Officer:	**Margaret McIntyre Head of Children, Families & Justice Inverclyde Health & Social care Partnership**	**Contact No:**	**01475 715365**
Subject:	**Inspection of Children's Residential Houses – Crosshill and Kylemore**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report informs the Social Work and Social Care Scrutiny Panel (SW&SCSP) of two inspections completed by the Care Inspectorate in respect of Crosshill Residential Children's House (January 2025) and Kylemore Residential Children's House (February 2025).

1.3 Both inspections were unannounced, and the services were evaluated against the following key questions:

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

Within this, the quality indicator evaluated was as follows:

Children and young people are safe, feel loved and get the most out of life.

1.4 The report of the inspection and evaluation of Crosshill Children's House is available on the Care Inspectorate website and attached as appendix 1.

1.5 The report of the inspection and evaluation of Kylemore Children's House is available on the Care Inspectorate website and attached as appendix 2.

1.6 Crosshill was awarded a grade of 4: 'good', on the six-point scale used by the Care Inspectorate, ranging from 1: unsatisfactory to 6: excellent.

1.7 Kylemore was awarded a grade of **5: 'very good'**, on the six-point scale used by the Care Inspectorate, ranging from 1: unsatisfactory to 6: excellent.

2.0 RECOMMENDATIONS

2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the outcome of the inspection and the Improvement Action Plan at Appendix 3.

Kate Rocks
Chief Officer
Inverclyde Health & Social care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Social work and social care services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties, providing appropriate care and support to vulnerable individuals and groups. Crosshill Children's House is a regulated service, registered with The Care Inspectorate and therefore subject to regular inspection. Typically, residential facilities will be subject to one inspection per year which will be unannounced.

An unannounced inspection of Crosshill was undertaken on 30 January 2025.

An unannounced inspection of Kylemore was undertaken on 12 February 2025.

3.2 The Care Inspectorate utilises the following gradings within its inspection activity:

1. Unsatisfactory
2. Weak
3. Adequate
4. Good
5. Very good
6. Excellent.

3.3 During the last inspection in October 2022 Crosshill was graded as 4: 'good'.

During the last inspection in November 2022 Kylemore was graded as 4: 'good'.

3.4 During both inspections, the Care Inspectorate spoke with staff, young people, parents and other professionals and reviewed relevant written information including care plans.

3.5 **Key Messages - Crosshill**

3.6 Crosshill's inspection report, published by the Care Inspectorate, includes five key messages from the findings of the inspection:

1. Young people were kept safe in the house and cared for by staff who had a good understanding of their role and responsibilities.
2. Advocacy services were available to young people which provided opportunities for them to express their views.
3. The service had not consistently notified the Care Inspectorate of significant incidents occurring in the house.
4. Young people were offered a variety of activities and opportunities, such as holidays and day trips.
5. Education and employment opportunities were encouraged within the service, with support around these being tailored to their needs.

3.7 **Key Messages - Kylemore**

Kylemore's inspection report, published by the Care Inspectorate, includes five key messages from the findings of the inspection:

1. Young people were cared for by staff who knew them well.
2. Positive relationships had been established between young people and staff. These were based on trust, understanding and genuine care.
3. Young people experienced a high level of respect from everyone involved in their care.

4. Young people had a variety of opportunities to take part in experiences that interested them, including holidays and individual hobbies.
5. The service was committed to young people remaining in the service into adulthood, if this was their choice.

3.8 **Findings - Crosshill**

3.9 The inspection found that, overall, young people living at Crosshill felt and are kept safe. All young people had risk assessments in place, which contributed to staff understanding and ability to promote the safety of young people.

3.10 A notable strength was that young people experienced therapeutic and stable care, supporting their emotional wellbeing. On the whole staff had remained consistent for several years which contributed to the continuity of relationships.

3.11 It was found that young people experienced trusting and nurturing relationships with those caring for them with one young person stating, 'they have done a lot for me, when I was having a tricky time, they were there for me'.

3.12 In addition, the inspection highlighted that young people's physical and mental health were given priority within the service. Staff ensured that young people were supported to attend key appointments and access suitable supports as required, including at points of crisis.

3.13 Young people had access to advocacy through the children's rights officer, as well as independent advocacy services. Young people told us they would also speak to their keyworker or social worker. This highlighted that young people were listened to ensuring their views are considered.

3.14 There have been no complaints upheld since the last inspection.

3.15 **Findings - Kylemore**

3.16 The inspection found that young people living at Kylemore are kept safe, emotionally and physically. They benefit from care and support from a caring and compassionate staff team.

3.17 It was found that young people experienced therapeutic and stable care which supported their emotional wellbeing. Staff recognised the impact of trauma as being significant for young people, acknowledging the additional challenges this can present in day-to-day life.

3.18 A strength were the relationships between young people and staff with these being noted to be warm, trusting and nurturing relationships. An external professional shared - 'this service does well in relationship-based practice, focusing on building strong, trusting connections with the young people they support. The staff take a nurturing approach, which fosters an environment where young people feel valued and understood.'

3.19 In addition, those living at Kylemore were found to experience a high level of respect from everyone involved in looking after them. It was highlighted that 'staff considered young people's points of view, considering their experiences and needs and recognising the individual in each situation'.

3.20 Young people's physical and mental health were given priority within the service.

3.21 The service have developed a 'wellbeing room' in the house, which has provided a further space for staff and young people to access. Staff recognised the importance of different environments for young people to access, depending on their needs and feelings at any time.

3.22 Young people had individualised risk assessments and care plans. These were informative and detailed important information to support staff in keeping young people safe and offering meaningful support. Care plans included personalised goals which indicated that young people were involved in their development.

3.23 There have been no complaints upheld since the last inspection.

4.0 PROPOSALS

4.1 **Crosshill**: The inspection noted an ongoing area of improvement in relation to reporting incidents (notifications) to the Care Inspectorate. It stated that the service would benefit from reviewing processes around incident recording and reporting to ensure relevant notifications are submitted in a timely manner. Improvement activity in relation to this is already underway to meet this area of improvement, including additional staff training as well as taking practical steps to reduce any barriers to reporting incidents within timescales.

4.2 **Kylemore**: No areas of improvement were identified during the inspection. However, the service is committed to continuous improvement, learning and development.

4.3 **All Children's Houses**

These two inspections complete the cycle of inspections across all three of our children's houses in 2024/25. The View Children's House was also awarded a grade of 5 – **Very Good** – with the report presented to the Social Work and Social Care Scrutiny Panel in February 2025. All three houses have in place Improvement Action Plans that have leadership oversight, scrutiny and support to ensure continuous improvement, aiming for excellence in the delivery of residential care to children and young people in Inverclyde.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial			✓
Legal/Risk			✓
Human Resources			✓
Strategic (LOIP/Corporate Plan)			✓
Equalities & Fairer Scotland Duty			✓
Children & Young People's Rights & Wellbeing			✓
Environmental & Sustainability			✓
Data Protection			✓

5.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 **Legal/Risk**

No Implications

5.4 **Human Resources**

No Implications

5.5 **Strategic**

No Implications

5.6 **Equalities and Fairer Scotland Duty**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

5.7 **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
✓	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.8 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
✓	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.9 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 N/A

7.0 BACKGROUND PAPERS

7.1 None.

Appendix 1

care inspectorate

Crosshill Home
Care Home Service

Port Glasgow

Type of inspection:
Unannounced

Completed on:
30 January 2025

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001104

HAPPY TO TRANSLATE

About the service

Crosshill is a residential children's house located in a residential area of Port Glasgow. It is registered to provide care and accommodation for up to seven children and young people. During our inspection, seven young people were living in the service.

The house itself is a modern design that offers space and comfort. The layout has been well considered and consists of an open plan living/dining room, two further separate lounge areas, and a large kitchen. There are seven bedrooms and six of these have ensuite facilities.

About the inspection

This was an unannounced inspection which took place on 23 January 2025 between 10:30 and 18:00. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection. To inform out evaluations we:

- Spoke with three young people using the service and three of their family members
- Spoke with eight members of staff and management
- Spoke to seven external stakeholders
- Observed practice and daily life
- Reviewed documents
- Reviewed 14 survey responses

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Key messages

- Young people kept safe in the house and cared for by staff who had a good understanding of their role and responsibilities.
- Advocacy services were available to young people which provided opportunities for them to express their views.
- The service has not consistently notified the Care Inspectorate of significant incidents occurring in the house.
- Young people were offered a variety of activities and opportunities, such as holidays and day trips.
- Education and employment opportunities were encouraged within the service, with support around these being tailored to their 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?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing? 4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Overall young people living at Crosshill felt supported and are kept safe. All young people had risk assessments in place, which contributed to staff understanding and ability to promote the safety of young people.

Young people had access to advocacy through the allocated children's rights officer, as well as independent advocacy services. Young people told us they would also speak to their keyworker or social worker if they needed to. This means that young people are listened to and ensures their views are considered.

Young people experienced therapeutic and stable care which supports their emotional wellbeing. On the whole staff had remained consistent for a number of years which contributed to the continuity of relationships. We are aware the provider has recently developed a formal staffing needs assessment which will be implemented in the near future.

We found there had been a number of incidents that had not been reported to the Care Inspectorate, including incidents of restrictive practices.

(See area for improvement 1)

Within those recorded, there was evidence of staff responding to young people in crisis in a sensitive and caring manner, sharing information and taking forward identified actions. The service would benefit from reviewing processes around incident recording and reporting to ensure relevant notifications are submitted in a timely manner.

Young people experience trusting and nurturing relationships with those caring for them. When talking about staff a young person shared *'they have done a lot for me, when I was having a tricky time they were there for me.'* Staff had a good understanding of their role in relation to safeguarding young people, however the team may benefit from further considering how rules and boundaries are implemented to ensure these are consistent with a trauma-informed approach.

Young people were offered a variety of activities and opportunities, including holidays and days out, with staff recognising the importance of *'making memories'*. This allowed young people to have new experiences and enhance relationships.

The physical environment of the house was warm and welcoming. Several external visitors commented on the nurturing and welcoming nature of the house. Young people had been able to personalise their bedrooms to their own likes and preferences which contributed to a sense of belonging.

Young people's physical and mental health were given priority within the service. Staff ensured that young people were supported to attend relevant appointments and access suitable supports as required, including at points of crisis.

Most young people were engaged in some form of education and/or employment at the time of inspection.

Young people had individual plans in education which were supported by staff and led to a range of academic achievements. An external professional reflected admiration of the encouragement and support staff provide to young people in terms of '*sticking in at school*'. The team were acknowledged by another professional for '*instilling a strong work ethic*' in the young people.

The commitment to continuing care was evident in day-to-day practice and was included in related policy. We understand the development of a standalone Continuing Care policy was underway and we look forward to seeing the impact of this at future inspections

.

Young people's plans and risk assessments were person centred and informed by young people's personal goals and preferences. The service would benefit from reviewing individual records to ensure information accurately reflects current circumstances/concerns.

Areas for improvement

1. The service should notify the Care Inspectorate of incidents as described within 'Records that all registered children and young people's care services must keep and guidance on notification reporting', published 25 October 2022.

This is in order to ensure that the quality of care and support is consistent with the Health and Social Care Standards which state that:

'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18);

and In order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - 'A provider must make proper provision for the health, welfare and safety of service users'.

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

Areas for improvement

Previous area for improvement 1

The provider should consider its wider response to increasing demands on service capacity.

This should include efforts to consider service provision for older young people who have particularly complex and challenging needs.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8) and 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 19 December 2022.

Action taken since then
The provider has now implemented an improved matching and admissions process, to ensure the needs of young people are considered prior to moving into the service. During inspection we found that young people living in the home had their needs met through the support offered by the staff team.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	4 - Good

7.1 Children and young people are safe, feel loved and get the most out of life	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain 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۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ 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.

Appendix 2

care inspectorate

Kylemore
Care Home Service

Greenock

Type of inspection:
Unannounced

Completed on:
12 February 2025

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2003001106

HAPPY TO TRANSLATE

About the service

Kylemore is a residential children's house located in a residential area of Greenock. It is registered to provide care and accommodation for up to seven children and young people. During our inspection, seven young people were living in the service.

The house itself is purpose built and a modern design that offers space and comfort. The layout consists of two lounge areas, a large kitchen, a dining room and a sunroom which provides a quiet space for young people and staff. All of the bedrooms have either an ensuite or access to their own bathroom. The house also has a large garden to the rear of the property, including a decking area.

About the inspection

This was an unannounced inspection which took place on 3 and 4 February 2025 between 11:30 and 18:00, and 10:15 and 16:00 respectively. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with five young people using the service
- Spoke with eight members of staff and management
- Spoke with six external stakeholders
- Observed practice and daily life
- Reviewed documents
- Reviewed 10 completed survey responses.

Key messages

- Young people were cared for by staff who knew them well.
- Positive relationships had been established between young people and staff. These were based on trust, understanding and genuine care.
- Young people experienced a high level of respect from everyone involved in their care.
- Young people had a variety of opportunities to take part in experiences that interested them, including holidays and individual hobbies.
- The service was committed to young people remaining in the service into adulthood, if this was their choice.

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?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing? 5 - Very Good

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

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated this key question as very good.

Young people living at Kylemore are kept safe, emotionally and physically. They benefit from care and support from a caring and compassionate staff team. Young people are encouraged to engage in discussions about their safety to support them in taking age appropriate responsibilities for safety planning.

Young people had access to independent advocacy services whilst living at Kylemore. In addition young people told us they could speak to staff in the house. One young person said *'there are lots of people here I can speak to whenever I want to or need to'*.

Young people experienced therapeutic and stable care which supports their emotional wellbeing. Staff recognised the impact of trauma as being significant for young people, acknowledging the additional challenges this can present in day-to-day life. By knowing young people well, staff were able to notice subtle changes in behaviours which might indicate difficulties, therefore step in to offer support. We are aware the provider has recently developed a formal staffing needs assessment which will be implemented in the near future.

Since the last inspection there have been a small number of restrictive practice incidents within Kylemore. Staff used de-escalation techniques first to engage with young people in crisis and the escalation of these events was clearly recorded. There was consistent practice of debriefs following incidents, which provided opportunity for reflection and learning.

A strength of the service was relationships between young people and staff with these being warm, trusting and nurturing relationships. An external professional shared *'This service does well in relationship-based practice, focusing on building strong, trusting connections with the young people they support. The staff take a nurturing approach, which fosters an environment where young people feel valued and understood.'*

Young people had opportunities to access holidays and days out with staff and, at times, others living at Kylemore. Staff knowledge of young people supported decision making in terms of planning such trips to ensure these were enjoyable experiences for all.

Those living at Kylemore experienced a high level of respect from everyone involved in looking after them. Staff considered young people's points of view, taking into account their experiences and needs and recognising the individual in each situation. An external professional highlighted, in relation to an emergency admission, that staff worked hard to ensure the *'young person felt safe and secure, which helped them settle in more effectively.'*

Respect was also reflected in the quality of environment with the house being warm and welcoming. Feedback from an external visitor acknowledged that staff *'focus on creating a nurturing and homely environment that promotes a sense of safety and stability'*. Photographs around the home of young people and staff taking part in activities contributed to a homely, nurturing environment.

Young people's physical and mental health were given priority within the service. Staff ensured young people were supported to attend relevant appointments and access suitable supports as required, including routine appointments and specialist supports.

The service have developed a 'wellbeing room' in the house, which has provided a further space for staff and young people to access. Staff recognised the importance of different environments for young people to access, depending on their needs and feelings at any particular time.

Young people's individual interests and ambitions were consistently supported and encouraged by the team. One staff member referred to activities and hobbies being *'led by them [young people], and encouraged by us'* highlighting the individualised approach staff take when encouraging young people. There were examples of young people taking driving lessons, going to various sports groups and spending time with friends. We also heard that a young person had been supported in their choice to keep a pet dog, and the positive impact this has had on their overall wellbeing.

Staff worked closely with colleagues in education to support young people to participate in their learning. Tailored support plans were developed through collaboration between staff and education colleagues which contributed to improved education outcomes for young people.

The commitment to continuing care was evident in day-to-day practice and was included in related policy. We understand the development of a standalone Continuing Care policy was underway and we look forward to seeing the impact of this at future inspections.

For those who are considering moving on from the service, we were told of transitions being planned in line with individual needs. One professional referred to the young person they support being wary about moving on considering this as a positive reflection on relationships within Kylemore.

Young people had individualised risk assessments and care plans. These were informative and detailed important information to support staff in keeping young people safe and offering meaningful support. Care plans included personalised goals which indicates that young people are involved in their development.

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

Areas for improvement

Previous area for improvement 1

The service should develop a central log and system of record-keeping of any significant incidents or events. This will allow for greater transparency, monitoring and quality assurance of the young people's care and support.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 4.11) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes (HSCS 4.19).

This area for improvement was made on 15 November 2022.

Action taken since then
Overall record keeping relating to incidents within the home has improved since the last inspection. From incident records sampled, there was evidence of staff response to crisis in a sensitive and caring manner to ensure the safety of young people.

This area for improvement has been met.

Previous area for improvement 2

The provider should consider its wider response to increasing demands on service capacity. This should include efforts to minimise occasions when the admission of young people results in the service exceeding capacity.

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

'If I experience care and support in a group, the overall size and composition of that group is right for me (HSCS 1.8) and 'My care and support meets my needs and is right for me (HSCS 1.19).

This area for improvement was made on 15 November 2022.

Action taken since then
Matching and admissions process has been implemented since the last inspection which has allowed for consideration to be given to the provision of support offered by the service with awareness of young peoples needs.

This area for improvement has been met.

Complaints

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

Detailed evaluations

How well do we support children and young people's rights and wellbeing?	5 - Very Good
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain 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۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ 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.

Inverclyde HSCP

Residential Services – Improvement Plan 2025-2026

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
My needs are met by the right number of people.	The service will develop a robust staffing needs assessment. This should include, but is not limited to, a continuous overview of the skills of staff, and the number of staff required to provide the service.	1 March 2025	Residential Team Lead	In progress – a staffing needs assessment has been designed in consultation with Care Inspectorate and House Managers. Will now be implemented.	Green
I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected	In order to ensure that the service notifies the Care Inspectorate of incidents within statutory timescales we will: - Organise training which will be delivered by the Care Inspectorate. - Work with managers to identify any challenges / priority areas for training. - Reduce practical barriers to reporting incidents by ensuring that additional staff have access the Care Inspectorate notification portal.	1 June 2025	Residential Team Lead House Managers	In progress A Care Inspectorate input /training on notifications has been arranged to take place on 3 April 2025. House Managers and Depute House Managers now have access to the portal across all three houses.	Green

Appendix 3

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Practice will be strengthened by developing a specific policy relating to continuing care practice.	A specific policy relating to Continuing Care Procedures will be developed.	1 June 2025	Residential Team Lead	In progress – policy is in draft format and will be taken to the Senior Management Team before implementation.	Amber

Inverclyde council

AGENDA ITEM NO: 4

Report To:	**Social Work and Social Care Scrutiny Panel**	**Date:**	**13 May 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde Health & Social Care Partnership**	**Report No:**	**SWSCSP/43/2025/AB**
Contact Officer:	**Alan Best Head of Health & Community Care Inverclyde Health & Social Care Partnership**	**Contact No:**	**01475 715949**
Subject:	**Supported Living Service Care Inspectorate Inspection 8 May 2024**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report provides an update to the Social Work and Social Care Scrutiny Panel on the recent follow-up inspection of Inverclyde's Supported Living Team and Care at Home Service (for Learning Disability) carried out by the Care Inspectorate.

1.3 The Supported Living Team and Care at Home Service for adults with Learning Disability had an unannounced inspection on 8 May 2024 concluding on the 15 May 2024. Two inspectors visited James Watt Court on Holmscroft Street and met with Supported Living (outreach) staff based at the Fitzgerald Centre.

The Care Inspectorate made 3 requirements and 1 area for improvement in their Inspection report. The service was graded 3 overall. All of those requirements have been met within the timescales set.

A further unannounced visit was carried out on the 7 February 2025 as a follow-up. At this visit it was confirmed that improvements had been made, and the service was re-graded to 4 in all categories.

1.4 Key messages from the inspection:

- The management team had supported staff to develop their understanding of restrictive practice and the impact this had on people supported.
- Quality assurance systems have been implemented to identify service improvements and developments and should continue to be embedded into practice.
- Support planning had improved, giving clearer guidance on support requirements.
- The service made significant improvements since the previous inspection which had a positive impact on people's experiences and outcomes.

The Care Inspectorate use a six-point scale where 1 is unsatisfactory and 6 is excellent. The grading received were:

How well do we support people's wellbeing	4 (good)
How good is our leadership	4 (good)
How well is our care and support planned	4 (good)

1.5 A previous Area for Improvement made by the Inspectors was for the provider to ensure the service was exploring opportunities to increase people's independence and develop their daily living skills. People should be enabled to make choices in their day to day lives, even when there are restrictions in place to promote health and wellbeing.

The Care Inspectorate heard from staff they had identified a definite shift in thinking about how best to meet people's holistic needs. Staff showed more recognition of what people are able to do and tenants are now more involved in activities, particularly around the home.

The Inspectors also noted a range of processes had been implemented to give the registered manager assurances regarding the ongoing monitoring and evaluation of the service.

2.0 RECOMMENDATIONS

2.1 The Social Work and Social Care Scrutiny Panel is asked to note the recent Care Inspectorate inspection of the Supported Living Team and Care at Home (Adult Learning Disability) services.

2.2 The Social Work and Social Care Scrutiny Panel is asked to note all the improvement actions were completed within the agreed timescales.

Kate Rocks,
Chief Officer
Inverclyde Health & Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 Inverclyde Learning Disability Support and Care at Home Service enable people with learning disabilities to live in their own homes throughout Inverclyde. The service is operated on a 24/7 basis. There are three elements within the service, including two supported living services and a dispersed service supporting people in their individual tenancies across the local area. At the time of the inspection twenty two people were supported. The registered manager was supported by a senior co-ordinator, four senior support workers and a team of social support workers.

3.2 The Health and Care Staffing (Scotland Act) 2019 which was paused during the Covid-19 pandemic was enacted on the 1 April 2024. The guiding principles of the Act states staffing for health care and care services is to be arranged while taking account of the particular needs, abilities, characteristics and circumstances of different service users and being open with staff and service users about decisions on staffing. The Act also places a duty on care service providers to ensure appropriate staffing.

4.0 PROPOSALS

4.1 The Improvement Plan that was developed is robust and can be viewed at **Appendix 1.**

Since the inspection was carried out, the service progressed all the actions recommended by the Care Inspectorate and met the timeline set by the Care Inspectorate.

An easy-read version of the improvement plan was produced so all tenants in the service could participate in the completion of the action plan.

The Head of Health & Community Care will meet on a regular basis to review the progress of the actions to meet the recommendations with regard to:

- The registered manager utilising a quality assurance framework to ensure complete oversight of the service and ongoing key activities, including information in relation to legal powers.

- Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 **Legal/Risk**

None. The service meets the level of grading where social work can place new tenants in the service.

5.4 **Human Resources**

See above – one Senior Coordinator post was filled on a temporary basis – post needs to be made permanent. Support with SSSC and other training requirements of staff to be supported.

5.5 **Strategic**

None.

5.6 **Equalities, Fairer Scotland Duty & Children/Young People**

None. The service exists to increase housing and support options for adults affected by Learning Disabilities.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

(b) Fairer Scotland Duty

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty.

(c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Environmental/Sustainability**

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.8 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals. The proposal to import spreadsheets of SSSC registration as additional data, but this information is already available on a public website.

6.0 CONSULTATION

6.1 All tenants and families of the tenants have been contacted since the Inspection Report was published and were invited to come in and participate in the Improvement Plan.

7.0 BACKGROUND PAPERS

7.1 Improvement Plan – attached.

Medication

Outcome What do we want to achieve?	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Assessed medication levels for each tenant is detailed, accurate and directly linked to need and support requirements.	We will review each tenant's current medication, seek further advice from GP and complete a medication assessment form for each tenant which will clearly identify support requirements.	No later than 2nd July 2024	**Registered Manager** – monitoring completion **Senior Coordinator & Senior Support Workers** – Supporting completion. **Keyworkers** – Discussing with GP's and completing medication assessment paperwork	**Completed** Keyworkers have contacted GPs. All medication levels are now accurate on MAR. Medication assessment forms have been completed with full participation of tenants with their preferences being taken into account.	**GREEN**
Medication records for each person are accurate, up to date and clearly reflect the medication prescribed and administered (including creams).	We will introduce an audit for all medication records for all tenants, we will review medications and seek further advice from GP and Community Pharmacist lead regarding administration of creams, including times of administration	No later than 2nd July 2024	**Keyworkers** – Contact GP to ensure that prescribing labels and MAR sheet labels reflect the medication requirements, including creams. **Registered Manager, Senior Coordinator and Senior Support Workers** – Develop and introduce a robust medication audit system that is reflected within the medication policy for the service, with advice from M Maskrey, Lead Pharmacist HSCP.	**Completed** Medication Audit process has commenced. One outcome that has been highlighted is excess medication which has been returned to pharmacy. Thereafter monthly audits carried out for each tenant by seniors/senior coordinator. Registered Manager will complete a further audit twice yearly to quality assure process.	**GREEN**

Appendix 1

Improvement Plan - Requirements & Recommendations

Detailed as required protocols are in place for each medication that has been prescribed "as and when required". They should include information on when it has to be given, intended outcome and thresholds for further action.	'As and when' will be implemented for all tenants that have 'as and when required' medications prescribed. The protocol where appropriate have been agreed by the GP or tenant's legal guardian.	No later than 2nd July 2024	**Registered Manager, Senior Coordinator and Senior Support Workers** – To review all as and when required medications and support keyworkers to implement protocols. **Keyworkers** – To implement 'as and when required' protocols and where possible, get sign off from GP.	**Completed** All as and when required medication has been reviewed, surplus medications have been returned to pharmacy and return slips have been signed. All 'as and when required' medications have a protocol clearly detailing when it has to be given, the intended outcome and thresholds for further action. Protocols, where possible, have been signed and stamped by individuals GP's.	**GREEN**
Staff responsible for supporting people with medication clearly understand the process of and importance of recording and administering medication.	We will discuss with staff at each team meeting, and this has become a standard agenda item at 1:1 supervision. We will utilise the existing HSCP medication training for staff team and senior managers and manager.	No later than 2nd July 2024 No later than 2nd July to get dates confirmed.	**Registered Manager, Senior Coordinator and Senior Support Workers –** Add to agenda for each staff meeting and add to 1:1 supervision agenda. **Registered Manager–** Arrange for further training to be delivered.	**Completed** Medication is a standard agenda item at team meetings. Our audit and quality assurance will incorporate staff observations on a twice-yearly basis. Training dates have been scheduled for all staff, training to be delivered on 22nd, 29th and 31st July 2024. Training is being delivered by HSCP Interface Pharmacist and is aligned to	**GREEN**

Improvement Plan - Requirements & Recommendations

				overarching HSCP Adult Medication Support Policy.	
Medication audits are regular and effective; identifying gaps and actions required to improve recording and practice in line with current organisational policy and good practice guidance.	We will develop and implement a robust medication audit system that is in line with current good practice guidance.	No later than 2nd July 2024	**Registered Manager, Senior Coordinator and Senior Support Workers** – Develop and introduce a robust medication audit system that is reflected within the medication policy for the service. **Registered Manager, Senior Coordinator and Senior Support Workers –** Review current medication procedures to ensure that they include the requirements for tenants' medication audits.	**Completed** Medication audit has been developed, agreed and is now used for all tenants. This will be monitored via the overarching management audit tool. Medication policy has been reviewed to include the newly introduced medication audit system and will be reviewed twice yearly within the management audit tool.	**GREEN**

Improvement Plan - Requirements & Recommendations

Staffing

Outcome What do we want to achieve?	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Staffing assessment and planning is transparent.	Assessment of staffing requires continuous review of tenant's needs in partnership with care management. These will be discussed and agreed at 6 monthly reviews. We will ensure that these support hours are clearly detailed within tenant's support plans.	No later than 2nd July 2024	**Care Management** – To provide the service with the professionally assessed need for each tenant, staff team will support this to provide up to date, accurate information.	**Completed** Each tenant has assessed hours of support detailed on support plans on SWIFT. Each tenant's support hours are detailed within their support plan.	**GREEN**
Staff deployment and skills mix are based on people's outcomes and needs.	Staffing assessment and the requirements are based on minimum safe care and support for each individual tenant. In order to ensure safe levels of staffing our staff assessment tool will be used alongside our mandatory training records, safe recruitment, robust induction, learning and development, supervision, competencies and skills mix.		**Registered Manager, Senior Coordinator and Senior Support Workers –** To add assessed support hours to review paperwork which will be discussed with care management at reviews.	Support hours have been added to review template - further reviews are being arranged with Care Management input. Staffing assessment tool has been developed and compliments the support needs assessments. We ensure safe levels of staffing through our staff assessment tool is used alongside our mandatory training records, safe recruitment, robust	**GREEN**

				induction, learning and development, supervision, competencies and skills mix. Professional competencies through observation concerning staff learning needs will also be utilised.	
Assessment and planning for tenants is based on current guidance and take into account a variety of meaningful measurements including people's assessed needs and support preferences. Staff deployment and skills mix will reflect gender preferences and needs of tenants.	Staffing assessment tool has been developed and used in conjunction with tenants' assessment of needs, that will inform the preparation of the 6 weekly staff rotas. Where possible we will ensure that tenants preferences and choice around who is supporting them is taken into consideration. For example: Male support/Female support/Keyworker on shift working with key person. This practice will be aligned to '*Care Inspectorate Guidance for Providers on the assessment of staffing levels in premises-based care services' 2022*. The supported living management team will review, 6 weekly, the assessed hours, any changing needs and staffing levels when developing the 6 weekly staffing rotas. This will	No later than 2nd July 2024 to Implement, 6 weekly reviews following this date when preparing staffing rota. No later than 2nd July 2024	**LD Strategic Lead & Registered Manager** – Staffing assessment **Registered Manager, Senior Coordinator and Senior Support Workers –** to use tenants needs assessment tool and staffing	**Completed** Assessed hours are detailed within tenant's support plans and support hours has been added as an agenda item on tenant's review template. Staffing assessment tool has been developed and used in conjunction with tenants needs assessment tool which informs the preparation of the 6 weekly staff rotas. We, where practical, ensure that tenants preferences and choice around who is supporting them is taken into	**GREEN** **GREEN**

	allow the manager to undertake capacity planning and identify any increase required to meet changing need and discuss with care manager. To respond in a flexible and responsive way. We will ensure that assessed support hours are clearly detailed within tenant's support plans and are reviewed 6 monthly or sooner if needs change.		assessment tool when developing rotas.	consideration when rota planning. We discuss individual tenants changing need at team meetings and 1:1 supervision, these are then highlighted to the management team and at reviews or sooner if required involving tenants and their families. Any changing needs are highlighted to the care management team.	**GREEN**
The service must ensure all staff are appropriately registered with their regulating body	SSSC Registrations will comply to the SSSC requirements regarding dual registration. We will implement a new process where the endorser (LP) will have access to SSSC site to view the service, the staff registered within the service, annual declaration dates and their renewal dates.	No later than 2nd July 2024 No later than 2nd July 2024	**Service Manager, Registered Manager, Senior Coordinator -** To gather initial evidence of registration via SSSC. **Service Manager & Endorser with SSSC**– to extract data monthly from SSSC onto an excel document then forward to **Registered Manager, Senior Coordinator**	**Completed** We have reviewed all our staffing lists against the SSSC register and where is there is requirements to review registration staff have been notified for this to be completed by Monday 1st July 2024. To date this has been completed.	**GREEN**

		No later than 29th July 2024	**Registered Manager, Senior Coordinator** – To oversee monthly, notify staff when nearing declarations, end of registration date or conditions attached to registration. **Registered Manager, Senior Coordinator and Senior Support Workers** – To implement, review & update management audit tool.	Registered manager and senior coordinator now have oversight of current workforce registrations on a monthly basis. The registered manager also overviews the endorser process and regularly discusses compliance for registration with the endorser, on a four-weekly oversight. Staff are being reminded at team meetings and 1:1's about their duty to maintain and update their own registration as a contractual duty.	

Restrictive Practices in Place inc. PPB

Outcome What do we want to achieve?	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Restrictions are subject to regular review, to assess effectiveness and any changes required	We will ensure that there is a clear focus on any restrictions, and this will be discussed at 6 monthly reviews. We will continue to focus on strength-based interventions that promote positive behaviors, whilst recognising the need for restrictions. We will involve the person, their legal guardian and any other professional involved in their care, such as social worker or MHO.	By 26 November 2024	**Registered Manager, Senior Coordinator and Senior Support Workers** – To ensure that restrictive practices are discussed at reviews with all parties	**Completed** Been added to the upcoming review template. Recent reviews for all tenants that have restrictive practice in place are have been carried out and restrictive practices have been discussed, agreed and minute. We have commenced the implementation and this will be a standard agenda item for tenant's reviews.	**GREEN**
Legal powers in place, are sufficient for any restrictive practices implemented.	We will review legal powers in place along with MHO to ensure that the service has legal powers to implement restrictive practice, whilst ensuring it is compliant with the principles of minimal intervention, consistent with AWI legislation.	By 26 November 2024	**Registered Manager, Senior Coordinator and Senior Support Workers** – To ensure that restrictive practices are discussed at reviews with all parties.	As above	**GREEN**

Improvement Plan - Requirements & Recommendations

	Progress of restrictions will be discussed openly and transparently, focusing on a strength-based decision making, at 6 monthly reviews with input from the individual, legal guardian, MHO, care manager and support team. Reference will be made to RightsRisksAndLimitsToFreedom March2021.pdf (mwcscot.org.uk)				
A restrictive practice log is kept for the service detailing an overview of restrictions, dates of review, legal powers in place with review dates.	A restrictive practice log will be developed for the service to include review dates and will be audited monthly.	By 26 November 2024	**Registered Manager** – To develop a restrictive practice log. **Registered Manager, Senior Coordinator -** To ensure the restrictive log is reviewed and updated.	Restrictive Practice Log is now part of the Management Audit Tool Legal powers & AWI paperwork have been updated – 7th June '24, these are checked monthly as part of the audit	**GREEN**
All staff have a clear understanding of the term restrictive practice and how these impact on support provision within the context of delivering person centred care.	We will deliver training for the team on restrictive practices and restraint. We will discuss this at team meetings and 1:1 supervision	By 26 November 2024	**Registered Manager, Senior Coordinator and Senior Support Workers** – Source training **Registered Manager, Senior Coordinator and Senior Support Workers –** Discuss at team meetings and 1:1's	MHO from CLDT has delivered appropriate training. We discuss restrictive practices at team meetings and 1:1 supervision. The HSCP training section is currently developing guidance which will be rolled out to the SLS staff Team and training provided along with information	**GREEN**

				sessions for Tenants and representatives. LD Trauma informed Practice training currently being rolled out incrementally to staff, this will become part of the LD mandatory training programme. PPB training is mandatory for all staff, all staff have completed this in 2024.	

Quality Assurance & Audits

Outcome What do we want to achieve?	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
The registered manager utilising a quality assurance framework to ensure complete oversight of the service and ongoing key activities, including information in relation to legal powers.	We will develop and implement a management audit tool for the service that will be completed on a monthly basis by the registered manager and senior coordinator.	By 26 November 2024	**Registered Manager** – To revise audit tool and review monthly. **Senior Coordinator** – To have lead responsibility for the co-ordination of the audit and to carry this out in the absence of the registered manager.	Management audit tool is in use across and reviewed monthly at least.	**GREEN**
Quality assurance systems continually evaluate and monitor service provision to inform improvement and development of the service	Quality assurance processes will also involve tenants, staff, families and other professionals. The outputs from this activity will be reflected into the service development plan.	By 26 November 2024	**Registered Manager, Senior Coordinator** who will implement learning for service and advise CSWO of the improvements.	Focusing on best practice across the HSCP and learning from the other quality assurance processes, reporting mechanisms that are in situ or other HSCP registered services.	**GREEN**
Quality audits including care planning, finance and medication must be fit for purpose and used consistently across the	All audits currently used will be reviewed and improvements put in place, if required, (direct observations, weekly medication counts, supervision, medication audits and reviewing)	By 26 November 2024	**Registered Manager, Senior Coordinator and Senior Support Workers**	Audits have been reviewed and updated and are logged within the management audit tool	**GREEN**

service. Audits must be accurate, up to date and ensure they lead to the necessary action to achieve improvements without delay.	Audits will be used consistently across the service.				
Service management have a clear overview of staff SSSC registration and training including identified gaps.	Registration and renewal dates will feature within the quality assurance and audit tools. Training audits will be carried out and aligned to registration and renewal dates for registered workers. Individual training plans will be reviewed regularly at 1:1 supervision. Training needs analysis for the service will be shared at the HSCP training board that is chaired by the CSWO.	By 26 November 2024	**Service Manager** who is endorser for SSSC will be responsible for overseeing quality assurance and audit and advising CSWO of the outputs with a focus on improvement and learning.	Training needs analysis will be reported by the Service Manager to the CSWO, at the HSCP training board.	**GREEN**

Support Planning

Outcome What do we want to achieve?	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Each person has a detailed support plan which reflects a person centred and outcome focused approach directing staff on how to meet people's care and support needs	We will review tenants support plans via audit tool to ensure that they are outcome focused and person centered. This will be carried out in conjunction with the allocated social worker.	By 26 November 2024	**Registered Manager, Social Workers, Senior Coordinator and Senior Support Workers**	Support plan audits have commenced, and seniors are supporting keyworkers have looked at support plans in detail with tenants, families and other professionals. Further discussion with allocated social workers to ensure wider participation.	**GREEN**
Support plans contain accurate and up to date individualised risk assessments, which direct staff on current or potential risks and risk management strategies to minimise risks identified	We will audit support plans and risk assessments to ensure that any identified risk is well managed, current, and actions mitigate impact for tenants. Risk assessments will be led by the allocated social worker and the service involving tenants, families, care manager, other health professionals and MHO if required.	By 26 November 2024	**Allocated Social Worker, Registered Manager, Senior Coordinator, Senior Support Workers and keyworkers**	All support plans have been reviewed with a focus on person centered support which is strengths based	**GREEN**
Future needs are anticipated,	Future needs planning will be a feature of the revised review	By 26 November 2024	**Allocated Social Worker, Registered Manager, Senior**	Discussions where appropriate at reviews with care	**GREEN**

documented and reviewed.	processes and risk assessment. This will be considered a priority, in recognition of the age, gender balance and likelihood of increased dependencies and support provision for tenants. We will involve tenants and families.		**Coordinator and Senior Support Workers**	management input. Ongoing priority.	
Support plans are regularly reviewed and updated with involvement from people, relatives and advocates.	We will work in partnership with the allocated social worker and continue to arrange reviews 6 monthly for tenants, ensuring that there is involvement from people, relatives and advocates (where appropriate).	By 26 November 2024	**Keyworkers with oversight by seniors and registered manager.**	Tenant's reviews are ongoing, 6 monthly, as current practice, however where there are significant changes or increase in complexity of needs and / or risk, regularity of reviews will reflect this.	**GREEN**
	New 'I Plan It' app will facilitate clear recording of people's outcomes and needs, including their individual preferences about how support is delivered.		**Registered Manager, Senior Coordinator** – to order the new software and get staff trained in how to use this with tenants	Funding for the 'I Plan It' app and tablet has been secured, along with funding for additional training to use this application.	
Detailed care reviews are undertaken regularly which reflects people's care needs and preferences	Regularity, timeliness and quality of reviews will be a feature of quality assurance audit processes.	By 26 November 2024	**Registered Manager, Senior Coordinator and Senior Support Workers**	Tenant's reviews continue as per 6 monthly guidance but will be more regular where there is significant changes or risks identified for the tenant.	GREEN

Recommendations

Care Inspectorate Recommendation. 1

The safety and wellbeing of people and delivery of a quality service to people is ensured by good communication with people in relation to support provided. This will include provision of an individual schedule detailing who will be visiting, when and the support to be provided and this will be in a format that is accessible or an individual's communication needs.

Inverclyde HSCP's Response:

Please refer to actions and improvement detailed in the attached plan.

All actions will include an inclusive, and easy read/pictorial planner/schedule within each tenant flat (who wish this) detailing daily/weekly allocated staff member/activities and timings /appointments/meetings. This will be discussed with Key Worker and tenant on a weekly basis and any issues with who is delivering support explored and any conflict resolution implemented, and any changes agreed and actioned as appropriate.

It's important to be mindful of the day-to-day life of any adult where flexibility and choice and personal and organisational circumstances may require said schedule to change. Changes will also be communicated to tenants.

This information and communication may be incorporated into the Pilot 'I Plan 'App.

Care Inspectorate Recommendation. 2

Seeking opportunities to increase people's independence and

development of their daily living skills will continue to be good practice, and people will be enabled to make choices in their day to day lives, even

when there are restrictions in place to promote health and wellbeing

Improvement Plan - Requirements & Recommendations

Inverclyde HSCP's Response:

Restrictive practices will be used to respond to risk and safety and ensure that an individual leads a full and meaningful life. Practice will be trauma informed where all staff will be trained in this model of practice.

Tenants will be supported to understand, using appropriate and accessible communication, any decisions made about restrictions and interventions, and staff will use the least restrictive option for the shortest time possible if PPB plan is required.

Please refer to actions and improvement detailed in the attached plan.

Staff will continue to work hard to support all tenants, inclusive of those who have restrictive practice interventions, to develop connections and access activities within the local community to promote wellbeing and support good mental health.

People will continue to be supported with a range of health and wellbeing initiatives in support of positive health. More planned health focussed projects for example, the "March into March" which promoted walking amongst staff and Tenants, will be planned and support will continue to be person centred and outcome focussed.

Staff will continue to access a range of health care professionals for advice and support when required as noted by the Care Inspectorate, building on the relationship with external professionals who advise that staff are responsive to their advice and guidance. This has a positive impact on people's health needs and of equal importance we are invested in proactively improving people's health.

Where there are restrictive practices in place, we will always start from a strength based and will be mindful of the minimal intervention threshold outlined in national policy and legislation. Our approach will be to promote positive behaviours understanding that trauma will be a contributory feature of risk and that all interventions are required to be proportionate whilst mitigating the necessity to implement restrictive practices in the tenant's lives. Where this is to be implemented this will be reviewed regularly with the tenant, their family, and any other professionals who may have an informed view. This review will be led by service and the allocated social worker.

PPB Training is mandatory as is refresher training and observations around staff capability and competence and records kept of this.

Inverclyde council

AGENDA ITEM NO: 5

Report To:	**Social Work & Social Care Scrutiny Panel**	**Date:**	**13 May 2025**
Report By:	**Kate Rocks Chief Officer Inverclyde HSCP**	**Report No:**	**SWSCSP/46/2025/MM**
Contact Officer:	**Margaret McIntyre Head of Children, Families & Justice Inverclyde HSCP**	**Contact No:**	**01475 715365**
Subject:	**Fostering, Adoption and Continuing Care Update Improvement Activity**		

1.0 PURPOSE AND SUMMARY

1.1 ☐For Decision ☒For Information/Noting

1.2 This report advises the Social Work and Social Care Scrutiny Panel (SW&SCSP) of ongoing improvement activity that has taken place since the Care Inspectorate's inspection of Adoption, Fostering and Adult (Continuing Care) Services in May 2024. These services are collectively referred to as **Family Based Care**.

1.3 The inspection was undertaken using the Care Inspectorate's Quality Framework for Fostering, Adoption and Adult Placement Services (May 2021) using quality indicators within the following Key Questions:

- Key Question 1: How well do we support children and young people's wellbeing?
- Key Question 2: How good is our leadership?
- Key Question 5: How well is our care and support planned?

1.4 The inspection reports, and service Improvement Action Plans were scrutinised and discussed at the Social Work Scrutiny Panel on 29 October 2024. Noting that improvement is a continuous activity, it was agreed that an update of improvement planning would be provided.

1.5 The structure and focus of this report will provide a comprehensive update of key actions and activities, evidencing the Family Based Care improvement journey.

2.0 RECOMMENDATIONS

2.1 Members of the Social Work and Social Care Scrutiny Panel are asked to note the active improvement activity being undertaken by the Family Based Care Service.

Kate Rocks
Chief Officer, Inverclyde HSCP

3.0 BACKGROUND AND CONTEXT

3.1 As previously reported, services were inspected during May 2024, in line with the Quality Framework for Fostering, Adoption and Adult Placement (Continuing Care) Services, following Care Inspectorate quality indicators and Key Questions, 1, 2 & 5, noted above.

3.2 Members will recall that Fostering and Adoption Services achieved a grade of Adequate (3) and the Adult Service (Continuing Care) achieved a grade of Good (4), based on the Care Inspectorate six-point evaluation scale, ranging from Unsatisfactory (1) to Excellent (6).

The purpose of this report is to highlight key improvement activities across the Family Based Care Service.

The Improvement Action Plans (IAPs), considered at the meeting on 29 October 2024, are attached as appendix 1.

4.0 PROPOSALS

4.1 Family Based Care improvement has been a journey of culture, practice, system and process change with focused management, supported and directed by leadership. To track and monitor progress, Improvement Action Plans (IAPs) remain 'live' documents evidencing SMART principles that are - Specific Measurable Actions, Realistic & Timebound. Service IAPs detail key operational core activities in response to the Care Inspectorate Requirements and Recommendations.

4.2 Through on-going management monitoring and tracking of our improvement activity, we have met requirements and recommendations within timescales. It is important to emphasise that the operational tasks are always on-going, requiring consistent team practice, supported and led by focused management activity. Leadership and management support to ensure reflection, system development, with oversight and scrutiny - to build a disciplined performance focus - will continue to be directed across the service. In short, while the Care Inspectorate requirements and recommendations are mostly 'green', the change and improvement journey does not end. The service ultimately aims for excellence for the children and young people in our care.

4.3 Building our improvement journey, there are **core principles** underpinning our commitment to improvement, these are**:**

(1) The scaffolding of care, support and safeguarding of all **children and young people** in our care - with a focus on their wellbeing outcomes, including, love, stability, safety, family, belonging and community.
(2) The scaffolding of support for all our **carers** - to ensure that they can thrive as a family, promoting the wellbeing, love, stability and belonging of the children in their care.
(3) The scaffolding of support and the wellbeing our **workforce** - to ensure that they can focus on the wellbeing of the carer and the best possible outcomes for all children and young people in our care.

4.4 These principles are powerfully captured in the Promise, which states that we must, ***'hold the hands of those who hold the hands of the child'.***

4.5 **<u>Up-date of the Improvement Journey</u>**

4.6 In considering the breadth of the improvement journey, this section will detail key activities of progress across Family Based Care Services.

4.7 Systems and process have been reviewed and developed to ensure when children are placed, often in an emergency, that the child's needs continue to be matched to the availability, experience and skill set of the foster carer, and if this requires an emergency change in fostering approval, a robust process is followed through to Fostering Panel.

4.8 Foster carers and pre-adoptive carers will continue to be supported by their Supervising Social Workers, which is a core aspect of the role, but we continue to develop our formal systems in e.g. tracking our statutory checks, reflective supervision (staff & carers), unplanned visits, unplanned endings, feeding into on-going assessment, and other core processes e.g. Foster Care Reviews and Fostering/Adoption Panels. These systems and processes now enable the accountable manager, with the team, to quality assure/audit all core activities across Family Based Care.

4.9 We will continue to engage with our carers to build our Learning & Development Framework that sets out the mandatory and additional learning to support the carer in continuing to build their nurture in key areas of need e.g. attachment, trauma, child development, child protection, working with the team around the child, and Life Story Work.

4.10 Adoption Support Plans and Safer Caring Plans are in place and will be automatically reviewed at key points in the child and carers journey through adoption and fostering key processes.

4.11 There has been focused leadership and management activity to ensure that practice in permanence planning (securing stable loving family care) is tracked, monitored and proceeds timeously, tackling system complexity leading to drift and delay. Following from that work, we are now exploring the model of 'permanence champions', enabling the champions to build extensive experience, with weighted workload, who will act as buddies and mentors to social workers, whose practice is in the early stage of development.

4.12 We are ensuring the Family/Community Teams work collectively together across the Family Based Care Team, as both parts of the system are inter-dependent to achieve the best outcomes for the child. The move of both teams into the James Watt building signals an important step to continue to build joint working and learning across our teams.

4.13 Although a small number, there was a view that some carers did not feel valued; therefore, the service continues to engage and listen to all carers to ensure their contribution is supported, respected and valued. Carer groups, joint meetings, understanding roles and responsibilities, alongside joint learning and development opportunities, are in place and will continue to evolve as we listen to feedback, placing the child and carer at the heart of the service.

4.14 We are developing a needs-led Learning & Development Framework, specific to the Family Based Care team, to ensure they have opportunities to develop best practice that is evidence based, which shall continue to enhance the quality of service, as experienced by the child and carer.

4.15 We will continue to focus, as a priority, on workforce recruitment and retention of social workers, to ensure all care experienced children, have the consistent support of their social worker, who will visit them, in and out of their home, listening to them, and understanding their lived experience, focused on building trusting relationships. This is also to ensure children and young people, who are living away from home, are safeguarded in our care.

4.16 Significant and on-going activity has been taking place across the leadership team to ensure there is change, improvement and innovation in fostering recruitment. Focus areas are at advanced stages e.g. use of innovative digital marketing, targeting recruitment. We are also in the process of developing a recruitment 'pipeline' to ensure the system is in a state of readiness, with focused timeliness, for fostering and adoption enquiries.

4.17 It is also important to highlight Inverclyde Council's recent decision, committing funding investment, to increase fostering fees, as a crucial part of fostering recruitment and retention of Inverclyde carers. We are actively working at pace to ensure existing and new carers benefit from the new increased fee structure.

4.18 Our best form of recruitment is through the retention of our existing foster carers. Thus, our plans to increase fees, alongside, a strong package of support, built on relationships, will help the service to retain carers. Most carers would acknowledge financial support is important, but it is not the main motivation for caring. Carers will reflect a need to nurture, care, and provide a loving stable home to a child as their biggest driver.

4.19 In conclusion, this update report shines a spotlight on key activities evidencing active improvement. It is important to restate that Care Inspection Requirements and Recommendations have been achieved. A key message is that improvement is a journey - a continuous activity that should not stop. We are committed to ensure that we sustain our improvement journey, underpinned by our core principles (in 4.3) aligned to the Promise. We want to ensure that the service is ultimately aiming for excellence in Family Based Care to support our carers, children and families across Inverclyde.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

5.2 **Finance**

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 **Legal/Risk**

None.

5.4 **Human Resources**

None.

5.5 **Strategic**

None.

5.6 **Equalities, Fairer Scotland Duty & Children/Young People**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 **Environmental/Sustainability**

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.8 **Data Protection**

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 Throughout the inspection process, staff, managers and carers were consulted; they will continue to be consulted as part of activity to deliver the improvement plans for each service.

7.0 BACKGROUND PAPERS

7.1 None.

COLOUR KEY
Green - completed
Amber - on track for completion
Red - not on track/progressing

Inverclyde HSCP

Fostering Service – Improvement Plan 2024-2025

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
The Safety and wellbeing of all children and young people through accurate and clear recordings including assessment and re-assessment of carers.	Team Leader oversight and sign-off of all assessments and reviews in relation to foster carers.	31 July 2024	Fostering and Adoption Team Lead	Complete. To be reviewed regularly in supervision.	Green
	We will track ongoing assessment of caregivers to ensure that these are undertaken within agreed timescales.	31 July 2024	Fostering and Adoption Team Lead	Complete: tracking system has been put in place for foster home reviews/panels. Service Manager to review.	Green
	We will identify fostering households that require to be reviewed at panel and ensure that: - review paperwork is up to date. - a date is identified to be discussed at Panel before 31 July 2024.	31 July 2024	Fostering and Adoption Team Lead	Complete. Ongoing Service Manager review.	Green

Appendix 1

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Children Looked After in foster care have their own network of support.	Together with the area team we will develop an improved collaborative approach to ensure that children are seen regularly by their Social Worker. We will track the frequency of visits.	1 October 2024	Fostering and Adoption Team Lead C&F Service Managers.	Complete. Service Managers to monitor.	Green
All children in need of permanent care arrangements have their assessments completed and plans carried out without delay	Service Managers will meet 4-weekly with Senior Social Workers to track the plans of children who are looked after away from home.	2 September 2024.	Service Managers	Complete.	Green
	A new process will be implemented to track the plans of Children who are Looked After away from home. The aim will be to reduce the likelihood of children experiencing delays in decisions being made about their plan.	31 November 2024	Service Managers	In progress	Amber
	A tracker will be implemented to highlight when Looked After Reviews are due.	1 November 2024	Fostering and Adoption Team Lead	In progress	Amber
	Placements ending: an improved process will be implemented in place of existing disruption meetings.	2 September 2024	Fostering and Adoption Team Lead Service Manager	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
	Placement Ending reflection meeting guidance and associated paperwork will be implemented across the fostering, continuing care and residential services.		Team Lead: Residential Services.		Green
Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families.	<u>Learning and Development – Foster Carers</u> All foster carers will have an agreed annual training plan A training needs analysis will be undertaken with foster carers and a co-designed learning calendar will be developed.	1 November 2024	Family Placement Social Workers Fostering and Adoption Team Lead	In progress	Amber
	<u>Learning and Development – Family Placement Team</u> A training needs analysis will be undertaken and an annual training plan will be developed across the service. We will work with colleagues in other care settings and promote joint training opportunities.	1 November 2024	Adoption and Fostering Team Lead Service Manager	In progress	Amber

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.	A tracker will be developed to ensure that all safer caring plans and risk assessments are up to date and regularly reviewed. Safer carer plans and risks assessments will be regularly monitored and evaluated.	2 September 2024 With monitoring and evaluation every 12 weeks.	Family Placement Social Workers. Fostering and Adoption Team Lead	Complete	Green
	We will involve a wider range of staff and others in our quality assurance.	An action plan will be in place by 1 December 2024	Fostering and Adoption Team Lead With Service Manager oversight.	In progress.	Amber
	A quality assurance calendar will be developed which reflects quality assurance activity across all aspects of service delivery.	A calendar will be in place by 1 December 2024	Fostering and Adoption Team Lead Service Manager	In progress.	Amber
Staff will receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.	<u>Staff Supervision</u> All staff within the service will have one-to-one supervision with their supervisor in accordance with Inverclyde HSCP's Supervision Policy.	2 September 2024	Fostering and Adoption Team Lead Quality Assurance: Service Managers will undertake quarterly quality assurance of supervision records.	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
	<u>Foster Carer Supervision</u> Supervising Social Workers will ensure that Foster Carers formal supervision is completed regularly and within timescales.	2 September 2024 With monitoring and evaluation every 12 weeks.	Family Placement Social Workers Quality Assurance: Fostering and Adoption Team Lead will undertake regular quality assurance of supervision records.	Complete	Green
To provide new placement capacity to meet the demographic and diverse needs of Looked After children in Inverclyde	We will develop a strategy to increase the number of foster carers in Inverclyde.	Strategy: 6 January 2025 Implementation to begin thereafter.	Service Manager oversight. Fostering and Adoption Team Lead	In progress.	Amber
To increase in-house placements, reducing the use of external placements.	Develop process to routinely undertake exit interviews with foster carers leaving the service and evaluated exit interviews.	2 September 2024	Fostering and Adoption Team Lead	Complete	Green

Inverclyde HSCP

Adoption Service – Improvement Plan 2024-2025

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
All children and their adoptive families are receiving appropriate levels of post adoption support. Post adoption plans should be SMART	We will strengthen our post adoption support plans and these will be Specific Measurable Achievable Realistic and Time-bound: • at the point of matching. • when the adoption order is granted. • when adopters approach the family placement team after an adoption seeking specific support.	31 November 2024	Fostering and Adoption Team Lead Service Manager	In progress	Amber
The Safety and wellbeing of all children and young people through accurate and clear recordings including assessment and re-	Team Leader oversight and sign-off of all assessments and review paperwork in relation to prospective adopters.	31 July 2024	Fostering and Adoption Team Lead	Complete. To be reviewed regularly in supervision.	Green
	We will identify pre-adoptive households that require to be reviewed at panel and ensure that:	31 July 2024	Fostering and Adoption Team Lead	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
assessment of carers.	- review paperwork is up to date. - a date is identified for them to be discussed at Panel			Ongoing Service Manager review.	
All children in need of permanent care arrangements have their assessments completed and plans carried out without delay	Service Managers will meet 4-weekly with Senior Social Workers to track the plans of children who are looked after away from home.	2 September 2024	Service Managers	Complete	Green
	A new process will be implemented to track the plans of Children who are Looked After away from home. The aim will be to reduce the likelihood of children experiencing delays in decisions being made about their plan.	31 November 2024	Service Managers	In progress	Amber
	A tracker will be implemented to highlight when Looked after Reviews are due.	1 November 2024	Fostering and Adoption Team Lead	In progress	Amber
	Placements ending: an improved process will be implemented in place of existing disruption meetings. Placement Ending reflection meeting guidance and associated	2 September 2024	Fostering and Adoption Team Lead Service Manager Team Lead: Residential Services.	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
	paperwork will be implemented across fostering, continuing care and residential services.				
Children and young people to consistently benefit from caregivers who are knowledgeable and well trained	<u>Learning and Development – Adoptive Carers</u> All pre-adoptive carers will have an agreed annual training plan A training needs analysis will be undertaken with carers and a co-designed learning calendar will be developed.	1 November 2024	Family Placement Social Workers. Fostering and Adoption Team Lead	In progress	Amber
Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families.	<u>Learning and Development – Family Placement Team</u> A training needs analysis will be undertaken and an annual training plan will be developed across the service. We will work with colleagues in other care settings and promote joint training opportunities.	1 November 2024	Adoption and Fostering Team Lead Service Manager	In progress	Amber
	A tracker will be developed to ensure that all safer caring plans	2 September 2024	Family Placement Social Workers.	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
	and risk assessments are up to date and regularly reviewed. Safer carer plans and risks assessments will be regularly monitored and evaluated.	With monitoring and evaluation every 12 weeks.	Fostering and Adoption Team Lead		
	We will implement improved processes to track key activity including: - Statutory checks - Unannounced visits - Return to panel - Unplanned endings	2 September 2024	Fostering and Adoption Team Lead: With oversight from Service Manager	Complete	Green
	A quality assurance calendar will be developed which reflects quality assurance activity across all aspects of service delivery and includes key partners.	1 December 2024	Fostering and Adoption Team Lead Service Manager	In progress	Amber
Staff will receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and	<u>Staff Supervision</u> All staff within the service will have one-to-one supervision with their supervisor in accordance with Inverclyde HSCP's Supervision Policy.	2 September 2024	Fostering and Adoption Team Lead Quality Assurance: Service Managers will undertake quarterly quality assurance of supervision records.	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
monitors performance.	<u>Pre-adoptive carer Supervision</u> Supervising Social Workers will ensure that formal supervision is completed regularly and within timescales.	2 September 2024 With monitoring and evaluation every 12 weeks.	Family Placement Social Workers Quality Assurance: Fostering and Adoption Team Lead will undertake regular quality assurance of supervision records.	Complete	Green

Inverclyde HSCP

Continuing Care Service – Improvement Plan 2024-2025

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.	A tracker will be developed to ensure that all safer caring plans and risk assessments are up to date and regularly reviewed. Safer carer plans and risks assessments will be regularly monitored and evaluated.	2 September 2024 With monitoring and evaluation every 12 weeks.	Social Workers Continuing Care Team Lead	Complete	Green
	A quality assurance calendar will be developed which reflects quality assurance activity across all aspects of service delivery and includes key partners.	1 December 2024	Continuing Care Team Lead Service Manager	In progress	Amber
Children and young people will consistently benefit from caregivers who are knowledgeable and well trained.	<u>Learning and Development – Carers</u> All carers will have an agreed annual training plan.	1 November 2024	Social Workers Continuing Care Team Lead	In progress	Amber

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
	A training needs analysis will be undertaken with carers and a co-designed learning calendar will be developed.				
	Carers will have access to Adult Support and Protection training.	31 January 2025	Continuing Care Team Lead	In progress	Amber
Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families.	<u>Learning and Development – Continuing Care Team</u> A training needs analysis will be undertaken and an annual training plan will be developed across the service. We will work with colleagues in other care settings and promote joint training opportunities.	1 November 2024	Continuing Care Team Lead Service Manager	In progress	Amber
Staff will receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.	<u>Staff Supervision</u> All staff within the service will have one-to-one supervision with their supervisor in accordance with Inverclyde HSCP's Supervision Policy.	2 September 2024 With monitoring and evaluation every 12 weeks.	Continuing Care Team Lead Quality Assurance: Service Managers will undertake quarterly quality assurance of supervision records.	Complete	Green

Outcome What do we want to achieve	**Actions** How are we going to do it?	**Timeframe** When do we want this to be completed or next reviewed?	**Person responsible** Who is doing each action or responsible for ensuring it gets completed?	**Where are we now?** What have we achieved, and what has prevented us from doing what we wanted?	**RAG**
	<u>Carer Supervision</u> Supervising Social Workers will ensure that Carers formal supervision is completed regularly and within timescales.	2 September 2024 With monitoring and evaluation every 12 weeks.	Social Workers Quality Assurance: Team Lead will undertake regular quality assurance of supervision records.	Complete	Green
Young people in continuing care will have their plans reviewed timeously	A tracker will be implemented to identify when continuing care reviews are due.	1 November 2024	Continuing Care Team Lead	In progress	Amber
	Welfare Assessments will be undertaken for all young people who are looked after as they approach their 16th birthday. To achieve this, the Welfare Assessment will be incorporated in to our “Going Forward” paperwork. Young people will be consulted to inform updated processes.	1 February 2025	Continuing Care Team Lead Fostering and Adoption Team Lead	In progress	Amber