

South Ayrshire Council

Report by Director of Health and Social Care
to Cabinet
of 26 September 2023

**Subject: Unannounced Inspection of Cunningham Place
Children's House**

1. Purpose

1.1 This report is to inform the Cabinet that there was an unannounced inspection by the Care Inspectorate on Cunningham Place, one of South Ayrshire's Children's Houses. This inspection was carried out by one inspector from the Care Inspectorate with in-person visits taking place and feedback provided on 9 June 2023.

2. Recommendation

2.1 It is recommended that the Cabinet:

2.1.1 acknowledges the Care Inspectorate's unannounced inspection of Cunningham Place Children's House and the grading of being Adequate;

2.1.2 reflects upon the key messages from the Inspection report; and

2.1.3 acknowledges the Health and Social Care Partnership's Improvement plan and be assured of the ongoing improvement work being undertaken.

3. Background

3.1 The Care Inspectorate undertook an unannounced Inspection of Cunningham Place Children's House in June 2023. They spoke with five young people using the service and one family member; they also spoke with staff, management, and the Senior Management Team and representatives from social services and advocacy services. To inform the inspection further, they reviewed survey responses received from staff and external professionals, observed practice and daily life in the House, through being present within the House, and reviewed key documents.

3.2 The overall inspection assessed the House against the quality indicator; ***'How well do we support children and young people's rights and wellbeing?'*** The House's care against this indicator was ***Adequate***.

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4. Proposals

4.1 The Cabinet is required to consider the key messages and areas for improvement noted by the Care Inspectorate.

4.1.1 Young people had individualised support, including access to activities.

4.1.2 Young people were supported with their rights, having access to advocacy services.

4.1.3 Staff were good at developing meaningful relationships with young people.

4.1.4 Admissions and matching processes were not in place and required improvement.

4.1.5 Care plans and risk assessments should be in place for all young people. They should clearly detail the young person's needs, how they will be met, and use up-to-date knowledge, theory, and research.

4.1.6 Staff training and formal support, including supervision and debriefs, required improvement.

4.1.7 The management team and staff showed commitment to the welfare of young people.

4.2 Overall the Inspectors said:

4.2.1 Young people were supported with their rights, and their advocacy worker was a regular visitor to the service. Young people's identity was supported, including religious, cultural, and dietary needs. We heard that the young people enjoyed the food cooked by the chef and had the opportunity to make specific requests.

4.2.2 Young people received individually tailored support to maximise attainment, this included school and work experience placements.

4.2.3 Young people's physical health was supported, with young people having access to gym memberships, and mental health, with one young person being supported to keep their pet dog.

4.2.4 New experiences were also prioritised, including facilitating trips to Blackpool.

4.2.5 Connections to people important to young people were prioritised, where possible, to promote young people's sense of identity.

4.2.6 Prior to young people moving to Cunningham Place, 'consideration meetings' were held, however there were no formal admission or matching processes in place. This meant there was limited planning around young people moving, staffing ratios, staff training, young people's views, how care would be delivered and how risks would be managed (see area for improvement 1).

- 4.2.7 Risk assessments and care plans for young people who had recently moved to Cunningham Place were not in place (see area for improvement 2).
- 4.2.8 Where risk assessments were in place, the strategies to support the young people were unclear, for example when to use restrictive practices. Care planning documents should be SMART (specific, measurable, achievable, relevant and timebound), reflect young people's needs, and how staff will support these needs to be met, by using up-to-date knowledge, theory, and research.
- 4.2.9 The inspectors were pleased to hear that the service plans to improve the quality of risk assessments, care plans and strategies used to support young people, and look forward to seeing the impact of this at future inspections.
- 4.2.10 Staff spoke highly of the level of support they received. We heard that there were daily handover processes in place, including weekly team meetings, development days, some peer support and that management were available and supportive.
- 4.2.11 The Inspectors heard that though staffing at times was difficult due to absences, minimum staffing requirements remained in place to mitigate the impact of the quality of care to young people. They heard that absences had impacted on formal supervision and debriefs taking place and that the service is closely monitoring staffing levels and plans to improve the staffing needs assessment as part of their service action plan.
- 4.2.12 Inspectors heard that formal supervision and debriefs would increase in frequency. But that knowledge and understanding of child protection varied across the team. Access to specialist training including trauma and adult safeguarding also required some improving. However, there was a refresher mandatory child protection training programme was underway for all staff, and that a training plan would be developed to identify specialist training required.
- 4.2.13 The inspectors saw staff build caring relationships with young people and they heard about some staff keeping in touch with young people after they had moved on and the importance of long-term meaningful relationships. There was an emphasis on continuing care, with one young person moving to live in the adjoining flat.
- 4.2.14 Family and stakeholders felt that there had been improvements in communication, and that staff genuinely cared for the young people.
- 4.3 Areas for improvement (copy Improvement Action Plan attached as [Appendix 1](#)):
- 4.3.1 In order to ensure that young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.
- 4.3.2 In order that young people have the best possible outcomes and experiences, the provider should ensure that the service develops high-quality, effective plans and risk assessments.

5. Legal and Procurement Implications

5.1 There are no legal implications arising from this report.

5.2 There are no procurement implications arising from this report.

6. Financial Implications

6.1 Not applicable.

7. Human Resources Implications

7.1 Not applicable.

8. Risk

8.1 *Risk Implications of Adopting the Recommendations*

8.1.1 There are no risks associated with adopting the recommendations.

8.2 *Risk Implications of Rejecting the Recommendations*

8.2.1 Rejecting the recommendations will have a negative impact on the achievement of the following strategic outcomes within the Service and Improvement Plan for the Health and Social Care Partnership. Namely; ***'Improving outcomes for care experienced children and care leavers'*** and ***'building communities in which people feel safe and are safe'*** and ***'being evidence-informed and driven by continuous performance improvement'***.

9. Equalities

9.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** – This report does not propose or seek approval for a plan, policy, programme or strategy or document otherwise described which could be considered to constitute a plan, programme, policy or strategy.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

- 12.1 The matters referred to in this report contribute to Priority 2 and 3 of the Children's Services Plan 2020-23 '**Tackling inequalities**' and '**Love and support for our Care Experienced Young People and Young Carers**', as well as '**Health and Care systems that meet people's needs**' and '**Improving outcomes for care experienced children and care leavers**'.

13. Results of Consultation

- 13.1 There has been no public consultation on the contents of this report.
- 13.2 Consultation has taken place with Councillor Lee Lyons, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.

14. Next Steps for Decision Tracking Purposes

- 14.1 If the recommendations above are approved by Members, the Director of Health and Social Care will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

<i>Implementation</i>	<i>Due date</i>	<i>Managed by</i>
To implement the identified improvements required in the Care Inspectorate's report and the associated Action Plan	1 July 2024	Head of Children's Health, Care and Justice

Background Papers **None**

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Date: **14 September 2023**

CUNNINGHAME PLACE IMPROVEMENT ACTION PLAN

Area for Improvement	Desired Outcome	Actions	Responsible for Action Plan and Target Completion Date – who and when
Risk Assessments	<p>To make sure that our young people are fully supported in ways that they respond well to and best meet their needs.</p> <p>-For the staff team to be fully aware and prepared for all situations.</p>	<p>To ensure that high-quality, effective risk assessments are in place, this will include individualised strategies and will be condensed and relevant to current issues and concerns.</p>	<p>Lead Professionals and residential staff</p> <p>For all C&YP in residential houses to have a new format Risk Assessment completed by 31/08/2023</p>
Considerations and Admissions Meetings	<p>To ensure considerations meeting are taking place to explore all areas of considerations in relation to outcomes for all C&YP who would be involved in potential transitions</p>	<p>In the meetings which do take place, all areas of risk, needs of all C&YP, desired outcomes and all areas of contention must be explored, supported and planned for as best we can.</p>	<p>Team Leaders, House Managers, Service Manager, relevant lead professionals</p> <p>Considerations Meetings, scheduled for every Friday if required and ongoing</p>
Restrictive practices	<p>For the staff team to be aware of the expectations and their responsibilities in emergency situations.</p> <p>-To ensure that all staff are appropriately trained.</p>	<p>A restrictive practices policy will be written, it will be made clear that, although the staff are trained in restrictive practices, they will only be used in circumstances where there is a threat to life or where staff or young people are significant risk of endangerment</p>	<p>Managerial Team to complete policy</p> <p>All staff to be trained and cognisant of policy implementation.</p> <p>Completion by January 2024</p>

Area for Improvement	Desired Outcome	Actions	Responsible for Action Plan and Target Completion Date – who and when
Care Plan	<p>For young people to be able to have their voices heard and be involved and in control of their plans.</p> <p>-To make sure that care plans are SMART and in line with the guidance from the Care Inspectorate.</p>	<p>A new action plan format will be devised for the residential houses which will be SMART (specific, measurable, achievable, realistic and timebound). This will be child-led, a plan will be devised around the child, incorporating the health and social care standards.</p>	<p>Managerial Team to complete policy</p> <p>Completion date January 2024</p>
Supervision	<p>For all staff to be fully supported and provided with the appropriate support and guidance.</p> <p>-To ensure that unforeseen circumstances do not impact on access to formal supervision.</p>	<p>A supervision plan will be drawn up to ensure that all members of staff are receiving formal supervision, a contingency plan will be devised to ensure that the plan is adhered to despite absences of manager or senior staff.</p>	<p>Managerial Team will compile supervision scheduling plan and implement the new Supervision policy, as per SAC processes and protocols</p> <p>Completed by October 2023</p>
Debriefs	<p>For all staff to be offered debriefs for any incident that involves either a child or young person who stays in the children's house</p>	<p>Core child protection training will be brought up to date as a matter of urgency and in addition staff will be expected to attend Child Protection level 2 training.</p>	<p>All Staff to be trained in relevant Child Protection procedures, either as new employees or existing employees completing refresher courses</p> <p>By January 2024</p>
Child Protection	<p>To ensure that staff are trained in line with the expectations of their role.</p> <p>-To make sure that staff are able to identify issues, respond</p>	<p>Core child protection training will be brought up to date as a matter of urgency and in addition staff will be expected to attend Child Protection level 2 training.</p>	<p>All Staff to be trained in relevant Child Protection procedures, either as new employees or existing employees completing refresher courses</p>

Area for Improvement	Desired Outcome	Actions	Responsible for Action Plan and Target Completion Date – who and when
	appropriately and know how to record and report child protection concerns.		By January 2024
Adult Protection	<p>To make sure that staff are appropriately trained to deal with all ages that may use our service. (Our registration will soon be increased to 26 years)</p> <p>-To make sure that staff are aware of how to respond appropriately to concerns for family members of our young people.</p>	Adult support and protection training will be added to all training plans.	<p>All senior staff and managers to be trained in all aspects of ASP. This would ensure trained staff was on shift. All remaining staff to be trained.</p> <p>Senior Staff and Managers by January 2024</p> <p>All remaining staff to be trained by August 2024</p>
Training	<p>To make sure that staff have been trained appropriately in line with their role and with the standards expected in the sector.</p> <p>-To provide the best outcomes for the young people, making sure that they have access to staff that are able to support them and respond to them appropriately and effectively.</p>	A training needs analysis will be completed, and a training plan will be devised.	<p>Training Plan to be completed by Managerial Team</p> <p>Plan to be completed by January 2024</p>