

Notice of meeting and agenda



Cabinet

Venue: Council Chambers,
Midlothian House, Dalkeith, EH22 1DN

Date: Tuesday, 10 April 2018

Time: 11:00

John Blair
Director, Resources

Contact:

Clerk Name: Gordon Aitken
Clerk Telephone: 0131 271 3159
Clerk Email: gordon.aitken@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

Recording Notice: Please note that this meeting will be recorded. The recording will be publicly available following the meeting. The Council will comply with its statutory obligations under the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002.

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting

3 Declarations of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest

4 Minutes

- | | | |
|------------|--|---------------|
| 4.1 | Minutes of Cabinet Meeting of 27 February 2018 | 5 - 10 |
|------------|--|---------------|

5 Public Items (Education Interest)

- | | | |
|------------|--|----------------|
| 5.1 | School Session Dates for the Academic Year 2019/20 - Report by Head of Education | 11 - 14 |
| 5.2 | Pupil Equity Fund- Report by Head of Education | 15 - 26 |

6 Public Items (No Education Interest)

- | | | |
|------------|---|----------------|
| 6.1 | Inspection of Newbyres Care Home – Report by Head of Adult Services | 27 - 44 |
| 6.2 | Inspection of Housing Support services in Polton Centre and Pentland House HMO - Report by Head of Customer and Housing Services. | 45 - 56 |
| 6.3 | Inspection of Shared Lives Midlothian - Report by Head of Adult Services | 57 - 66 |
| 6.4 | Inspection of Midlothian Council Care at Home Service - Report by Joint Director, Health and Social Care | 67 - 70 |

THE CABINET IS INVITED (A) TO CONSIDER RESOLVING TO DEAL WITH THE UNDERNOTED BUSINESS IN PRIVATE IN TERMS OF PARAGRAPHS 1 AND 11 OF PART 1 OF SCHEDULE 7A TO THE LOCAL GOVERNMENT (SCOTLAND) ACT 1973 - THE RELEVANT REPORTS ARE THEREFORE NOT FOR PUBLICATION; AND (B) TO NOTE THAT NOTWITHSTANDING ANY SUCH RESOLUTION, INFORMATION MAY STILL REQUIRE TO BE RELEASED UNDER THE FREEDOM OF INFORMATION (SCOTLAND) ACT 2002 OR THE ENVIRONMENTAL INFORMATION REGULATIONS 2004

7 Private Items (Education Interest)

- | | |
|------------|--|
| 7.1 | 2020 Vision for Early Years, Early Learning and Childcare Expansion Plan March 2018 Revision - Report by Head of Education |
|------------|--|

- 11. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office-holders under, the authority

7.2 Minutes of Meeting of the Midlothian Joint Consultative Group of 6 February 2018.

- 11. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office-holders under, the authority

7.3 Minute of Education Appointment Committee of 28 March 2018 - Head Teacher- King's Park P.S. School

- 1. Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the authority.

7.4 Minute of Education Appointment Committee of 28 March 2018 - Head Teacher- Danderhall Primary School

- 1. Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the authority.

7.5 Minute of Education Appointment Committee of 28 March 2018 - Depute Head Teacher, Saltersgate School

- 1. Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the authority.

8 Private Items (No Education Interest)

No business to be discussed

Minute of Meeting



Cabinet

Date	Time	Venue
27 February 2018	11.00 am	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Milligan - Convener	
Councillor Muirhead – Depute Convener	
Councillor Imrie	
Councillor Curran	
Councillor Hackett	

Religious Representatives:

Victor Bourne	

1 Apologies

Apologies were received from Mr Matin Khan.

2 Order of Business

The Clerk advised that Item No 8.1 on the Agenda with regard to “KEE Electrical Testing Services Limited: Application for Loan Assistance from Business Loans Scotland” had been withdrawn from consideration at this meeting. He also advised that the Convener had agreed that the remaining Order of Business be adjusted as follows.

3 Declarations of interest

No declarations of interest were received.

4 Minutes of Previous Meetings

The Minutes of Meeting of the Cabinet held on 16 January 2018 were submitted and approved as a correct record.

5. Reports

Agenda No	Report Title	Presented by:
6.3	Children's Services Quarter 3 Performance Report 2017/18	Head of Children's Services
Outline of report and summary of discussion		
<p>The Quarter 3 2017/18 Performance Report for Children's Services was submitted. The Head of Children's Services highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Thereafter the Head of Children's Services responded to questions and comments raised by members of the Cabinet.</p>		
Decision		
To note the report.		

Agenda No	Report Title	Presented by:
6.4	Communities and Economy Quarter 3 Performance Report 2017/18	Head of Communities and Economy
Outline of report and summary of discussion		
<p>The Quarter 3 Performance Report 2017/18 for Communities and Economy was submitted. The Head of Communities and Economy highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Thereafter the Head of Communities and Economy responded to questions and comments raised by the members of the Cabinet.</p>		

Decision
To note the report.

Agenda No	Report Title	Presented by:
6.5	Education Q3 Performance Report 2017/18	Head of Education
Outline of report and summary of discussion		
<p>The Quarter 3 Performance Report 2017/18 for Education was submitted. The Head of Education highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p> <p>Thereafter the Head of Education responded to questions and comments raised by members of the Cabinet.</p>		
Decision		
To note the report.		

Agenda No	Report Title	Presented by:
6.1	Adult Social Care Quarter 3 Performance Report 2017/18	Head of Customer and Housing Services
Outline of report and summary of discussion		
<p>The Quarter 3 Performance Report 2017/18 for Adult Social Care was submitted. The Head of Customer and Housing Services highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p>		
Decision		
To note the report.		

Agenda No	Report Title	Presented by:
6.2	Customer and Housing Services Quarter 3 Performance Report 2017/18	Head of Customer and Housing Services
Outline of report and summary of discussion		
<p>The Quarter 3 Performance Report 2017/18 for Customer and Housing Services was submitted. The Head of Customer and Housing Services highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.</p>		
Decision		
To note the report.		

Agenda No	Report Title	Presented by:
6.6	Commercial Operations Q3 Performance Report 2017/18	Director, Resources
Outline of report and summary of discussion		
The Quarter 3 Performance Report 2017/18 for Commercial Operations was submitted. The Director, Resources highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.		
Decision		
To note the report.		

Agenda No	Report Title	Presented by:
6.7	Finance and Integrated Service Support Quarter 3 Performance Report 2017/18	Director, Resources
Outline of report and summary of discussion		
The Quarter 3 Performance Report 2017/18 for Finance and Integrated Service Support was submitted. The Director, Resources highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.		
Decision		
To note the report.		

Agenda No	Report Title	Presented by:
6.8	Property and Facilities Management Quarter 3 Performance Report 2017/18	Director, Resources
Outline of report and summary of discussion		
The Quarter 3 Performance Report 2017/18 for Properties and Facilities Management was submitted. The Director, Resources highlighted to the Cabinet the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed in the Report.		
Thereafter the Director Resources responded to questions and comments raised by members of the Cabinet during which he confirmed that consideration would be given to holding a Seminar to discuss the future Business Case relating to Hillend Ski Centre.		
Decision		
To note the report.		
Action		
Director, Resources		

Agenda No	Report Title	Presented by:
6.9	Midlothian Council Quarter 3 Performance Report 2017/18	Chief Executive
Outline of report and summary of discussion		
The Quarter 3 Performance Report 2017/18 for Midlothian Council was submitted detailing the delivery of Midlothian Council's priorities through the Community Planning Partnership and the Single Midlothian Plan. The Council Transformation Strategy and Individual Service Plans outlined how Midlothian Council would deliver its contribution to the Single Midlothian Plan.		
Decision		
To note the report.		

Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Cabinet agreed that the public be excluded from the meeting during discussion of the undernoted items, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 4, 6 and 11 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

Agenda No	Report Title
7.1	Minute of the Meeting of the Joint Consultative Group of 12 December 2017 –
Decision	
Noted and Approved.	

Agenda No	Report Title	Presented by:
8.2	Application for Loan Assistance from Business Loans Scotland – Healthy Nibbles Limited -	Head of Communities and Economy.
Decision		
To approve the recommendations		

Agenda No	Report Title	Presented by:
8.3	Irrecoverable Debt Write-Off - Revenue Accounts for Housing Rent - Former Tenants and Non Domestic Rates	Head of Customer and Housing Services
Decision		
To authorise the recommendations		

Agenda No	Report Title	Presented by:
8.4	Irrecoverable Debt Write-Off – Sundry Debts	Head of Finance and Integrated Service Support
Decision		
To agree the recommendations		

The Cabinet thereafter agreed to proceed as detailed in the Addendum hereto.

The meeting terminated at 12.08 pm.

School Session Dates for the Academic Year 2019/20

Report by Grace Vickers, Head of Education, Education, Communities & Economy

1 Introduction

The authority is required to set school session dates each year with regard to statutory attendance.

2 Background

Consultation has been undertaken with the appropriate teaching unions, schools and Parent Councils to draw up a scheme of session dates for Midlothian schools for the academic year 2019/20. The proposed scheme for 2019/20 is attached to this report as Appendix 1.

Officers from Edinburgh, East Lothian and Midlothian Councils endeavour to ensure we synchronise session dates with our neighbouring council areas wherever possible bearing in mind some differences in local holidays.

Edinburgh have consulted on their session dates for 2019/20, 2020/21 and 2021/22. They reported to their Education, Children and Families Committee on Tuesday 6 March 2018. They are returning on Monday 12 August with pupils returning on Wednesday 14 August. Midlothian will commence the 2019/20 academic session on Thursday 15 August, with pupils commencing on Monday 19 August.

The school session dates proposed for 2019/20 coincide with Edinburgh on the timing of the October, Christmas, February and Easter breaks and on the last day of the school session which will be Friday 26th June 2020. East Lothian have still to consult on their dates but indications are that their proposed dates coincide with the timings of the holidays stated above.

City of Edinburgh has already published school session dates for 2020/21 and Midlothian will undertake further consultation with the aim of maintaining alignment of school session dates for future years.

3 Report Implications

3.1 Resource

There are no resource issues arising from this report.

3.2 Risk

By aligning with neighbouring authorities risk implications are mitigated with regard to pupil attendance at school.

3.3 Single Midlothian Plan and Business Transformation
Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☐ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☒ None of the above

3.4 Impact on Performance and Outcomes

Session dates have been designed to maximise attendance by minimising the number of broken weeks for staff and pupils.

3.5 Adopting a Preventative Approach

Not applicable

3.6 Involving Communities and Other Stakeholders

Discussions have been held with the appropriate teaching unions and school establishments and efforts have been made to synchronise session dates with the City of Edinburgh and East Lothian Council as far as possible.

3.7 Ensuring Equalities

The proposed report will have a neutral effect on equalities groups.

3.8 Supporting Sustainable Development

This proposal takes into account the need to deliver an educational service across Midlothian which anticipates and acknowledges the needs and views of stakeholders.

3.9 IT Issues

There are no IT issues arising from this report.

4 Recommendation

Cabinet is recommended to agree the school session dates for 2019/20 as set out in the attached appendix.

Report Contact:

Sandra Banks

Tel No: 0131 271 3727

E-mail sandra.banks@midlothian.gov.uk

Background Papers:

Appendix 1 – School Session Dates 2019/20

MIDLOTHIAN COUNCIL

EDUCATION, COMMUNITIES AND ECONOMY

SCHOOL SESSION DATES 2019 /20

TERM 1	Staff Resume	Thursday **	15	August	2019
	Pupils Resume	Monday	19	August	2019
Mid Term	Autumn Holiday	Monday	16	September	2019
	All Break	Friday	11	October	2019
	Staff Resume	Monday*	21	October	2019
	Pupils Resume	Tuesday	22	October	2019
	Term Ends	Friday	20	December	2019
TERM 2	Staff Resume	Monday*	6	January	2020
	Pupils Resume	Tuesday	7	January	2020
Mid Term	All Break	Friday	7	February	2020
	All Resume	Monday	17	February	2020
	Term Ends	Friday	3	April	2020
	<i>Good Friday</i>	<i>10th April</i>			
	<i>Easter Monday</i>	<i>12th April</i>			
	All Resume	Monday	20	April	2020
TERM 3	May Day	Monday	4	May	2020
	All Resume	Tuesday	5	May	2020
	Victoria Day	Monday*	18	May	2020
	Term Ends	Friday	26	June	2020

* **Staff In-Service Days:** Thursday 15th & Friday 16th August 2019,
Monday 21st October 2019, Monday 6th January
2020 & Monday 18th May 2020

Pupil Equity Fund

Report by Dr Grace Vickers, Head of Education, Education, Communities & Economy

1. Purpose of the Report

Pupil Equity Funding is additional funding from the Scottish Government's £750 million Attainment Scotland Fund, allocated directly to schools and targeted at closing the poverty related attainment gap. This funding is to be spent at the discretion of Head Teachers working in partnership with each other and their local authority. In 2017/18, Scotland's schools received a share of over £120 million, and in 2018/19 this has increased to over £122 million.

Every council area is benefitting from Pupil Equity Funding and over 96% of schools in Scotland have been allocated funding. Allocations are based on the number of pupils from P1 to S3 who are eligible and registered for free school meals, using the latest available data. In some instances this means schools may have faced significant reductions in their funding allocation in 2018/19. However, Ministers have decided to cap the reduction that any school will face, so that the 2018/19 funding allocation is no more than 10% less than 2017/18. In these cases, a top up has been added to the schools' allocations. 11 Midlothian schools have been subject to this top up.

National Operational Guidance has been published to help schools plan how they will most effectively invest their Pupil Equity Funding allocation to improve the educational outcomes of children affected by poverty.

The purpose of this report is to present the Pupil Equity Fund allocation for Midlothian schools which totals £2,273,160.

2. Background

The school level allocations for the Pupil Equity Fund were announced by the Scottish Government on 29 January 2018. A copy of the Scottish Government press release, along with this year's allocations can be found at the following link:

www.gov.scot/Topics/Education/Schools/Raisingeducationalattainment/pupilequityfund.

As with last year, in some cases, due to potentially disclosive information, the allocations on the published spreadsheet are redacted with a '*'. In addition, school level allocations in Scotland can be found at the following link:

<http://www.gov.scot/Topics/Education/Schools/Raisingeducationalattainment/pupilequityfund/Schoolallocations>

In Midlothian we welcome the commitment to a relentless focus on closing the attainment gap. The Single Midlothian Plan is committed to reducing inequalities. In the Education service, we continue to build on our ambition to create a world-class education system through equity and excellence, and we are relentless in our focus to interrupt the cycle of poverty at the same time as improving attainment overall.

2.1 Pupil Equity Fund Regional Event

Midlothian Council is delighted that the work of Newbattle Learning Community and their collaborative use of Pupil Equity Funding was recognised and celebrated at the recent South East Improvement Collaborative Event on 8 February 2018.

The aim of their work is; collaborative working to interrupt the cycle of poverty and make a difference to Newbattle families through their shared vision; Stronger Together; A great place to grow, live and learn.

Each school committed a percentage of their Pupil Equity Funding allocation to the Newbattle Community Project to upscale the Lawfield Community Project model, with a budget jointly committed to Newbattle Learning Community Project of £220,000 of the £810,000 allocated to the schools overall.

This has allowed for a Project Manager, Administrator and home school link practitioners to be recruited, cross community knowledge, understanding and support, increased awareness of each other's context and a greater consistency of approaches. Some of the main successes to date include:

- an additional 92 pupils claiming Free School Meals
- engagement with 145 children & young people and parents
- more than 400 children & young people and parents supported by Foodbanks during the Christmas holidays
- wellbeing meeting structure is now in place across all 9 of Primary settings, our early years settings and continue in Newbattle High School
- 87 pupils have been brought to Wellbeing meetings since October.

Graeme Logan (then Strategic Director of Education Scotland) recognised the significant and successful work of the Newbattle Learning Community during his keynote speech to Head Teachers and Education Service colleagues from across the collaborative.

3. Report Implications

3.1 Resource

The Pupil Equity Fund allocation for Midlothian schools totals £2,273,160. The Education Service has issued the detailed national guidance to schools in order to support schools to use their Pupil Equity Funding to best effect, identifying their 'gap' effectively and planning appropriate targeted interventions. This guidance continues to promote the following core principles:

- Head Teachers must have access to the full amount of the allocated Pupil Equity Funding.
- The Pupil Equity Funding must enable schools to deliver activities, interventions or resources which are clearly additional to those which were already planned.

- Head Teachers should work in partnership with each other, and their local authority, to agree the use of the funding. Schools must take account of the statutory responsibilities of the authority to deliver educational improvement, secure best value, and the authority's role as employer. Additional guidance from Finance and Procurement will follow, and will be detailed to Head Teachers through Leadership Learning Community Meetings.
- The operation of the Pupil Equity Funding should articulate as closely to existing planning and reporting procedures as possible – e.g. through School Improvement Planning and Standards and Quality Reports
- Parents and carers, children and young people and other key stakeholders should be involved in the planning process.
- Funding must provide targeted support for children and young people affected by poverty to achieve their full potential. Although the Pupil Equity Funding is allocated on the basis of free school meal eligibility, Head Teachers can use their professional judgement to bring additional children in to the targeted interventions.
- Head Teachers must base their use of the funding on a clear contextual analysis which identifies the poverty related attainment gap in their schools and plans must be grounded in evidence of what is known to be effective at raising attainment for children affected by poverty.
- Schools must have plans in place at the outset to evaluate the impact of the funding.

A copy of the draft national guidance can be found in appendix 1.

To further support schools to plan for the use of their new allocations, the Leadership Learning Community Meeting on 29 March 2018, with a key leadership focus of 'Measuring with Meaning', will allow all Head Teachers to report back to colleagues and partners on the targeted interventions which have had the greatest impact within their contexts and sectors.

All schools will then incorporate their PEF plans into their school improvement plan.

The Head of Education will also ensure that the Pupil Equity Fund is reported on quarterly as part of the Education Service quarterly reporting. In addition, the impact of the Pupil Equity Fund will also be reported in the attainment reports which are presented to Council in December and May each year.

3.2 Risk

We continue to welcome the relentless focus on closing the attainment gap in Education but we recognise that this requires a total Midlothian approach. Therefore we continue to recognise the critical role that other services, including the Community Planning Partnerships and the third sector, play in supporting education to interrupt the cycle of poverty. Schools will continue to plan *in school* and *out of school* interventions across the three themes of learning and teaching; communities and families and leadership. In addition schools must have plans in place at the outset to evaluate the impact of the funding. The following 5 key indicators will be used in order to evaluate impact: attendance, exclusions, literacy, numeracy, health and well-being, attainment measures across the broad general education, engagement and participation

3.3 Single Midlothian Plan and Business Transformation

The ambition of the Pupil Equity Fund is already clearly embedded in the Single Midlothian Plan – reducing inequalities. Themes addressed in this report:

- ☐ Community safety
- ☐ Adult health, care and housing
- ☒ Getting it right for every Midlothian child
- ☒ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

3.4 Key Priorities within the Single Midlothian Plan

GIRFEC 5: Our people will be successful learners, confident individuals, effective contributors and responsible citizens.

3.5 Impact on Performance and Outcomes

To close the gap by improving ‘attainment versus deprivation’ and ‘attainment for all’ outcomes for children and young people.

3.6 Adopting a Preventative Approach

This report aims to take preventative action in order to interrupt the cycle of poverty by closing the attainment versus deprivation gap and implementing key programmes and interventions which are designed to target support to children and young people from disadvantaged communities.

3.7 Involving Communities and Other Stakeholders

Schools, as part of their planning cycle, will involve communities and stakeholders.

3.8 Ensuring Equalities

The recommendations in this report should continue to promote equity of attainment for disadvantaged children and support the steps being taken towards narrowing the attainment gap by imposing duties on education authorities and the Scottish Ministers in relation to reducing pupils’ inequalities of educational outcome together with a duty to report on progress.

3.9 Supporting Sustainable Development

There are no impacts arising directly from this report.

3.10 IT Issues

The national guidance contains further advice on IT stating that: the Pupil Equity Funding can be used to procure digital technologies, including hardware and software, when its allocation and use is particularly focused on supporting children and young people affected by poverty to achieve their full potential. The Scottish Government provides access to a range of national procurement frameworks for the purchase of digital technology products and devices, including a range of desktops, laptops and tablets. The frameworks offer a direct route to market and significant savings against RRP.

To prevent issues arising with compatibility and connectivity, schools seeking to purchase digital technology should do so in close consultation with the IT Department at their local authority.

4 Recommendations

Cabinet are requested to approve the following:

- To note the Pupil Equity Fund allocation for Midlothian.
- To recognise the valuable work done by the Newbattle Learning Community for their high quality presentation at the national PEF event.
- To note that, as stated in the national guidance, the Head Teacher will be accountable to their local authority for the use of Pupil Equity Funding within their school. To ensure transparency, schools will be expected to incorporate details of their Pupil Equity Funding plans into existing reporting processes to their Parent Council and Forum, including in their School Improvement Plans and Standards and Quality Reports. These reports should be publicly available so that parents can understand what is happening in their school.
- To note that ongoing progress will be reported through the quarterly reporting cycle and the attainment reports which are presented to Council each year in May and December.

01 March 2018

Report Contact

Nicola McDowell Tel No 0131 271 3719

julie.currie@midlothian.gov.uk

Supporting Papers for on-going reviews in Scottish Education:

The school level allocations for the Pupil Equity fund were announced by the Scottish Government on 29 January 2018:

www.gov.scot/Topics/Education/Schools/Raisingeducationalattainment/pupilequityfund.

Operational Guidance from Scottish Government:

www.gov.scot/Topics/Education/Schools/Raisingeducationalattainment/pupilequityfund.

Education (Scotland) Act 2016:

http://www.legislation.gov.uk/asp/2016/8/pdfs/asp_20160008_en.pdf

What is it?

Pupil Equity Funding is additional funding allocated directly to schools and targeted at closing the poverty related attainment gap. The Scottish Government has committed to this funding as part of the Scottish Attainment Challenge programme from 2017/18. The Pupil Equity Funding forms part of the £750m Attainment Scotland Fund which will be invested over the current Parliamentary term. **Pupil Equity Funding will continue until the end of this Parliament.**

This national guidance is intended to help schools plan how they will most effectively invest their Pupil Equity Funding allocation to improve the educational outcomes of children affected by poverty. Local authorities may issue complementary guidance about how the funding will operate locally.

Key Principles

- Headteachers must have access to the full amount of the allocated Pupil Equity Funding.
- Pupil Equity Funding must enable schools to deliver activities, interventions or resources which are clearly additional to those which were already planned.
- Headteachers should work in partnership with each other, and their local authority, to agree the use of the funding. Schools must take account of the statutory responsibilities of the authority to deliver educational improvement, secure Best Value, and the authority's role as employer. Local Guidance will set out more detail on how this will operate.
- The operation of the Pupil Equity Funding should articulate as closely to existing planning and reporting procedures as possible – e.g. through School Improvement Planning and Standards and Quality reports.
- Parents and carers, children and young people and other key stakeholders should be involved in the planning process, **particularly in the 2018 Year of Young People.**
- Funding must provide targeted support for children and young people affected by poverty to achieve their full potential. Although the Pupil Equity Funding is allocated on the basis of free school meal eligibility, headteachers can use their professional judgement to bring additional children in to the targeted interventions and approaches.
- Headteachers must develop a clear rationale for use of the funding, based on a clear contextual analysis which identifies the poverty related attainment gap in their schools and plans must be grounded in evidence of what is known to be effective at raising attainment for children affected by poverty.
- Schools must have plans in place at the outset to evaluate the impact of the funding. These plans should outline clear outcomes to be achieved and how progress towards these, and the impact on closing the poverty related attainment gap, will be measured. **If, as a result of this ongoing monitoring, the plans are not achieving the results intended, these plans should be amended.**

¹ Amendments to the 2017 National Operational Guidance are highlighted

How much is it?

Publicly funded primary, secondary and special schools will receive £1,200 in 2018/19 for each child in Primary 1 to S3, or equivalent, who is registered for free school meals under national eligibility criteria.

How is it allocated?

Pupil Equity Funding is allocated to schools on the basis of the estimated number of children and young people in P1-S3 registered for free school meals under [the national eligibility criteria](#)².

The 2018/19 funding allocation has been calculated using the most recently available Healthy Living Survey and Pupil Census data and is based on:

- The estimated number of P1-P3 pupils who would be registered for free school meals using the national eligibility criteria. This will be done by taking the proportion of pupils registered for free school meals in primary schools in 2014 and then applying those to the 2017 school rolls for P1 to P3.
- The estimated number of P4-P7 and S1-3 pupils who are registered for free school meals.
- The estimated number of special school pupils in the P1-S3 age range registered for free school meals.

The approach to estimating free school meal registrations will be kept under review as the Government seeks to improve the quality of data for identifying children living in households affected by poverty.

Funding for 2018/19 will be paid by the Government to local authorities by means of a ring-fenced grant which will clearly indicate the amounts that should be allocated directly to each school. Local authorities will confirm arrangements for draw down at school level.

How can it be used?

Although the funding is allocated to schools on the basis of free school meal eligibility, headteachers have discretion to make decisions about which children and young people would benefit most from any particular intervention or approach, whilst keeping a clear focus on delivering equity. Funding should not be used in ways that stigmatises children and young people or their parents. Interventions that impact on transitions between school stages – for example between nursery and primary or between broad general education and senior phase – can also be considered.

The funding should be focused on activities and interventions that will lead to improvements in literacy, numeracy and health and wellbeing. Leadership; learning & teaching; and families and communities are useful organisers to consider when determining interventions and approaches.

A framework, '[Interventions for Equity](#)'³ has been developed to support the planning and implementing of interventions and approaches to meet the needs of children and young people affected by poverty in order to close the attainment gap. The examples cited act as a stimulus for wider reflection of what would suit your local context and are by no means the

² <http://www.gov.scot/Topics/Education/Schools/HLivi/schoolmeals/FreeSchoolMeals>

³ <https://education.gov.scot/improvement/self-evaluation/Interventions%20for%20Equity>

only interventions that should be considered. The [EEF toolkit](#)⁴ is also available to support decision making.

Headteachers can work at an individual school and local community level or collegiately in wider school clusters and beyond at local authority and regional improvement collaborative level to address common interests. Interventions and approaches should be considered within the context of the school improvement planning cycle and must be targeted towards closing the poverty related attainment gap. Where appropriate, funding should articulate with existing Scottish Attainment Challenge School and Challenge Authority improvement plans.

Evidence shows that some children and young people from equalities groups can be disproportionately affected by deprivation and can therefore face significant additional barriers to learning. Education authorities have responsibilities to actively address inequality and the promotion of equity is a shared responsibility held by all staff, partners and stakeholders. In this context, headteachers should consider additional steps that might be required to close the educational attainment gap for pupils affected by poverty who may also experience disadvantage for other reasons. For example, disadvantage related to; a protected characteristic (disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex (gender) and sexual orientation); a need for which they require additional support; being looked after; or having caring responsibilities.

Headteachers will need to be familiar with local policies and procedures – such as the Local Code of Corporate Governance, Local Schemes of Delegation, the Role of the Section 95 officer, the local Devolved School Management policy and local school planning cycle – the local operational guidance which they may issue alongside this national guidance should contain more information about these local policies.

Partnerships

Parents and the local community are a valuable source of support and partnership. In many contexts schools may be able to achieve the best possible outcomes for children and young people by working with a range of bodies such as parent groups; parent councils; other local authority and public sector services; third sector organisations (including youth work, family learning organisations); other educational sectors; and/or centres of expertise. Understanding the needs of children and young people should help to identify appropriate areas for collaboration.

[Participatory budgeting](#)⁵ (PB) could be an innovative and effective mechanism to engage with parents and pupils, in particular those who face barriers to participation. PB directly involves people in participating in budgeting decisions that will have a direct impact on improving their lives and it can engage people who would not normally participate with traditional forms of communication.

Staffing

Where schools identify the need to recruit additional staff for an appropriate intervention or activity, they should work closely with the Local Authority (as the employer) to ensure that the job remits and specifications are clearly tied to the aims of the intervention or approach. Headteachers need to take full account of local HR policies and procedures and that staffing costs include not just salaries but also on-costs such as pensions, sick leave, maternity cover and also potentially recruitment costs. Local guidance should provide further clear details of

⁴ <https://education.gov.scot/improvement/Pages/EEF-Toolkit.aspx>

⁵ <https://pbscotland.scot/>

these costs. Any teachers recruited through Pupil Equity Funding will be excluded from the authority's contribution to any national teacher numbers and / or ratio commitment, which means it is essential to fill core staffing posts first before recruiting additional teachers.

Procurement

Purchase of resources, equipment or services must comply with existing local authority procurement procedures. This will be particularly important when buying ICT resources (see below) or, for example, services from third sector partners. Schools should liaise with their relevant local authority finance partners to ensure compliance with procurement policies and legislation.

ICT

The Pupil Equity Funding can be used to procure digital technologies, including hardware and software, when its allocation and use is particularly focused on supporting children and young people affected by poverty to achieve their full potential. The Scottish Government provides access to a range of national procurement frameworks for the purchase of digital technology products and devices, including a range of desktops, laptops and tablets. The frameworks offer a direct route to market and significant savings against RRP.

To prevent issues arising with compatibility and connectivity, schools seeking to purchase digital technology should do so in close consultation with the IT Department at their local authority.

We know that simply providing more technology does not result in improved outcomes for learners. Therefore, any deployment of technology in an educational setting should be undertaken in line with the objectives of the national [Digital Learning and Teaching Strategy](#)⁶.

Support

There is a package of national and local support available to assist schools in planning how to use their Pupil Equity Funding. This includes:

- [A framework](#)⁷ of evidenced and proven educational interventions and strategies to help tackle the poverty related attainment gap. The framework can be used by all partners and should help to inform the decisions schools make. The structure and content will be dynamic and will continue to evolve as an integral part of the National Improvement Hub, where a wide range of improvement, self-evaluation and research materials are available and where practice exemplars can be shared. Other research summaries and intervention examples will continue to be incorporated as these become available.
- The Scottish version of the Education Endowment Foundation (EEF) Teaching and Learning Toolkit, which has been integrated into the National Improvement Hub: [Learning and Teaching toolkit](#)⁸. This EEF Toolkit provides an accessible summary of educational research designed to inform discussions on the most effective approaches to improving attainment, with a focus on 5-16 year olds and poverty disadvantage. It contains 34 teaching approaches and interventions, each summarised in terms of their average impact on attainment, the strength of the evidence supporting them and their cost. It is useful for education leaders and practitioners to inform decision making on the use of

⁶ www.gov.scot/Publications/2016/09/9494

⁷ <https://education.gov.scot/improvement/self-evaluation/Interventions%20for%20Equity>

⁸ <https://education.gov.scot/improvement/Pages/EEF-Toolkit.aspx>

Pupil Equity Funding, raising attainment and improving equity. It is intended to be used in conjunction with the range of interventions and approaches provided through the framework above to encourage and enhance professional dialogue taking full account of the local context.

- [Guidance on working with the third sector](#)⁹ is available to help support schools make the best use of funding with other partners.
- Attainment Advisors who will be able to provide advice on a regional basis.
- A dedicated Scottish Attainment Challenge community on Glow where all educators can have online discussions, ask questions, post responses, exchange ideas, access additional resource materials and share examples of practice. In addition, this secure community will be used to host regular discussions about the interventions and strategies being developed through the Pupil Equity Funding.
- Access to collaboration and communication tools on Glow including Yammer, Sharepoint, Blogs and Glow TV. These tools provide great opportunities for joint working and for sharing materials across all involved in the Scottish Attainment Challenge, with the ability to control visibility where required.
- [Guidance](#) on School Improvement Planning, including Standards and Quality reporting through the National Improvement Framework.¹⁰

Local authorities will also offer their own packages of support for schools to help them plan how to use the funding effectively.

Outcomes, impact and measurement

At a school level, it is essential that headteachers continue to make best use of the data they have access to locally to understand which children and young people would benefit from targeted support and to monitor and track learners' progress over time. Schools should articulate clearly defined outcomes to enable progress and impact to be measured. Where appropriate, consideration should be given to defining short, medium and long term outcomes to enable progress to be measured over time and to ensure that plans are resulting in improvements. Improving nationally the confidence and accuracy of teacher professional judgement of achievement of Curriculum for Excellence levels is a key factor in measuring progress. Further guidance on assessment can be found in the Key messages¹¹ for schools and the Benchmarks¹² issued in November 2016. Progress towards closing the attainment gap will continue to be reported in the annual national and local National Improvement Framework evidence reports.

Accountability and reporting

The headteacher will be accountable to their local authority for the use of Pupil Equity Funding within their school. To ensure transparency, schools will be expected to incorporate

⁹ <https://education.gov.scot/improvement/self-evaluation/Scottish%20Attainment%20Challenge%20and%20partnerships%20with%20the%20Third%20Sector>

¹⁰ <https://education.gov.scot/improvement/self-evaluation/National%20Improvement%20Framework:%20Improvement%20planning%20and%20reporting%20poster> and <https://education.gov.scot/improvement/practice-exemplars/nifschoolimprovement>

¹¹ <https://education.gov.scot/improvement/self-evaluation/Key%20messages%20for%20schools%20from%20HM%20Chief%20Inspector%20of%20Education:%20August%202017>

¹² <https://education.gov.scot/improvement/learning-resources/Curriculum%20for%20Excellence%20Benchmarks>

details of their Pupil Equity Funding plans into existing reporting processes to their Parent Council and Forum, including in their annual School Improvement Plans and Standards and Quality Reports. These plans and reports should be made publicly available so that parents can understand what is happening in their school. The arrangements for publication will be confirmed by your local authority.

School inspection and other review processes will be used where necessary to ensure schools use their funding appropriately. ['How Good Is Our School? 4'](#)¹³ includes an evaluation on the six point scale of the school's success in raising attainment and achievement and ways in which they can demonstrate improvements to equity for all learners. In addition, the operation, use and effectiveness of the Pupil Equity Funding at closing the poverty related attainment gap at a local authority level will feed into other existing quality assurance processes, such as Audit Scotland's Shared Risk Assessment.

Unspent funds

Where schools are unable to spend their full allocation during the financial year, any underspent funds can be carried forward to the new financial year. We would expect that, other than in exceptional circumstances, it should be spent within the current academic year. Schools should liaise closely with their authority to agree arrangements for carrying forward the funding into the new financial year (and, in exceptional circumstances, into the new academic year). Pupil Equity Funding should be considered separately from other funding within the devolved school management budget.

**Scottish Government
February 2018**

¹³ <https://education.gov.scot/improvement/self-evaluation/HGIOS4>

Inspection of Newbyres Village Care Home

Report by Alison White, Head of Adult Services

1 Purpose of Report

The report outlines the outcome of the above inspection as carried out by the Care Inspectorate.

2 Background

Newbyres Village Care Home is registered to provide care and support to 60 residents. In September 2015 the Care Inspectorate found some significant issues in the quality of care being provided and grades of 2 – weak were found across the themes. A significant change programme was implemented to improve quality of care, staffing and management and there has been steady progress in the intervening time. Senior managers have ensured oversight and scrutiny of these changes.

A whole scale staffing review, which introduced nurses, and care practitioners to the home has significantly improved day to day practice and has ensured that staff feel more supported in their role.

2.1 Newbyres was inspected on the 19th January 2018. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.

2.2 Following inspection, Noted below are the evaluations for Newbyres Village Care Home:

Quality of Care and Support	5 – Very Good
Quality of Staffing	5 – Very Good
Quality of Management and Leadership	5 – Very Good
Quality of Environment	5 – Very Good

This is the first time since opening that Newbyres has achieved grade 5's and over the last 2 years has shown significant improvements in quality delivery.

2.3 The following particular strengths were indicated by the inspection team:

- Steady and continuous improvement in the home over the last three inspections

- Residents and their relatives were complimentary about the care received.
- Staff felt supported in their role and had access to appropriate training
- The home environment was well maintained throughout

2.4 There were no areas for improvement identified by the Care Inspectorate and all previous requirements and recommendations have been met.

2.5 Conclusion

The Care Inspectorate was satisfied with the work of the team and had seen a steady improvement in the support since the last inspection. They highlighted improved outcomes for the residents within the home.

3 Report Implications

3.1 Resource

There are no financial and human resource implications associated with this report.

3.2 Risk

The Care Inspectorate visit a sample of registered services every year to find out how they are performing. A report is published which informs users and carers about the key strengths of the service, its capacity for further improvement and sets out the main points for action.

Monitoring, review and evaluation of progress by the Quality Assurance Team is the control measure in place to reduce the risk of failure of the service to demonstrate its capacity to improve.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- ☐ Community safety
- ☒ Adult health, care and housing
- ☐ Getting it right for every Midlothian child
- ☐ Improving opportunities in Midlothian
- ☐ Sustainable growth
- ☐ Business transformation and Best Value
- ☐ None of the above

3.4 Impact on Performance and Outcomes

The setting will continue to improve its work in line with its improvement plan and the Quality Assurance Team will continue to challenge and support the setting in relation to developing and implementing a range of quality improvement strategies.

3.5 Adopting a Preventative Approach

Newbyres supports people within the home to lead ordinary lives with the right level of support.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, users, carers and other interested parties.

3.7 Ensuring Equalities

The Service Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

The Cabinet is asked to:

- (i) Consider and note the content of the inspection report;
- (ii) Congratulate the carers and staff connected with Newbyres Care Village on the key strengths highlighted in the report and note the significant improvement journey that has been made; and
- (iii) Pass the report to the Performance, Review and Scrutiny Committee for consideration.

2017

Report Contact:

Tel No:

E-mail: Alison.white@midlothian.gov.uk

Background Papers:

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge
EH23 4TZ

Telephone: 0131 270 5656/7

Type of inspection: Unannounced
Inspection completed on: 19 January 2018

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007167115

About the service

This service has been registered since May 2008.

Newbyres Village is a care home in Gorebridge, Midlothian. It is registered to provide accommodation for up to 60 older people and one bedroom is set aside to offer short breaks (respite).

The home is all on one level in five separate residential wings named "streets". There is also a wing that houses the kitchen and laundry. The home has been planned in a "village" layout with five streets, named First, Second, Third, Fourth and Fifth Street.

Each street can accommodate up to 12 residents and has a sitting/dining room, a small sitting room, small kitchen area and bathrooms and toilets. Each resident has a bedroom with en suite shower and toilet and a patio door to the gardens. The home is within walking distance of local services such as shops, churches, the library and bus stops.

A mission statement was in place for the service:

"Health and Social Care working together to develop a professional and flexible workforce who fully understands the core values that make a service unique in delivering the highest standard of care to our residents.

Together we respect each resident as an individual and feel honoured to work within their home.

We will strive to make their home welcoming, friendly, warm and safe from harm. Together we will build meaningful relationships and continue to improve and develop the service we provide."

What people told us

In all of the pre inspection questionnaires, residents and relatives/carers overall strongly agreed or agreed that they were happy with the quality of care provided in this home. However, there were mixed views about having enough staff, the key worker arrangements and the quality and variety of meals. Negative comments included:

'the main area of concern is the lack of variety of food.'

'there could be more going on and a minibus to take residents to church as relative can't follow their faith.'

'looks as if short-staffed at times, many residents need care from two staff this leaves the floor unattended.'

In three of the 19 pre inspection questionnaires relatives/carers were not aware of the home's complaints procedure or that they could make a complaint to the Care Inspectorate. This was also the view of one resident who returned a pre inspection questionnaire (eight returned).

We shared the contents and comments made in pre inspection questionnaires with the manager, in order that these could be followed up where necessary through resident and relatives/carers meetings and or care reviews. We did not share who had made the comments.

During the inspection we visited each street and saw most residents but we also respected the privacy of residents who did not want to speak with us. Residents were complimentary about the work of the staff teams to ensure their wellbeing comfort and safety. Positive comments by residents included:

"I'm fine here, carers are good, no complaints, good there are such places, needed when you are old and unwell."

Relatives also spoke of being made welcome of the lovely clean and well maintained environment and the good quality of care they saw provided to residents. Positive comments included:

"We can't fault the care at all, 100% confident and reassured about the quality of care provided to mum."

"No problems about the care provided here at all. We looked at lots of care homes in the area and this had to be the one. Staff are helpful we have no concerns at all. It's a lovely place and kept so clean."

"Very happy with the care my relative receives, the meals appear varied and offer a good choice, my relative is given the option to participate in activities and the majority of staff appear well-trained and work with a person centred approach."

Self assessment

We did not ask the service to submit a self assessment before this inspection. However, we discussed the need for a development plan to be created. This is to help to identify how any changes and improvements could be made to the service and evidence the continuous development of the service provision.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

Quality of care and support

Findings from the inspection

Residents looked well presented in their personal appearance and were comfortable and at ease in the home and with staff on duty. The small street layout of the home and the deployment of staff may also be a reassurance for residents to know which staff were available to assist them.

We saw that the care staff teams and district nurses worked in a supportive manner with each other which helped all care staff to deliver very good standards of care which we saw and which was reported to us at this inspection.

The atmosphere in the home was quiet and orderly, call buzzers were responded to promptly and we did not see any instances where residents had to wait long for assistance from staff. Individual care and support plans had been developed, from assessments of needs linked to everyday living skills and any healthcare needs. Care plans also noted residents' preferences in how their care was to be provided.

Regular evaluation of care plans and associated records, such as charts helped staff to identify any changing care needs and to update care plans where needed. Care plan reviews also gave residents and their relatives/ carers the opportunity to discuss the care plan and to agree the contents.

However, we saw differences in the quality of information in care plans. Some gave good detail about the management of stress and distress while others lacked detail to direct staff. We also saw good evaluations on different aspects of care provision but no changes to the overall care plan. This meant that staff needed to read all of the evaluations to be clear on what care was to be provided.

Although further improvements could be made to care planning we had no concerns about the care we saw being provided during the inspection.

We discussed care planning with the deputy manager who confirmed that she would review and update care plans with staff to make the improvements identified. Therefore we have not made a recommendation about this.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of environment

Findings from the inspection

The home environment was well maintained throughout. Private bedrooms and all of the shared areas were clean, tidy and comfortably furnished. However, we also saw some areas of wear and tear to carpets and some chairs. The manager was aware of this and plans were in place to replace these and make further improvements to the environment. Therefore we have not made a recommendation about this.

Housekeeping staff told us that they had ample supplies of cleaning materials and equipment to keep the home clean and odour free. Supplies of protective clothing such as gloves and aprons were available and used to assist staff which helped them to maintain safe infection control practices.

Risk assessment informed staff in the provision of resident care and accidents and incidents were recorded and evaluated to inform any preventative actions needed. This meant that prompt attention could be given to reviewing and implementing any changes to care plans and any changes needed to staff practice.

Bedrooms were furnished and decorated to suit the preferences of the occupant and all had been made more individual with residents' personal belongings. Having personal belongings and familiar things around them may also assist residents to be comfortable and at ease in their environment.

Systems were in place to record any repairs and maintenance work needed and this was reported to work well.

Safety checks on equipment and installations were up-to-date as was equipment checked and maintained in accordance with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

Training was provided for staff to assist them to maintain a safe environment including, Adult Support and Protection, moving and handling, health and safety and fire safety. This was also supported by policies and procedures.

The emergency call system was accessible throughout the home for staff and residents to use to summon assistance when needed.

Overall we concluded that the above arrangements helped to make the home a pleasant comfortable and safe environment for residents to live in.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

Residents and relatives/carers we spoke with were complimentary about the quality of care provided by the staff teams in the home.

Staff we spoke with said that they felt supported in their role and that this had further improved over the last year. Staff considered that they received enough training to undertake their work and the training records showed the range of training provided.

Regardless of their role in the home, staff spoke of being committed to doing a good job to improve residents' care and ensure their comfort and safety.

Staff training was provided and a system was in place to ensure any refresher training took place within the given timescale. This helped staff to maintain their skills and provide care and support based on up-to-date best practice guidance. We also saw improved record keeping, completion and evaluation of charts which indicated that staff training had a positive impact on their competency and practice.

In addition to mandatory training e-learning and SVQ training was also available to staff. This assisted them to keep up-to-date but may also help them to evidence their learning and attainment of an SVQ (Scottish Vocational Qualification) as required for their registration with SSSC (Scottish Social services Council).

Training and staff practice was supported by a range of policies and procedures, staff team meetings, supervision and appraisal. These gave staff the opportunity to discuss the expected standards of care practice, training needs and policy developments.

Safe recruitment practices were in place which helped to ensure that appropriate staff were employed in the service.

Outcomes of regular resident dependency assessments informed the staffing arrangements in the home. Samples of staffing rotas indicated that staffing met or at times exceeded the hours assessed as necessary. Staffing in the home also met the minimum as stated in the staffing schedule for the home.

However, three of eight pre inspection questionnaires from residents and six of 19 returned from relatives indicated that they did not agree that there were always enough staff available. We shared this with the manager in order that staffing arrangements could be further discussed through residents' and relatives' /carers' meetings.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of management and leadership

Findings from the inspection

We have seen a steady and continuous improvement in all aspects of service provision in Newbyres Village over the last three inspections.

Established methods and systems were in place to measure, develop and improve the quality of the service in the home. These included:

- consultation with residents, relatives/carers and staff
- care planning/reviews
- safe recruitment, staff training and supervision
- policies and procedures including complaints
- quality assurance audits
- safety audits including checks on equipment, maintenance arrangements and general health and safety
- accident and incident records
- pharmacy/medication audits
- menus and meal arrangements
- an overview of residents' legal status
- palliative care register.

We saw that where needed an action plan approach was used to progress any improvements identified as a result of the outcomes of checks and audits. This helps to show the actions taken to rectify any deficits and show ongoing improvements and developments in the home.

The manager was supernumerary to staffing provision in the home while the deputy also had supernumerary time. This allowed them to be available to residents, relatives/carers and staff and to oversee staff practice. This has meant that any good practice was acknowledged and any concerns addressed accordingly.

Overall the consistent management arrangements and the development of quality assurance systems has resulted in improved outcomes for residents in this home.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider must ensure that the nutritional needs of residents are met. In order to do so, the provider must:

- a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.
- b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with guidance for staff.
- c) Ensure that any food and fluid intake charts are accurately completed and evaluated.
- d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.

This requirement was made on 24 January 2017.

Action taken on previous requirement

We saw improvement in care planning relating to nutritional needs:

- assessment of nutritional needs and associated risk assessments were included in care plans.

- monitoring of food and fluid intake and guidance for staff was included in the care plan where assessed as necessary.
- samples of food and fluid intake charts were accurately completed and evaluated and informed any changes to the care plan.

Met - within timescales

Requirement 2

The provider must ensure that the oral care needs of each resident are met. In order to do so, the provider must:

-
- a) Ensure that each residents' care plan includes an assessment of their oral health including the completion of an oral health risk assessment.
- b) Outcomes of the assessment and oral health risk assessment inform the care plan in this area of care.
- c) Charts to monitor the provision of oral care are consistently completed.
- d) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

This requirement was made on 24 January 2017.

Action taken on previous requirement

We looked at a sample of oral health care plans and associated charts and saw that assessment of oral health and outcomes of the assessment informed the care plan. The completion of oral care charts had improved sufficiently for us to consider that the requirement had been met. However, senior staff should continue to monitor the completion of these charts.

Met - within timescales

Requirement 3

The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance.

In order to do so the provider must ensure that:

- a) Each resident receives their medication as prescribed including topical medicines and creams and these are recorded.
- b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.
- c) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

d) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

This requirement was made on 24 January 2017.

Action taken on previous requirement

We saw improvements in the general management of medicines in the home and the management of "as required" medicines. We saw that handwritten entries had been counter-signed and there was more use of the carers' notes.

Covert medication pathways and "as required" protocols were in place to guide staff in the administration of these medicines.

Met - within timescales

Requirement 4

The service provider must ensure that all staff have the skills for the work they are to perform and this should include but not be limited to:

a) Care planning, associated documentation such as charts, risk assessments, dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example, accidents and incidents.

This requirement was made on 24 January 2017.

Action taken on previous requirement

At this inspection we saw that sufficient improvement in care planning and associated records keeping for us to consider that the requirement had been met. We also discussed further improvements to care plans with the deputy manager who agreed to consider these suggestions.

We also saw improvements in the recording of accident and incident records.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
24 Jan 2017	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Mar 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	4 - Good
29 Sep 2015	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Mar 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
20 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good

Date	Type	Gradings	
4 Feb 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Sep 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
5 Mar 2013	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	2 - Weak
29 Oct 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Feb 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
16 Nov 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
15 Sep 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
22 Apr 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good

Date	Type	Gradings	
29 Oct 2009	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
30 Apr 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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 cànan eile ma nithear iartras.

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 ਵਿੱਚ 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.

Inspection of Housing Support services in Polton Centre and Pentland House HMO**Report by Kevin Anderson, Head of Customer and Housing Services****1 Purpose of Report**

The report outlines the outcome of the housing inspection carried out by the Care Inspectorate at the Council's temporary accommodation for homeless Households.

2 Background

The Polton Centre opened early in 2017 to reuse the former Midfield Young Peoples accommodation as this re-provisioning provided a direct alternative to Bed & Breakfast accommodation for homeless households.

Pentland House was opened in Penicuik in the Summer, 2017 to also reuse that building as an alternative to Bed & Breakfast accommodation, which significantly reduced the need for Midlothian Council to use B&Bs and these facilities also provide localised services for homeless households and support into education, training or employment.

The Housing Support service is contracted with The Salvation Army after a tender process and while external contract inspections are not routinely reported to elected members, the profile of these projects in the local communities required the report to be brought to their attention.

2.1 Housing Support services in Polton Centre and Pentland House HMO were inspected on the 13th November 2017. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.

2.2 Following inspection, Noted below are the evaluations for Housing Support services in Polton Centre and Pentland House HMO:

Quality of Care and Support	4 – Good
Quality of Staffing	4 – Good
Quality of Management and Leadership	4 – Good

As a new service there is no prior inspection history or grades.

2.3 There was one recommendation received from the Care Inspectorate:

- The service should continue to review the staffing levels at both locations as the service becomes more established, to ensure people's needs are met.

Following receipt of this report a Team Leader role has been added to the staffing establishment to ensure adequate staff provision, supervision and development is continued.

2.4 Conclusion

The Care Inspectorate was satisfied with the work of the team and the support service at this early stage of implementation.

3 Report Implications

3.1 Resource

There are no financial and human resource implications associated with this report.

3.2 Risk

The Care Inspectorate visit a sample of registered services every year to find out how they are performing. A report is published which informs users and carers about the key strengths of the service, its capacity for further improvement and sets out the main points for action.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- Community Safety
- X Adult health, care and housing
- Getting it right for every Midlothian child
- Improving opportunities in Midlothian
- Sustainable growth
- Business transformation

3.4 Impact on Performance and Outcomes

The Homelessness Strategy and action plan outcomes are reported through the Performance Framework each quarter.

3.5 Adopting a Preventative Approach

The Homelessness Strategy aims to prevent homelessness and provide supports and accommodation to households who present as unintentionally

homeless.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, users, carers and other interested parties.

3.7 Ensuring Equalities

The Homelessness Strategy, including temporary accommodation provision, has been assessed for equalities implications.

3.8 Supporting Sustainable Development

The Homelessness Strategy allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

Cabinet is asked to

1. note the content and recommendation in the inspection report, and
2. refer the report to the Performance, Review and Scrutiny Committee

Report Contact: Kevin Anderson, Head of Customer and Housing Services

Tel No: 0131 271 3225

E-mail: kevin.anderson@midlothian.gov.uk

Background Papers:

Midlothian Service - Polton Centre Housing Support Service

Pentland House
14 Edinburgh Road
Penicuik
Midlothian
EH26 8NW

Telephone: 07702 941785

Type of inspection: Unannounced
Inspection completed on: 13 November 2017

Service provided by:
Salvation Army

Service provider number:
SP2004005634

Care service number:
CS2016347330

About the service

Statement of aims and objectives (as specified in the service specification)

To provide a supported accommodation service from the Council's temporary accommodation at Pentland House, Penicuik (44 rooms with a maximum of 49 occupants) and Polton Centre, Lasswade (15 persons).

- (i) To ensure that the accommodation used for the service meet at least the minimum requirements in respect of all related legislation and in accordance with care standards regulated by the Care Inspectorate.
- (ii) To enable individuals to develop the skills and confidence to successfully maintain their own tenancy.
- (iii) To work actively in helping each individual to move on from temporary accommodation and secure permanent accommodation.
- (i) To ensure all service users have a programme of structured and meaningful activities.

What people told us

We spoke with four service users across the two locations to gather their views on the quality of the service they received. We also received four completed pre-inspection questionnaires from people. Their feedback was largely very positive.

We issued pre-inspection questionnaires to a sample of service users to gather their views of the service and the support they received.

The large majority of responses from people was very positive. Comments included:

"The staff are brilliant and always there if you need a chat".

"All the staff treat me well".

"I feel safe, safer than the last place I was in".

"...my support plan has helped me a lot. Once a week I meet with my support worker to find out how I am doing and the progress I have been making since moving in. My support worker has been amazing, everything has been good and still remains good".

Two supported people were not familiar with how to raise a concern to the Care Inspectorate.

Self assessment

We are not asking services to submit a self-assessment for this inspection year. Instead, we will ask services for their improvement or development plan and discuss any improvements they may have made or intend to make since the last inspection.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

The service performs to a good standard, meeting the support needs of those utilising the support in a very person centred way. This was clearly evidenced through our discussions with people and our sample of documentation.

One of the key strengths of the service is having the local authorities housing department officers based on site. This provides a valuable source of additional support, information and advice to those seeking permanent accommodation. The support staff had a good knowledge of local support services to sign post people to, for example; mental health, dependencies and welfare rights.

Positive outcomes were being achieved by people with the support of the staff, which included access to housing, employment, education or voluntary work.

Support staff strive to ensure every person has a positive experience with using the service and are both motivated and committed to support people to achieve their full potential.

A service user satisfaction survey was undertaken earlier in the year and the findings were very positive. Many comments were made, praising the quality of the staff and management.

The support plans belonging to people were very comprehensive and provided clear guidance to support staff in terms of meeting their support needs and agreed outcomes. Monthly reviews of people's outcomes were recorded, using a recognised self-assessment tool where the supported person can track their own progress with using the service.

The service operates across two locations in Midlothian. Following changes where staff are primarily based, it has resulted in a reduction of support at the Polton Centre compared to what people had become used to. The impact of this has been minimal for most however, the service provider has recognised that improvements are needed and are working closely with the local authority to increase the concierge staff to provide 24/7 coverage.

We recommended to the service that they continue to review the staffing levels at both locations as the service becomes more established, recognising that some may present with more challenging complex support needs.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should continue to review the staffing levels at both locations as the service becomes more established, to ensure people's needs are met.

National Care Standards, Housing support, Standard 3 - Management and staffing arrangements.

Grade: 4 - good

Quality of staffing

Findings from the inspection

Overall, the feedback we received from people as to the quality of staffing was very positive. We were told that staff showed dignity and respect at all times and good working relationships have been formed.

The large majority of staff felt supported in their roles and received both comprehensive induction and on-going training opportunities.

Regular staff supervision meetings with their line manager were held in-line with their relevant procedures, which included setting learning and development objectives for the year.

Staff meetings are held on a regular basis, discussing people's outcomes and the ongoing development of the service. The manager recognised that improvements were needed as to how actions from one staff meeting to the next were met and recorded.

We identified that very few staff were registered with the SSSC (Scottish Social Services Council) which has recently opened for this registered service. The manager recognised that this was a priority to support staff with, in addition to meeting any requirements of registration in relation to completing formal qualifications. We have confidence in the service that this will be addressed in a timely manner.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Service users, carers and staff spoke highly of the management and support they received. Good communication was in place and staff had confidence in the management should they have to raise any issues with them.

The service was making good use of their new technology systems to record how support was delivered to people. This allowed for less administrative work and more time engaging with people.

The service provider has a number of quality assurance tools in place which has gained accreditation by professional bodies including IIP (Investors In People). The manager acknowledged that this was at an early stage of implementation for this service however, plan to further enhance the quality assurance tools used as the service becomes more established.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the service was registered with the Care Inspectorate.

Enforcement

No enforcement action has been taken against this care service since the service was registered with the Care Inspectorate.

Inspection and grading history

This service does not have any prior inspection history or grades.

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 cànan eile ma nithear iartras.

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 ਵਿੱਚ 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.

Inspection of Shared Lives Midlothian**Report by Alison White, Head of Adult Services****1 Purpose of Report**

The report outlines the outcome of the above inspection as carried out by the Care Inspectorate.

2 Background

Shared Lives (Midlothian) provides Adult Placement services to a number of adults with mild to moderate learning disabilities within Midlothian. The range of services provided includes day care, short breaks and long term placements and some befriending.

2.1 Shared Lives was inspected on the 29th November 2017. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.

2.2 Following inspection, Noted below are the evaluations for Shared Lives:

Quality of Care and Support	5 – Very Good
Quality of Staffing	Not Assessed
Quality of Management and Leadership	5 – Very Good

2.3 The following particular strengths were indicated by the inspection team:

- Carers felt valued and supported in their role.
- Comprehensive assessments were in place
- The manager and his team knew the people supported very well

2.4 The following areas for improvement were agreed between Shared Lives and the Care Inspectorate:

- Improve recording at the 6 monthly reviews.
- Improve Quality Assurance recording

2.5 Conclusion

The Care Inspectorate was satisfied with the work of the team and had seen a continuity in the support since the last inspection. They highlighted that users thrived on the support that they received.

3 Report Implications

3.1 Resource

There are no financial and human resource implications associated with this report.

3.2 Risk

The Care Inspectorate visit a sample of registered services every year to find out how they are performing. A report is published which informs users and carers about the key strengths of the service, its capacity for further improvement and sets out the main points for action.

Monitoring, review and evaluation of progress by the Quality Assurance Team is the control measure in place to reduce the risk of failure of the service to demonstrate its capacity to improve.

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- Community Safety
- X Adult health, care and housing
- Getting it right for every Midlothian child
- Improving opportunities in Midlothian
- Sustainable growth
- Business transformation and Best Value
- None of the above

3.4 Impact on Performance and Outcomes

The setting will continue to improve its work in line with its improvement plan and the Quality Assurance Team will continue to challenge and support the setting in relation to developing and implementing a range of quality improvement strategies.

3.5 Adopting a Preventative Approach

Shared Lives Midlothian supports people within the community to lead ordinary lives with the right level of support.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, users, carers and other interested parties.

3.7 Ensuring Equalities

The Service Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

Cabinet is asked to:

- (i) Note the content of the inspection report;
- (ii) Congratulate the carers and staff connected with Shared Lives Midlothian on the key strengths and areas for improvement highlighted in the report; and
- (iii) Pass the report on to the Performance, Review and Scrutiny Committee for consideration.

Report Contact: Alison White

Tel No: 0131 271 3402

E-mail: Alison.white@midlothian.gov.uk

Background Papers:

Shared Lives (Midlothian) Adult Placement Service

Fairfield House
8 Lothian House
Dalkeith
EH22 3AA

Telephone: 0131 2713 706

Type of inspection: Announced (short notice)
Inspection completed on: 29 November 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007149597

About the service

Shared lives (Midlothian) provides adult placement services to a number of adults with mild to moderate learning disabilities in Midlothian. The service is a "community based service that seeks to support people to achieve better outcomes they have identified, through providing personalised support to individuals in their own communities.

The service provided the following aspects of care:

- Day care
- Short breaks
- Long-term placements.

Shared Lives vision is "To assist every service user to achieve independence, dignity, choice, rights and fulfilment. We seek to do this by using the strengths of individual families and the community".

For the purposes of this report, the following terms are used:

Adult placement carer - The adult placement carer is the person you go to stay within the placement. The adult placement carer is recruited and approved by the adult placement service to provide support and care in his or her own home.

Adult in placement - The adult in placement is the person receiving support and care from the adult placement carer in their own home. For the purposes of this report, this person will be described as the service user.

Shared lives worker - The worker who is employed by the adult placement service to supervise and support the placement with the adult placement carer. For the purpose of this report this description also included the shared lives co-ordinator.

What people told us

We spoke with six adult placement carers and six service users either in person or over the telephone. The feedback we received from people was very positive. Many of the service users had been supported by their carers for a long time and had built very good working relationships.

Comments from service users:

"My carer takes me to music events and helps me to learn to sing and play the drums".

"My carer takes me to places I like to go to. He listens and understands me".

"I understand my carer sometimes has to attend training and meetings which helps me as he is a better carer".

"Shared lives helps me feel safe. Has helped me to get telecare installed".

"The staff know what I like to eat, the things I like to do and how to be treated".

"The service helps me to do things that I like to do and it gives mum a break to do what she wants and mum knows I am very happy with my carer".

"I feel very safe in X's care".

Carers felt supported by the shared lives workers through regular support meetings and on-going training and development opportunities.

Comments from carers:

"Short breaks and day care are the greatest support that vulnerable adults can have. In my own experience I have found that once my service user has begun to trust me, I feel that I have become their prop and I am very protective of them. It is an extremely satisfying job."

Self assessment

We are not asking services to submit a self-assessment for this inspection year. Instead, we will ask services for their improvement or development plan and discuss any improvements they may have made or intend to make since the last inspection.

From this inspection we graded this service as:

Quality of care and support	5 – Very Good
Quality of staffing	not assessed
Quality of management and leadership	5 – Very Good

What the service does well

We found the overall quality of care and support to be very good. This has been largely achieved through the service users being supported by their carers for many years, knew each other well and the needs of people.

The adult placement carers we spoke with told us that they felt supported and valued in their work. Many attended the regular forum meetings which provided them with the opportunity to meet with other carers, share their knowledge and experience or learn from guest speakers invited to support them with their continued learning and development.

The service manager and his team of three staff were very familiar with the care needs of all the service users and the carers we spoke with commented favourably about the level of support and communication offered to them.

Comprehensive assessments, support plans and risk assessments were in place, which included the outcomes carers would support service users to achieve. Where six monthly reviews had been held, service users felt fully involved in having a say on how their care needs were being met. We could also see that support plans were updated following any changes in people's care needs.

Regular service user forum meetings are held, focusing on what people would like from the service and any improvements which could be made.

What the service could do better

Through our discussions with service users, although the large majority of people were happy with the outcomes they were achieving with the support of their carers, we felt that additional support could be offered to perhaps identify further, more meaningful outcomes to focus on too.

Similar to our findings at the last inspection, we identified some gaps in the record keeping, namely six-monthly reviews of service user's support plans. Through discussions with the manager, it was acknowledged that not all of the reviews have been recorded in the same format. Some of the reviews are recorded formally, others are recorded within the daily notes. The service should look to formalising their approach to recording review meetings and their frequency. Please see recommendation 1.

Although we assessed the quality of leadership and management to be very good, we are making the recommendation that improvements are made to the quality assurance practices in place. This would then support the improvements highlighted within this report. Please see recommendation 2.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service provider should ensure that the support plans show evidence of a review being undertaken on a six-monthly basis or more frequently if required and reflect any changes in the care and support needs of the service user.

National Care Standards, Adult placement service - Standard 6, support arrangements.

2. The service provider should further develop their quality assurance systems to support the improvements identified in relation to six monthly reviews, safer recruitment audits and the storage of information.

National Care Standards, Adult placement service - Standard 5, Management and staffing arrangements.

Complaints

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

Inspection and grading history

Date	Type	Gradings	
1 Aug 2016	Announced (short notice)	Care and support	6 - Excellent
		Environment	Not assessed
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
30 Sep 2015	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
31 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
20 Jan 2014	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
7 Mar 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
22 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
12 Mar 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	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 cànan eile ma nithear iartras.

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.

Inspection of Midlothian Council Care at Home service

Report by Allister Short, Joint Director, Health and Social Care

1 Purpose of Report

This report provides an update on the action plan for the service improvements for Midlothian Council Care at Home service

2 Background

2.1 Midlothian Council Care at Home service was inspected in August 2017 over a number of days by the Care Inspectorate, as a registered care at home service for adults. The report was published on Monday 11th September 2017 and has been distributed to all Elected Members of the Cabinet for their information. The inspection covered three key areas of the National Care Standards attributed to care at home services. These include:

- Quality of Care and Support
- Quality of Staffing, and
- Quality of Management and Leadership

2.2 Following the inspection a report was published that details the areas of its findings and outlines any areas for recommendation and/or requirements. An action plan within a specified timescale was developed to address the areas for improvement. This action plan has been implemented and regularly updated, to track and monitor improvements, and identify if timescales are being met.

2.3 The inspection report grades the areas of inspection from 1 (Unsatisfactory) to 6 (Excellent). This inspection report graded the three areas as follows:

Quality of care and support	3	Adequate
Quality of staffing	3	Adequate
Quality of Management and Leadership	2	Weak.

3 Conclusion

The Care Inspectorate have concluded in their report the service was operating at an “adequate” level. As there have been outstanding requirements since 2013 four of these requirements are repeated in the recent inspection report therefore increasing the number of actions required.

4 Report Implications

4.1 Resource

There are no financial and human resource implications associated with this report.

4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of that report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It is also on display in the Care at Home base for staff and visitors to access and review progress.

4.3 Policy

Strategy

The Care at Home service has responded to the inspection with a detailed action plan responding to all the requirements and recommendations, with clear timescales and outputs to deliver to the plan. The service has already seen significant improvements.

There are a total of 90 individual actions that have clear timelines and outcomes. 63 of these actions are completed, 7 are near completion, and the remainder are being progressed and will be completed within the next three months (3 months ahead of required timelines).

It must be noted that some of the actions are duplicated due to being outstanding actions from previous inspections going back to 2013. All actions and clients were prioritised according to risk level. Those with higher risk rating i.e. those who live alone and in isolated areas, would have their care plans updated and reviewed first.

Actions complete:

1. Medication process's complete.
2. Augmented new Care plan template introduced and implemented to approximately 150 clients at highest risk.
3. Service users and their carers included in their care planning
4. Information on current health conditions and guidance on how to communicate with service users who have communication difficulties.
5. New Care plans now placed into clients home.
6. All new Care plans signed and dated by client or their delegated carer.
7. Clients and their carers included in the risk assessment plan.
8. Workforce development plan in place e.g. staff training matrix
9. Audit reports in place for medication, Care plans and training completed.

10. Monthly reporting for a range of tasks including missed visits, medication errors, supervision sessions completed etc with other reports in development
11. All notifiable issues such as complaints, incidents medication errors are reported to the Care Inspectorate appropriately.

The outstanding actions are as follows:

1. 150 care plans complete, with augmented new template and review dates inserted. 150 to be completed (for those at lowest risk). Additional resource is being assigned to complete this within 3 months.
2. Up to date risk assessments for all clients. These are incorporated into the care plans as outlined in action 1 with those at highest risk completed, and those at lowest risk being reviewed as above.
3. Data processes and reports being compiled to ensure accuracy of information and regular reporting. This will be complete within 2 months.
4. Complaints procedure updated but still requires reporting development. This will be completed within 1 month.
5. Updated Midlothian HSCP Medication policy – currently being reviewed by Midlothian Council Medication policy working group.

There is a new management team in place who meet on a regular basis to update and review on progress against the action plan to ensure it keeps to the timescales. The inspection report also highlighted outstanding actions from 2013 – these are all incorporated in the action plan and we will provide a further update in 3 months when all the actions will be complete. We will also build a suite of measures to monitor on a weekly basis to maintain improvements to the service.

Progress is also discussed at supervision sessions between the Service Manager and the Registered Manager, then communicated to Care Team Supervisors and staff which includes regular staff newsletters and large team meetings. There are regular team meetings with the action plan as a standing agenda item to monitor and review the progress against actions.

Additional support and resource had been put in place such as administrative support, environmental improvements within the office area and additional office staffing to manage the increased workload.

We have also assigned the Older Peoples Planning Officer to dedicate time to home care to ensure our reporting tools are working efficiently to produce accurate data to inform service improvements and development.

The Care Inspectorate were due to revisit in January 2018. However in light of recent progress, they have lifted their risk from “high risk” to “medium risk” (Care Inspectorate terminology), and will re-visit within 1 year. This provided an opportunity to deliver on all the requirements

and recommendations to ensure a better quality of service is in place for patients, clients and staff.

Consultation

Copies of the Inspection report have been made available to Elected Members, and staff members, and notified to families/carers and other interested parties.

Equalities

There are no apparent equalities issues.

Sustainability

There is an ongoing review of Care at Home services within Midlothian to establish opportunities to develop “outcome focussed” effective and efficient Care at Home services. This supports the Midlothian Older People strategy 2016 – 2019 which focusses on improving access to services and exploring opportunities to keep people safe and well in their own home and community.

5 Technology issues

There are no Technology issues arising from this report.

6 Recommendations

The Cabinet is asked to:

- (i) Note the content of the report and progress made.

21st March 2018

Report Contact: Anthea Fraser
Anthea.fraser@midlothian.gov.uk