

Notice of meeting and agenda



Cabinet

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

Date: Tuesday, 16 January 2018

Time: 11:00

John Blair
Director, Resources

Contact:

Clerk Name: Gordon Aitken

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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 Meeting of the Cabinet of 21 November 2017 - For Approval | 3 - 12 |
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5 Public Items (Education Interest)

- | | | |
|------------|--|----------------|
| 5.1 | Inspection of Midlothian Council Care at Home Service - Report by Joint Director, Health and Social Care | 13 - 38 |
| 5.2 | Inspection of Roslin Primary School and Nursery Class - Report by Head of Education | 39 - 46 |
| 5.3 | Inspection of St Luke's Primary School - Report by Head of Education | 47 - 54 |
| 5.4 | Inspection of Midlothian Council Adoption Service - Report by Head of Children's Services | 55 - 64 |
| 5.5 | Inspection of Midlothian Council Fostering Service - Report by Head of Children's Services | 65 - 78 |
| 5.6 | Midlothian Consultation on the Education (Scotland) Bill 2017 - Report by Head of Education | 79 - 88 |

6 Public Items (No Education Interest)

No business to be discussed

7 Private Items (Education Interest)

No Business to be Discussed

8 Private Items (No Education Interest)

No Business to be Discussed

Minute of Meeting



Cabinet

Date	Time	Venue
Tuesday 21 November 2017	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:

1 Apologies

Apologies were received from Vic Bourne and Matin Khan.

2 Order of Business

The order of business was confirmed as outlined in the agenda that had been circulated.

3 Declarations of interest

No declarations of interest were received at this stage of the proceedings.

4 Minutes of Previous Meetings

The Minutes of the Meeting of the Cabinet held on 10 October 2017 was submitted and approved as a correct record.

5. Reports

Agenda No	Report Title	Presented by:															
5.1	Inspection of St Mary's Primary School Nursery Class	Head of Education															
Outline of report and summary of discussion																	
Based on the findings of this inspection, Education Scotland had awarded the following grades:																	
<table> <tr> <th>Quality Indicator</th><th>28 February 2017</th><th>27 September 2017</th></tr> <tr> <td>Quality of Care and Support</td><td>Good</td><td>Very Good</td></tr> <tr> <td>Quality of Environment</td><td>Good</td><td>Very Good</td></tr> <tr> <td>Quality of Staffing</td><td>Good</td><td>Very Good</td></tr> <tr> <td>Quality of Management and Leadership</td><td>Adequate</td><td>Very Good</td></tr> </table>			Quality Indicator	28 February 2017	27 September 2017	Quality of Care and Support	Good	Very Good	Quality of Environment	Good	Very Good	Quality of Staffing	Good	Very Good	Quality of Management and Leadership	Adequate	Very Good
Quality Indicator	28 February 2017	27 September 2017															
Quality of Care and Support	Good	Very Good															
Quality of Environment	Good	Very Good															
Quality of Staffing	Good	Very Good															
Quality of Management and Leadership	Adequate	Very Good															
<p>This was a significant improvement for St Mary's Primary School Nursery class showing an improvement from good to very good in three indicators and an improvement from adequate to very good in the final indicator.</p> <p>Further qualitative evaluations found in the narrative of the main report included:</p> <ul style="list-style-type: none"> • The Head Teacher and a new recently appointed peripatetic teacher had a clear vision for the on-going development of the nursery. • The service had worked hard to continue to meet children's needs. • Staff were fully aware of how to safe guard children in their care. • Staff provided a wide range of stimulating opportunities in the playroom and outdoors which helped children to experience broad and purposeful learning. • Staff were trained, motivated and professional. • Children approached staff for help and reassurance throughout the session which demonstrated that they had developed trusting relationships. 																	

The Head of Education was heard in amplification of the report after which several Members congratulated all concerned on the positive aspects of the inspection report and the work being done to ensure further improvement.

Decision

- (a) To note the content of the inspection report;
- (b) To pass this report to the Performance, Review and Scrutiny Committee for its consideration; and
- (c) Congratulate the pupils, parents and staff connected with St Mary's Primary School Nursery Class on the significant improvements made since February 2017.

Action

Head of Education

Agenda No	Report Title	Presented by:
5.2	Inspection of Midlothian Residential Service for Young People	Head of Children's Services

Outline of report and summary of discussion

The report provided information in relation to the recent inspection by the Care Inspectorate.

Based on the findings of this Inspection the Care Inspectorate awarded the following grades on the two areas it inspected:

- Quality of Care and Support - Grade 4 - Good
- Quality of Staffing - Grade 4 - Good

The Care Inspectorate did not inspect the quality of Management and Leadership or the Environment on this occasion which remained at Grade 5 – Very Good.

The Inspection Team noted the following strengths:

- That young people using this service were achieving some good outcomes including improved relationships with families, nurturing care within the service and all the young people they spoke with, identified key positive relationships with staff.
- Supported transitions home and the work staff have done with families was found to have been key in supporting good outcomes. Partnership working with colleagues was supporting good outcomes for individual young people in relation to their health.
- Most of the team felt well supported in their role and that most of the staff could go to management for support and advice.
- Most staff were hopeful for the future of the service and positive about the vision of the service.

The Inspection Team reported that the authority could do better in the following areas:

- Beginnings and endings – whilst there was evidence of rigorous and robust planning prior to being accommodated, ‘matching’ (fully considering the needs of the young person, young people already in placement and the knowledge and skills of staff) was not always evident.
- Resources required should reflect all diverse individual needs and ensure that care for one young person should not overly affect the care of others.
- Staff did not feel that they had a voice in changes affecting the service which had contributed to low morale.
- The discontinuation of a written log book in order to reduce duplication of recording and a further burden to staff was highlighted as a concern as it was deemed that our systems were not robust enough to ensure all important information is recorded and communicated effectively.

The Head of Children’s Services was heard in amplification of the report after which several Members congratulated all concerned on the positive aspects of the inspection report and the work being done to ensure further improvement.

Decision

- (a) To note the content of the report;
- (b) Acknowledge the continued progress and positive and ongoing work by management and staff connected with the Midlothian Residential Services for Young People; and
- (c) To pass this report to the Performance, Review and Scrutiny Committee for its consideration

Action

Head of Children’s Services

Agenda No	Report Title	Presented by:
5.3	Regional Education Improvement Collaborative: Update on the South East Improvement Collaborative	Head of Education

Outline of report and summary of discussion

With reference to paragraph 5.7 of the Minutes of the Cabinet 10 October 2017, the report updated Cabinet on the progress made to date by the South East Improvement Collaborative (East Lothian, Edinburgh, Fife, Midlothian and Scottish Borders). The Head of Education was heard in amplification of the report.

Decision

- (a) To endorse the principles outlined in the South East Improvement Collaborative paper attached within an appendix to the report;

(b)	To be part of the South East Improvement Collaborative Oversight group;
(c)	To note that Dr Grace Vickers (Head of Education) and Lynn Black (Head Teacher – Beeslack High School) would represent Midlothian on the South East Improvement Collaborative Board;
(d)	Give authority to officers from Midlothian to develop an action plan for the South East Improvement Collaborative with colleagues from the South East Collaborative; and
(e)	That any additional costs that may emanate from this Action Plan be reported back to Cabinet for consideration.
Action	
Head of Education	

Agenda No	Report Title	Presented by:
5.4	Scottish Government consultation on the new Education (Scotland) Bill 2017	Head of Education
Outline of report and summary of discussion		
<p>The purpose of the report was to present the Scottish Government consultation on the new Education (Scotland) Bill 2017. This bill was in five main sections:</p> <ul style="list-style-type: none">• The Head Teachers' Charter• Parental and Community Engagement• Pupil Participation• Regional Improvement Collaboratives• Education Workforce Council for Scotland <p>The report advised that In line with previous consultations, Midlothian had launched a local consultation which commenced on Monday 13 November and would close on Monday 11 December 2017. Following consultation with stakeholders in Midlothian, a further report would be brought back to Cabinet in January 2018 prior to submission to the Scottish Government. The Head of Education was heard in amplification of the report.</p>		
Decision		
(a)	To note the publication of the Scottish Government's Consultation on the Education (Scotland) Bill 2017.	
(b)	To note the launch of the Midlothian survey which would close on Monday 11 December 2017; and	
(c)	To authorise officers to bring a further report back to Cabinet in January 2018 outlining the result of the Midlothian survey.	
Action		
Head of Education		

Agenda No	Report Title	Presented by:
5.5	Second Statutory 'Biodiversity Report'	Head of Communities and Economy
Outline of report and summary of discussion		
The report sought approval of the Council's second statutory 'biodiversity report' as required by the Wildlife and Natural Environment (Scotland) Act 2011. It set out the actions taken by the Council since November 2014 in carrying out its statutory duty to further the conservation of biodiversity and a copy of the document had been circulated to Members. The Lead Officer Conservation and Environment was heard in amplification of the report.		
Decision		
(a) To agree to the publication on the Council's website of the Council's second 'biodiversity report' under the requirements of the Wildlife and Natural Environment (Scotland) Act 2011; and (b) To refer the report to the Performance Review & Scrutiny Committee for its information and interest.		
Action		
Head of Communities and Economy		

Agenda No	Report Title	Presented by:
6.1	Q2 Performance Report 2017/18 -) Adult Social Care	Joint Director, Health and Social Care
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report for Adult Social Care was submitted. The Joint Director, Health and Social Care 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 Joint Director responded to questions raised by the members of the Cabinet.		
Decision		
To note the report.		
Action		
Joint Director, Health and Social Care		

Agenda No	Report Title	Presented by:
6.2	Q1 Performance Report 2017/18 - Customer and Housing Services	Head of Customer and Housing Services
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report 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.		

Thereafter the Head of Customer and Housing services responded to questions raised by the members of the Cabinet.
Decision
To note the report.
Action
Joint Director, Health and Social Care/Head of Customer and Housing Services

Agenda No	Report Title	Presented by:
6.3	Q2 Performance Report 2017/18 - Children's Services	Head of Children's Services
Outline of report and summary of discussion		
The Quarter 2 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. Thereafter the Head of Children's Services responded to questions raised by members of the Cabinet.		
Decision		
To note the report.		
Action		
Director, Education, Communities and Economy/Head of Children's Services		

Agenda No	Report Title	Presented by:
6.4	Q2 Performance Report 2017/18 - Communities and Economy	Head of Communities and Economy
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report for Communities and Economy was submitted. The Director, Education, 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. Thereafter the Director responded to questions raised by the members of the Cabinet.		
Decision		
To note the report.		
Action		
Director, Education, Communities and Economy/Head of Communities and Economy		

Agenda No	Report Title	Presented by:
6.5	Q2 Performance Report 2017/18 - Education	Head of Education
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report 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. Thereafter the Head of Education responded to questions raised by members of the Cabinet.		
Decision		
To note the report.		
Action		
Director, Education, Communities and Economy/Head of Education		

Agenda No	Report Title	Presented by:
6.6	Q2 Performance Report 2017/18 - Commercial Operations	Director, Resources
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report 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. Thereafter the Director, Resources responded to questions raised by the members of the Cabinet.		
Decision		
To note the report.		
Action		
Director, Resources/Head of Commercial Operations		
Action		
Director, Resources/Head of Commercial Operations		

Agenda No	Report Title	Presented by:
6.7	Q2 Performance Report 2017/18 - Finance and Integrated Services	Director, Resources
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report 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. Thereafter the Director, Resources responded to questions raised by the members of the Cabinet.		

Decision
To note the report.
Action
Director, Resources/Head of Finance and Integrated Service Support

Agenda No	Report Title	Presented by:
6.8	Q2 Performance Report 2017/18 - Property and Facilities Management	Director, Resources
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report 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 raised by the members of the Cabinet.		
Decision		
To note the report.		
Action		
Director, Resources/Head of Property and Facilities Management		

Agenda No	Report Title	Presented by:
6.9	Q2 Performance Report 2017/18 - Midlothian Council	Chief Executive
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report 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. The Director, Resources highlighted to the Cabinet the notable items and also the challenges going forward from the Report.		
Decision		
To note the report.		
Action		
Chief Executive.		

Agenda No	Report Title	Presented by:
6.10	Q2 Performance Report 2017/18 - Balanced Scorecard Indicators	Chief Executive
Outline of report and summary of discussion		
The Quarter 2 2017/18 Performance Report for the Balanced Scorecard Indicators was submitted. Each of the perspectives were supported by a number of key measures and indicators which ensured that the Balanced Scorecard informed ongoing performance reporting and helped to identify areas for further improvement. The Director, Resources was heard in amplification of the Report.		
Decision		
To note the report.		
Action		
Chief Executive.		

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 1,3 and 11 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

- (a) Appointment of Head of Service, Health and Social Care – Agreed to Appoint Morag Barrow;
- (b) Minute of Education Appointment Committee of 9 November 2017 – Agreed to Appoint A Donoghue as Depute Head Teacher at Beeslack High School;
- (c) Minute of Meeting of the Joint Consultative Group of 20 September 2016 – Noted; and
- (d) Objections to Disabled Person's Parking Bays at 51 Woodburn Loan, Dalkeith and 18 Chisholm Terrace, Penicuik - To authorise the making of Traffic Regulation Order R5.3.18 with the retention of the disabled parking bays at 51 Woodburn Loan, Dalkeith and 18 Chisholm Terrace, Penicuik.

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

The meeting terminated at 12.15pm.



Inspection of Midlothian Council Care at Home service

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

1 Purpose of Report

This report outlines the outcome of the above inspection as carried out by the Care Inspectorate in August 2017.

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 has 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 is published that details the areas of its findings and outlines any areas for recommendation and/or requirements. An action plan within a specified timescale is requested to address the areas for improvement.
- 2.3 The inspection report grades the areas of inspection from 1 – Unsatisfactory to 6 - Excellent. This inspection report grades the three areas as follows:-
 Quality of care and support 3 – Adequate
 Quality of staffing 3 – Adequate
 Quality of Management and Leadership 2 - weak.
- 2.4 The following areas of recommendation for improvement were agreed between the Care Inspectorate, Care at Home service and the Health and Social Care Partnership:
 - The Care Inspectorate advised that the service was operating at an adequate level and have repeated four of the requirements under “Quality of care and support”. Since 2013 the Care Inspectorate have asked the service to improve in these areas. At this inspection, the Care Inspectorate advised they were concerned that there was limited improvement.
 - What is highly challenging is the number of requirements and recommendations from previous inspections that have not been met. This includes 17 outstanding requirements and only 1 has been partially met since the previous inspection. There were also 6 recommendations made from previous inspections and again only 3 have been met. A number of measures have already been put in place to improve the situation.

- The Care Inspectorate advised that under the “quality of Management and Leadership” the services performance was weak and they have repeated 4 requirements. They saw little improvement in this area and were concerned this was having a major impact on the rest of the service.
- They found that most of the paperwork from people homes was not returned to the office to be checked and no formal record of this was made. This was discussed at length with the manager.
- Despite these concerns the Care Inspectorate also found that people were very happy with the care and support that they were receiving. They heard from people first hand that how good their carers were. They could see that people had their needs met most of the time and people overall were very complimentary about the care staff who visited them in their own homes.
- They were concerned about the help that people were getting to take their medication. It was unclear what level of support some people needed and some people needed greater support than they were getting.
- However, there were no incidents of people coming to harm and this may be because people often had the same groups of regular carers who knew them well. However, people may not always have the same carer.
- Similarly, they saw that the other records in people's home, kept by the service, need to improve. They found that personal plans did not have enough information in them and that some risk assessments were blank. Many records were not signed by the person receiving the care. This is important as it tells us that the person has been involved in planning their care.
- It is a legal necessity that people care and support is reviewed with them every 6 months. However, they found that the service overall had not done this. One part of the service was up to date with this. Though the two larger parts of the service had not been able to complete their face to face reviews.

3 Conclusion

- 3.1 The Care at home service has responded to this inspection with a detailed action plan responding to all the requirements and recommendations with clear timescales and outputs to deliver to the plan. There are new management arrangements in place who meet on a fortnightly basis to update and review on progress against the action plan to ensure it keeps to the timescales.
- 3.2 The new management team have since met with the Care Inspectorate and they are happy with the recent progress and developments. The Care Inspectorate were due to re-visit in January 2018 however in light of the recent progress they have lifted their risk from high risk to medium risk and will re-visit within the next year. This provides a great

opportunity to deliver on all the requirements and recommendations to ensure the grades will increase on their next inspection.

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 planned 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 office for staff and visitors to access.

4.3 Policy

Strategy

The Care at home service takes direction from a number of legislative and social policy drivers. This includes the Midlothian Health and Social Care Strategic plan, Midlothian Older people strategy 2016 – 2019, The Carers Scotland Act 2016 and the Integration of Health and Social Care 2015. The ethos of these policy drivers and the feedback the Health and Social Care Partnership has received from citizens of Midlothian are around enabling and supporting people to live in their own home safely for as long as possible. The care at home service has the ability and dedication from its staff to carry out this strategic direction with effective and robust leadership and management arrangements in place.

Consultation

Copies of the 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 on-going review of care at home services in Midlothian to establish opportunities to develop outcome focussed efficient care at home services. This links into the Midlothian Older people strategy 2016 – 2019 which focusses on improving accesses to services and exploring opportunities to keep people well and safe in their own home.

5 IT Issues

There are no IT issues arising from this report.

6 Recommendations

Cabinet is asked to:

- (i) note the content of the inspection report;
- (ii) pass this report to the Performance, Scrutiny and Audit Committee for its consideration; and
- (iii) Acknowledge the ongoing challenging's of providing good quality care at home service to the people of Midlothian and the effort that has been established to improve the service delivery.

12th December 2017

Report Contact: Anthea Fraser
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Tel No 0131 271 3670

Midlothian Council - Domiciliary Care - Care at Home Support Service

Fairfield House
8 Lothian Road
Dalkeith
EH22 3AA

Telephone: 0131 271 3942/3940

Type of inspection: Unannounced
Inspection completed on: 24 August 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2004062598

About the service

Midlothian Council Domiciliary Care is registered as a Care at Home Service. It provides a service to adults and older people living in their own homes within Midlothian. The reablement and complex care services are located at Fairfield House, situated close to the town centre in Dalkeith. The Midlothian Enhanced Rapid response and Intervention Team (MERRIT) is based at Bonnyrigg Health Centre.

Staff are divided into three teams with differing roles. The MERRIT care team is part of a multi disciplinary team. The team deals with emergency and crisis situations on a short term basis. Carers offer personal care and some domestic assistance. They provide 24 hour response for service users with personal alarms and they are heavily involved with responding to and the prevention of falls. The service aims to prevent hospital or care home admission. This team also assists individuals who are having a trial discharge from hospital.

The reablement team focuses on new requests for a care service or service users who have been in hospital for more than two weeks. The team offers personal care and support for a maximum of six weeks working with the service user to improve or maintain their independence. If services are required after six weeks the team will have established what assistance the person needs in the longer term and organises the ongoing care and support.

The Complex Care team offers support to individuals who require more individualised assistance on a longer term basis.

The service states that it aims:

"To provide a personal care and home support service for individuals and their carers in the individual's own home to enable them to remain at home for as long as they wish to do so.

To prevent admission and re-admission to hospital, and where people are being discharged from hospital to support them to leave hospital with minimum delay.

To support people leaving hospital to return to independence as soon as they are able.

The service was first registered with the Care Inspectorate in April 2011 and at this inspection they were providing support to 120 people".

What people told us

Overall, almost everyone we spoke to was very positive about the care they had received or very positive about the care their relative received.

Prior to the inspection we received 53 completed questionnaires from service user's or their relatives. One person said 'Since starting using this service, I have nothing but admiration for the professional care and attention given by the care and attention to detail of the carers. Absolutely superb!!!' Another person said 'The carers appointed to me are just first class'.

However, another person said 'Don't have a written personal written plan. Needs and services are agreed in conversation'.

During this inspection we spoke to 18 people face to face. People were very complimentary about the services care staff. One person said 'The girls are auffie good' while another said 'XXXX(named carer) is special'.

By phone, we spoke to a further 8 relatives by phone and 4 people receiving a service. Again, people were mostly very positive about the service they received. One person said 'they are very quick to respond' and another person said 'my normal carers are fairly consistent but not during the holidays' and another said 'it's always the two wonderful girls'.

However, one relative said they had found a tablet on the floor on a least two occasions and another said 'I am not happy about it (the personal plan) as my needs have changed and it needs updated'.

Self assessment

The Care Inspectorate has not asked for a self assessment during this inspection year.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

The service was operating at an adequate level. We have repeated four of the requirements under care and support. Since 2013 we have asked the service to improve in these areas. At this inspection, we were concerned that there was little improvement.

Despite this we found that people were very happy with the care and support that they were receiving. We heard from people first hand that how good their carers were. We could see that people had their needs met most of the time and people overall were very complimentary about the care staff who visited them in their own homes.

We were concerned about the help that people were getting to take their medication. It was unclear what level of support some people needed and some people needed greater support than they were getting. When people needed a lot of support with taking their medicine this was not written down by the service in the safest way. This put people at risk of harm. See requirement one.

However, there were no incidents of people coming to harm and this may be because people often had the same groups of regular carers who knew them well. However, people may not always have the same carer.

Similarly, we saw that the other records in people's home, kept by the service, need to improve. We found that personal plans did not have enough information in them and that some risk assessments were blank. Many records were not signed by the person receiving the care. This is important as it tells us that the person has been involved in planning their care. See requirements two and three.

It is a legal necessity that people care and support is reviewed with them every 6 months. However, we found that the service overall had not done this. One part of the service was up to date with this. Though the two larger parts of the service had not been able to complete their face to face reviews. See requirement four.

Requirements

Number of requirements: 4

1. The provider must ensure the new medication policies and procedures are put in place as soon as possible. All staff must be trained in the updated policy and procedures.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: 12 weeks from receipt of this report.

The service could make use of the following resources:

<https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

<http://www.careinspectorate.com/images/documents/2786/prompting-assisting-and-administration-of-medication-in-a-care-setting-guidance-for-professionals.pdf>

<https://www.rpharms.com/Portals/0/RPS document library/Open access/Support/toolkit/rps-mca-july-2013.pdf>

2. The Provider must ensure that each service user has an accurate, up to date care and personal plan, which sets out how the service user's health, welfare and safety needs are to be met. This should include, but not be exclusive of;

- (a) Sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out.
 - (b) Information on current health conditions and guidance on how to communicate with service users who have communication difficulties.
 - (c) Service users and their representatives should be included in the care planning process.
 - (d) Where care and personal plans are updated copies of the new plans must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.
 - (e) Care and personal plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plans.
- This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for Implementation: 12 weeks from receipt of this report.

3. The Provider must ensure that each service user has an accurate, up to date general risk assessment in place. This should include;

- (a) Where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk.
- (b) Service users and their representatives to be included in the risk assessment process and review. Risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment.
- (c) Where risk assessments are updated copies of the new assessments must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: 12 weeks from receipt of this report.

4. The provider must ensure that service user's service reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must ensure it invites all significant people, including third parties with legal responsibilities, to the review meetings.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (2)(iii) Personal Plans.

Timescale for implementation: 24 weeks from receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found that the service was operating adequately and have repeated one requirement and one recommendation in this area.

Records showed that not every staff member has their training updated on time. One person had not had their food safety training updated for a year. We could see that when training was made available to the home care supervisors there was a lot of effort to match staff training needs to training courses available. See requirement one under staffing.

However, we saw that this was mostly based on what training was available and not focussed on individual staffs' training needs. As a result the services own training record was not given as much priority as it should have been given. As a service registered with the Care Inspectorate staff need to be sufficiently trained and competent at all times. This gives us confidence that people experience good outcomes.

The supervisors had not been able to observe much staff practice. This is important as it confirms that staff understand the training they have attended and continue to practice in the best way possible. See recommendation one under staffing.

We could see that supervision and appraisals were happening regularly. We discussed with the service how this could be improved. Actions, outcomes and resolutions need to be recorded.

We could see that it was important to the service to try and make sure that people had the same group of carers most of the time. This was an important strength and has really helped to maintain good outcomes for people, especially when paperwork in the homes was not reliable or not detailed enough.

Also, we could see there was much value placed in organising rotas so that everyone got the visits that they should be getting. However, we found that there was a lot of work in doing this and not enough dedicated staff to do this. This impacted upon what other roles supervisors and managers could do and we have made comment about this under the area of management and leadership.

We could see that staff had been recruited safely and there was a dedicated human resources team to support the service in this area. However, we found that the service was having to spend a lot of time doing additional recruitment tasks so as to speed up the process and ensure good outcomes. Again, this time spent by staff doing this reduced what other things staff could do. This is discussed more under management and leadership.

Requirements

Number of requirements: 1

1. The provider must ensure that it has a comprehensive staff training plan in place and that this links to staff supervision and appraisal. All care staff must have access to appropriate and sufficient training at on an on-going basis to effectively develop their skills, knowledge and continuing competencies to support them to carry out their duties in ensuring the health, well-being and safety needs of people using the service are met. This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) (b) regulations which state that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users and that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: within 24 weeks from receipt of this report

Recommendations

Number of recommendations: 1

1. It is recommended that the service ensures quality assurance spot checks on care staff which include observation of practice are undertaken as per the organisation's learning and development framework.

National Care Standards. Care at Home - Standard 4: Management and staffing.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

In this area the services performance was weak and we have repeated 4 requirements. We saw little improvement in this area and were concerned this was having a major impact on the rest of the service.

We were concerned that the medication policy was not up and running. This is constraining performance and putting people at risk of harm. A requirement has been made about this under care and support. It has been mentioned again under Management and Leadership as this is where improvement needs to start in order to make sure people have good outcomes.

We found that most of the paperwork from people homes was not returned to the office to be checked and no formal record of this was made. We have discussed at length with the manager. See requirement one under Management and Leadership.

Similarly, we found that the manager needed to audit all care documents by way of a sample and have a systematic way to do and record this. This also included sampling records of staff support and training.

In addition to this, the manager needs to have the time and the systems to have a good overview of the workings of the service as a whole. This will give more confidence that people will experience good and safe outcomes.

With regard to systems, we talked to the manager about how these could be improved for logging missed visits, incidents and accidents and feedback from people. Specifically, we suggested that a monthly at a glance summary is developed. That it is clear what action occurred and that the manager confirms satisfactory resolution had happened. See requirement two and three under Management and Leadership.

Similarly, when there is an incident or an accident we expect in certain circumstances that the services lets us know. We could see that this did not always happen. See requirement four under Management and Leadership.

We found that the supervisors and managers were involved in many tasks which took them away from their core roles. These were tasks of recruitment and managing staff absence. In particular, there appeared to be a great gap in the need for a dedicated person to manage the scheduling of visits. This gap meant that staff had to organise rotas at the expense of visiting people, updating paperwork and making sure people's needs were met.

Requirements

Number of requirements: 4

1. The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes.

This must include:-

- Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments. Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.
- All accidents and incidents to be audited on a monthly basis to identify any trends.
- Inspection report

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 24 weeks from receipt of this report.

2. The provider must ensure all staff follow the service's incident procedures to make sure all incidents are reported, recorded and processed to completion.

- Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks.
- The process to be formally closed by the manager once all completed to satisfaction.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Regulation 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users.

Timescale: This was required at the time of inspection and on an on-going basis.

3. The provider must ensure the organisation's complaints procedures are followed at all times where applicable. Systems in place to follow through all concerns or comments must be followed where applicable. In both cases the actions taken and changes made to the care and support as a result must be recorded.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 24 weeks of receipt of this report.

4. The provider must ensure all events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service must ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed.

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

The service could make use of the following resource:

Timescale: This was required at the time of inspection and on an on-going basis.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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 each service user has an accurate, up to date care plan, which sets out how the service user's health, welfare and safety needs are to be met in sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out. Information to include current health conditions and guidance on how to communicate with service users who have communication difficulties. Service users and their representatives to be included in the care planning process. Care plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plan. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 1. Statement 3.

Not met

Requirement 2

The Provider must ensure that where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk. Service users and their representatives to be included in the risk assessment process and review. Care plans and risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment. Completed risk assessment documentation to be held within the service users care plan for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 1. Statement 3.

Not met

Requirement 3

The provider must ensure that training records are up to date to enable team supervisors and managers to accurately identify training needs for each individual staff member and for internal and regulatory auditing purposes. The provider must ensure that all staff receive training appropriate to the work they are to perform and to meet identified individual service user needs. Staff must attend updates as and when required. This training must include but is not limited to - Infection Control.- Food hygiene.- Nutrition.- Palliative care.- Adult Support and Protection. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users; Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken sufficient action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 3. Statement 3.

Not met

Requirement 4

The provider must ensure there are clear procedures to follow to make sure all incidents are reported, recorded and processed to completion. - Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks. - The process to be formally closed by the manager once all completed to satisfaction. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users.

Timescale for implementation: 24 hours from receipt of this report.

This requirement was made on 31 July 2014.

Action taken on previous requirement

The service was still in the process of meeting this requirement. Details of this are reported in the body of this report under Quality Theme 4. Statement 4.

Not met

Requirement 5

The provider must ensure that incidents, adult protection issues and care staff performance issues that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service to ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed. This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person

providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 21 August 2013.

Action taken on previous requirement

The service had not taken sufficient action to meet this requirement. Details of this are reported in the body of this report under Quality Theme 4. Statement 4.

Not met

Requirement 6

The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes. This to include:- Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments.

Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.

All accidents and incidents to be audited on a monthly basis to identify any trends. This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 31 July 2014.

Action taken on previous requirement

The service had not taken action to meet this requirement. Details of this are reported in the body of this report under quality theme 4 statement 4.

Not met

Requirement 7

The provider must ensure that service user's service reviews take place as required and stated within the current legislation of once in every 6 month period and when there is a significant change in the service user's health, welfare or safety needs or when requested to do so by the service user or their representative. The provider must ensure it invites all significant people, including third parties with legal responsibilities, to the review meetings. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5 (2)(iii) Personal Plans

Timescale for implementation: within twelve weeks of receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to met this requirement.

Not met

Requirement 8

The provider must put systems in place to follow through all concerns or comments and evidence the actions taken and changes made to the care and support as a result.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within twelve weeks of receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 9

The Provider must ensure that each service user has an accurate, up to date care and personal plan, which sets out how the service user's health, welfare and safety needs are to be met. This should include, but not be exclusive of;

- (a) Sufficient detail to enable the care and support to be carried out consistently by each carer in the way the service user chooses and needs the care and support to be carried out.
- (b) Information on current health conditions and guidance on how to communicate with service users who have communication difficulties.
- (c) Service users and their representatives should be included in the care planning process.
- (d) Where care and personal plans are updated copies of the new plans must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.
- (e) Care and personal plans to be signed and dated by service users or representatives as well as the service representative to evidence approval of the plans.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 10

The Provider must ensure that each service user has an accurate, up to date general risk assessment in place. This should include;

- (a) Where there is an identified risk to service users or staff which is not assessed through the general risk assessment, a specific risk assessment must be completed to manage and reduce the risk.
- (b) Service users and their representatives to be included in the risk assessment process and review. Risk assessments to be signed and dated by service users or representatives as well as the person undertaking the assessment.
- (c) Where risk assessments are updated copies of the new assessments must be taken to the service user's home to be available for care staff, the service user and representatives to refer to.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 11

The provider must ensure the new medication policies and procedures are put in place as soon as possible. All staff must be trained in the updated policy and procedures.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 12

The provider must ensure confidential information about service user's care and support needs are removed from the carer's weekly schedules.

This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 4 (1) (a) regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 17 August 2015.

Action taken on previous requirement

This has been actioned.

Met - within timescales

Requirement 13

The provider must ensure that all staff receive training appropriate to the work they are to perform and to meet identified individual service user needs. A training programme must be developed based on training needs identified from training records and the organisational training requirements as laid down in the Community Care Learning and Development Framework. The provider must supply the Care Inspectorate with a copy of the training programme along with dates when training topics are to be delivered.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users; Regulation 15 (b) (1) Staffing - a provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale for implementation: the training programme to be submitted to the Care Inspectorate within 6 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 14

The provider must ensure there are clear procedures to follow to make sure all incidents are reported, recorded and processed to completion.

- Procedures recorded to include actions and considerations undertaken directly following the incident, identifying further immediate action required, who must be informed, end outcomes and actions to minimise future risks.
- The process to be formally closed by the manager once all completed to satisfaction.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) (a) Welfare of users - a requirement that the provider ensures the health, welfare and safety of service users.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 15

The provider must ensure all events that are deemed notifiable to the Care Inspectorate are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting. The service must ensure all incident and complaints processes include consideration as to whether the Care Inspectorate, Social Work and/or other bodies require being informed.

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

Timescale: This was required at the time of inspection and on an on-going basis.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to met this requirement.

Not met

Requirement 16

The provider must develop appropriate auditing systems for internal processes relevant to the service to support quality assurance processes. This must include:-

Auditing all aspects of actual service delivery through computer systems, completed daily recording documents, completed medication records, care plans and associated risk assessments.

Checking planned targets are being met through monthly audits in relation to six month reviews, team meetings, 1:1 supervision, appraisals, training undertaken and competency checks.
All accidents and incidents to be audited on a monthly basis to identify any trends.

This is to comply with the Social Work Improvements Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users – a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not taken action to meet this requirement.

Not met

Requirement 17

The provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users ensure that at all times there are sufficient numbers of suitably qualified and trained staff in the service to:

- (i) Provide continuity of care and support to all service users
- (ii) Meet the needs of service users at all times.
- (iii) Provide effective operational support
- (iv) Meet the stated timescales for the required improvements as laid out in this report and to sustain improved quality.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) which is a requirement about staffing.

Timescale for implementation: within 12 weeks from receipt of this report.

This requirement was made on 17 August 2015.

Action taken on previous requirement

The service has not actioned this.

Not met

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

Previous recommendations

Recommendation 1

The Manager should ensure that there are regular staff meetings and that all staff are given the opportunity to attend these and contribute to the agenda. Minutes of staff meetings should be available to all staff. National Care Standards. Care at Home – Standard 4: Management and staffing

This recommendation was made on 21 August 2013.

Action taken on previous recommendation

Met

Recommendation 2

The provider should ensure all service users are given comprehensive written information about the service's complaints procedures at the start of their care and support service. All complaints procedure literature should be reviewed and where necessary updated to make it clear those complaints can be made to the Care Inspectorate at any time, without using the service's own procedure first. References to the former Care Commission should be changed.

National Care Standards. Care at Home – Standard 11: Expressing your views.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Met

Recommendation 3

The provider should review and improve the current systems in place to allow for service users to have prior knowledge of visiting carers through their chosen avenues.

National Care Standards. Care at Home – Standard 11: Expressing your views.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Met

Recommendation 4

The provider should review and improve the methods undertaken to gain feedback on service delivery through satisfaction questionnaires. This should include the collation, analysis and reporting of results to service users and to improve overall quality of the service.

National Care Standards. Care at Home – Standard 11: Expressing your views.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Not met.

Recommendation 5

The provider should ensure quality assurance spot checks on care staff which include observation of practice are undertaken as per the organisation's learning and development framework.
National Care Standards. Care at Home – Standard 4: Management and staffing.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Not met.

Recommendation 6

The provider should ensure that there are regular staff meetings and that all staff are given the opportunity to attend these and contribute to the agenda. Minutes of staff meetings should be available to all staff.
National Care Standards. Care at Home – Standard 4: Management and staffing.

This recommendation was made on 17 August 2015.

Action taken on previous recommendation

Met

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	
21 Jun 2016	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
31 Jul 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
21 Aug 2013	Announced (short notice)	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
20 Nov 2012	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Nov 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jan 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

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Inspection of Roslin Primary School and Nursery Class

Report by Dr Grace Vickers, Head of Education

1 Purpose of Report

The report outlines the outcome of the above inspection as carried out by Education Scotland which was communicated in their letter dated 19 December 2017.

2 Background

2.1 Roslin Primary School and Nursery class was inspected in October 2017. The report was published on 19 December 2017 and has been distributed to all Elected Members and Church Representatives on the Cabinet for their information. A copy is included in appendix one.

2.2 Following inspection, Education Scotland gathers evaluations of the core quality indicators to keep track of how well all Scottish Early, Learning and Childcare settings and schools are doing. Noted below are the evaluations for Roslin Primary School and Nursery class:

Primary Stages

Leadership of change	Good
Learning, teaching and assessment	Very Good
Raising attainment and achievement	Good
Ensuring wellbeing, equality and inclusion	Good

Nursery Stage

Leadership of change	Good
Learning, teaching and assessment	Good
Securing children's progress	Good
Ensuring wellbeing, equality and inclusion	Good

2.3 The inspection team found the following strengths in the school's work:

- The headteacher and her principal teacher who have led and supported staff in delivering high quality teaching for all children. This includes encouraging and supporting staff to think creatively, for example, in the whole school approach taken to improving children's attainment in writing.
- In the primary stages, children know themselves well as learners and can talk confidently within an inclusive and supportive classroom environment. The positive classroom ethos, and a focus on individual learners, enables all children to achieve success and to feel valued. In the nursery children receive positive interactions with staff who respond well to their learning interests.

- The rich and varied learning experiences offered to children across the school and nursery. At the primary stages, this includes learning across the expressive arts and in the nursery through high quality learning outdoors. Primary children experience music and singing and the opportunity to link with their local community through drama, as tour guides at Roslyn Chapel. All of this is helping to develop children's confidence and communication skills.

2.4 The following areas for improvement were identified and discussed with the headteacher and a representative from Midlothian Council:

- Staff should refine approaches to implementing innovation, based on a clear rationale, in order to ensure a positive impact and to ensure outcomes are sustainable for learners.
- Children in the nursery would benefit from building their opportunities in play, in order to further develop literacy skills.
- Continue to build on approaches to assessment to ensure robust evidence of children's progress and next steps in learning.

2.5 Conclusion

Education Scotland have concluded that they are confident that the school has the capacity to continue to improve and so Education Scotland will make no more visits in connection with this inspection. Midlothian Council will inform parents/carers about the school's progress as part of its arrangements for reporting on the quality of its schools.

3 Report Implications

3.1 Resource

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

3.2 Risk

Education Scotland visit a sample of nursery, primary and secondary schools every year to find out how they are performing. A report is published which informs parents about the key strengths of the school, its capacity for further improvement and sets out the main points for action.

Following the publication of that report further visits may be made to the school, either by Education Scotland or by the Education Authority to assist improvement and monitor progress. A follow-through report on the progress of the school is published by either Education Scotland or by the Education Authority, normally within 2 years of the date of publication of the original report.

Monitoring, review and evaluation of progress by School Managers and Senior Education Managers is the control measure in place to reduce the risk of failure of the school 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
- X Getting it right for every Midlothian child
- X 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 Education Service 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

The Education (Scotland) Act aims to take preventative action in order to close the attainment versus deprivation gap by implementing key policies and programmes which are designed to target support to children and young people from disadvantaged communities. Midlothian is highly committed to closing the attainment gap which compliments the strategies employed by Midlothian which are highlighted in the National Improvement Framework report which was presented to Council on 3 November 2015.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, parents of children currently in the school and other interested parties.

3.7 Ensuring Equalities

The School Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The School 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 pupils, parents and staff connected with Roslin Primary School and Nursery Class on the key strengths highlighted in the report
- (iii) Note the areas for further development
- (iv) Pass this report to the Performance, Review and Scrutiny Committee for its consideration.

19 December 2017

Report Contact:

Julie Currie, Tel No: 0131 271 3719

E-mail: Julie.currie@midlothian.gov.uk

Dear Parent/Carer

In October 2017 a team of inspectors from Education Scotland visited Roslin Primary School and nursery class. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff.

The inspection team found the following strengths in the school's work.

- The headteacher and her principal teacher who have led and supported staff in delivering high quality teaching for all children. This includes encouraging and supporting staff to think creatively, for example, in the whole school approach taken to improving children's attainment in writing.
- In the primary stages, children know themselves well as learners and can talk confidently within an inclusive and supportive classroom environment. The positive classroom ethos, and a focus on individual learners, enables all children to achieve success and to feel valued. In the nursery children receive positive interactions with staff who respond well to their learning interests
- The rich and varied learning experiences offered to children across the school and nursery. At the primary stages, this includes learning across the expressive arts and in the nursery through high quality learning experiences outdoors. Primary children experience music and singing and the opportunity to link with their local community, through drama, as tour guides at Roslyn Chapel. All of this is helping to develop children's confidence and communication skills.

The following areas for improvement were identified and discussed with the headteacher and a representative from Midlothian Council.

- Staff should refine approaches to implementing innovation, based on a clear rationale, in order to ensure a positive impact and to ensure outcomes are sustainable for learners.
- Children in the nursery would benefit from building on their opportunities in play, in order to further develop literacy skills.
- Continue to build on approaches to assessment to ensure robust evidence of children's progress and next steps in learning.

We gathered evidence to enable us to evaluate some quality indicators from [How good is our school? \(4th edition\)](#). Quality indicators help schools, education authorities and inspectors to judge what is working well and what needs to be improved. Following the inspection of each school, the Scottish Government gathers evaluations of quality indicators to keep track of how well Scottish schools are doing.

Here are Education Scotland's evaluations for Roslin Primary School

Quality indicators primary stages	Evaluation
Leadership of change	good
Learning, teaching and assessment	very good
Raising attainment and achievement	good
Ensuring wellbeing, equality and inclusion	good
Descriptions of the evaluations are available from How good is our school? (4th edition) , Appendix 3: The six-point scale .	

Quality indicators nursery class	Evaluation
Leadership of change	good
Learning, teaching and assessment	good
Securing children's progress	good
Ensuring wellbeing, equality and inclusion	good
Descriptions of the evaluations are available from How good is our school? (4th edition) , Appendix 3: The six-point scale .	

A more detailed document called summarised inspection findings will be available on the Education Scotland website at <https://education.gov.scot/inspection-reports/midlothian/5545625>

What happens next?

We are confident that the school has the capacity to continue to improve and so we will make no more visits in connection with this inspection. Midlothian Council will inform parents/carers about the school's progress as part of its arrangements for reporting on the quality of its schools.

Ann Floyd
HM Inspector



Inspection of St Luke's Primary School

Report by Dr Grace Vickers, Head of Education

1 Purpose of Report

This report outlines the outcome of the above inspection as carried out by Education Scotland which was communicated in their letter dated 12 December 2017.

2 Background

2.1 St Luke's Primary School was inspected in June 2017. The report was published on 12 December 2017 and has been distributed to all Elected Members and Church Representatives on the Cabinet for their information. A copy is included in appendix one.

2.2 Following inspection, Education Scotland gathers evaluations of the core quality indicators to keep track of how well all Scottish Early, Learning and Childcare settings and schools are doing. Education Scotland are trying out some new approaches to inspection and this inspection followed one of the new approaches called the short, more focussed school visit. This involved visiting the school for two and a half days with fewer inspectors with the two working week notification period. The visit had a specific focus on raising attainment and achievement and how a schools is addressing the need to close the equity gap; and the quality of teaching, learning and assessment. The inspectors did not make evaluations using the six-point scale outlined in any of the 'How good is our school?' series. Education Scotland published a statement about the confidence they had in the school's capacity for improvement. Noted below are the evaluations for St Luke's Primary School:

QI 1.1 Self-evaluation for self-improvement	Satisfactory
QI 3.2 Raising attainment and achievement	Weak

2.3 The inspection team found the following strengths in the school's work:

- The headteacher has a clear vision for the school. Supported by the acting depute headteacher, she is developing systems to gather and analyse information on the work of the school. She knows children and their families well.
- In partnership with cluster schools she has produced a plan for next session to direct Pupil Equity Funding to reduce barriers to learning and raise attainment.
- The support given by learning assistants to raise the attainment of the most vulnerable children
- The schools' partnership working with its campus partner to plan a joint improvement programme directly linked to the context of both schools.

2.4 The following areas for improvement were identified by inspectors:

- Staff should increase the opportunities for children to be actively involved in planning and assessing their own learning to increase their understanding of the purpose of learning.
- Staff should work collaboratively to realise the whole school vision of raising attainment in a learning environment where staff and pupils have high expectations of themselves and each other.

2.5 Background factors as outlined by the local authority

It is important to note that St Luke's have a significant improvement journey ahead and this should not be underestimated. Supported by the local authority, the school has made good progress since the inspection in June. In order to secure continuous improvement, one of the main challenges which St Luke's face is the high turnover of staff and the school have experienced difficulties in recruiting staff who have approval to teach in a denominational school. This has had a significant impact in promoted posts as staff who are seeking promotion have moved into the non-denominational sector making recruitment and retention challenging. The local authority have worked closely with St Luke's to stabilise staffing which is key to the school improving. However given the number of teacher vacancies nationally it is particularly challenging to recruit and retain staff in areas of deprivation coupled with the school's denominational context.

2.6 Conclusion

As outlined in the inspection letter, Education Scotland are not confident that the school has effective arrangements for ensuring continuous improvement in the quality of education for all learners. As a result Education Scotland will return within one year of the published report to explore this further. After the return inspection Education Scotland will report on their findings.

Given that six months have now past from the point of inspection to the letter being published, it is important to note that the local authority and the school have drawn up a clear action plan which is being monitored robustly by the local authority to ensure that the school implements the key actions required to begin to ensure a culture of continuous improvement which improves the quality of education for all learners. Given the weak evaluation in a key indicator, the school is making good progress but there is a significant improvement journey ahead for the school to ensure that the progress that learners are making result in improved attainment and achievement as tracked through quality indicator 3.2 Raising Attainment and achievement.

3 Report Implications

3.1 Resource

The local authority have been increasing the level of support given to St Luke's in order to ensure that a culture of continuous improvement is established. The school group manager for the St David's ASG has been directly supporting the school to improve attainment and achievement, teaching, learning and assessment and staffing.

3.2 Risk

Education Scotland visit a sample of nursery, primary and secondary schools every year to find out how they are performing. A report is published which informs parents about the key strengths of the school, its capacity for further improvement and sets out the main points for action.

Following the publication of that report further visits may be made to the school, either by Education Scotland or by the Education Authority to assist improvement and monitor progress. A follow-through report on the progress of the school is published by either Education Scotland or by the Education Authority, normally within 2 years of the date of publication of the original report. In the case of this report Education Scotland will return within one year of the published report.

Monitoring, review and evaluation of progress by School Group Managers and Senior Education Managers is the control measure in place to reduce the risk of failure of the school to demonstrate its capacity to improve. In the case of this report, direct weekly support has been put in place to ensure that the school continues to improve. As outlined in section 2.5, St Luke's have a significant improvement journey ahead and this should not be underestimated.

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 Education Service 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

The Education (Scotland) Act aims to take preventative action in order to close the attainment versus deprivation gap by implementing key policies and programmes which are designed to target support to children and young people from disadvantaged communities. Midlothian is highly committed to closing the attainment gap which compliments the strategies employed by Midlothian which are highlighted in the National Improvement Framework report which was presented to Council on 3 November 2015.

3.6 Involving Communities and Other Stakeholders

Copies of the report have been made available to Elected Members, parents of children currently in the school and other interested parties.

3.7 Ensuring Equalities

The School Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The School 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) Note that Education Scotland are trying out some new approaches to inspection and this inspection followed one of the new approaches called the short, more focussed school visit as outlined in section 2.2.
- (iii) Note the key strengths outlined in the report.
- (ii) Note the significant areas for improvement.
- (iii) Note the challenges faced by the school as outlined in section 2.5.
- (iv) Note that Education Scotland will return within one year of the published report.
- (v) Pass this report to the Performance, Review and Scrutiny Committee for its consideration.

15 December 2017

Report Contact: Julie Currie

Tel No: 0131 271 3718

E-mail: julie.currie@midlothian.gov.uk



12 December 2017

Dear Parent/Carer

We are trying out some new approaches to inspection. You can find out about our engagement with stakeholders and the approaches we are trying out as a result at [Future approaches to inspection and review](#) on our website. The inspection of your school was carried out using one of our new approaches.

In June 2017, a team of inspectors from Education Scotland visited your school for a total of two days. During our visit, we talked to parents/carers and children and worked closely with the headteacher and staff. We gathered evidence to enable us to evaluate aspects of the quality of leadership and children achievements.

The inspection team found the following strengths in the school's work:

- The headteacher, has a clear vision for the school. Supported by the acting depute headteacher, she is developing systems to gather and analyse information on the work of the school. She knows children and their families well.
- In partnership with other cluster schools she has produced a plan for next session to direct Pupil Equity Funding to reduce barriers to learning and raise attainment
- The support given by learning assistants to help raise the attainment of the most vulnerable children.
- The school's partnership working with its campus partner to plan a joint improvement programme directly linked to the context of both schools.

The following areas for improvement were identified by inspectors:

- Staff should increase the opportunities for children to be actively involved in planning and assessing their own learning to increase their understanding of the purpose of learning.
- Staff should work collaboratively to realise the whole school vision of raising attainment in a learning environment where staff and pupils have high expectations of themselves and each other.

Quality indicators (QIs) help schools, education authorities and inspectors to identify what is working well and what needs to be improved in the work of the school. You can find these quality indicators in the publication *How good is our school*¹? Following the inspection of each school, the Scottish Government gathers evaluations of quality indicators to keep track of how well Scottish schools are doing.

Here are Education Scotland's evaluations for St Luke's Primary School:

QI 1.1 Self-evaluation for self-improvement	satisfactory
QI 3.2 Raising attainment and achievement	weak

This letter and a more detailed document called the Summarised Inspection Findings (SIF) will be available on the Education Scotland website at <https://education.gov.scot/inspection-reports/midlothian/5544327>

What happens next?

We are not at present confident from our short visit that the school has effective arrangements for ensuring continuing improvement in the quality of education for all learners. We will return within one year of the published report to explore this further. After the return inspection we will report our findings to you.

Mary Laura McLean
HM Inspector

¹ How good is our school? (4th Edition) 2015 [How good is our school? \(fourth edition\)](#)

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**The Complaints Manager
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Denholm House
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Inspection of Midlothian Council Adoption Service Report by Joan Tranent, Head of Children's Services

1 Purpose of Report

This report outlines the outcome of the above announced inspection as carried out by the Care Inspectorate on 17 November 2017.

2 Background

2.1 Midlothian Council Adoption Service is co-located with other children's services teams at 7 Eskdaill Court, Dalkeith and provides an adoption service for children and young people aged 0-18 years, and their families, who are assessed as in need of this service.

2.2 The Care Inspectorate is the independent scrutiny and improvement body for care and children's services and they inspect every registered care service, and local authority social work departments on a regular basis to make sure that providers are meeting standards required and are working to improve the quality of care for everyone. Every time they inspect these services they produce an inspection report.

2.3 Based on the findings of this inspection the Care Inspectorate awarded the following grades:

Quality of Care and Support	Grade 4 – Good
Quality of Staffing	Not assessed
Quality of Management and Leadership	Grade 4 – Good

2.4 The report and grades represent the Care Inspectorate's assessment of the quality of the areas of performance which were examined during the unannounced inspection.

2.5 The Care Inspectorate noted the following strengths:

- The co-location of the service was found to be beneficial in terms of collaborative working practices which should improve outcomes for children.
- Adopters reported positively on preparation groups, the assessment process and training. This tracking system has reduced the amount of delay in decision making for children.
- Linking processes were reported to be robust and therefore adopters felt that relevant information about the child was shared. In addition Inspectors noted positive developments in terms of more robust process for life story work and later life letters.
- The Inspectors observed an adoption panel and reported that the panel was child focused and demonstrated thoughtful and sound decision making.

2.7 The Inspection Team reported that the service could do better in the following areas:

- The loss of experienced staff coupled with the high level of maternity cover has resulted in the service operating with diminished capacity and capability.
- The need to ensure that Adoption Support Plans are in place for every child in particular when placing a child out-with Local Authority.
- The need to raise awareness to ensure that support is offered to prospective adopters whilst waiting for a child to be placed.
- To consider a Midlothian representative attending the preparations groups when they are held in neighbouring authorities to make these early links.

3. Summary

3.1 Midlothian Council's Adoption Service has undergone a review and co-located within the last year. There has been a large turnover of staff following the review and unprecedented high levels of maternity leave. The service is committed to continue to develop staff's experience, skills and knowledge through a robust and intensive training programme.

The Inspectors noted no requirements.

The Inspectors noted two recommendations:

- To ensure that adopters are informed of the full range of support services available to their child. Adoption support plans should be drafted for the matching panel as stated in the services' action plan.
- To ensure that good quality support is provided by the service, a robust staff development strategy and effective yearly training for all staff is required.
- An action plan has been devised to address these two recommendations.

4. Report Implications

4.1 Resource

There are no resource issues arising from this report.

4.2 Risk

The Care Inspectorate regulate all care services in Scotland using the [National Care Standards](#), set out by the Scottish Government, as a benchmark for how each type of service should perform. These standards are the minimum that children and young people should expect when using care services.

If the standards are not being fully met, the Care Inspectorate would note this in the inspection report and require the service manager to address these. The Care Inspectorate could impose an additional condition on the service's registration if the provider persistently, substantially or seriously fails to meet the standards or breaches a regulation. They also have the power to issue an

improvement notice detailing the required improvement to be made and the timescale for this.

Monitoring, review and evaluation of progress by officers in Children and Families is the control measure in place to reduce the risk of failure of the care services and to demonstrate their capacity to improve.

4.3 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

4.4 Impact on Performance and Outcomes

Performance and outcomes will continue to be measured through the quarterly reporting, review and evaluation process.

4.5 Adopting a Preventative Approach

The Service will continue to improve its work in line with its improvement plan and the Education, Communities and Economy Directorate will continue to challenge and support the Service in relation to developing and implementing a range of quality improvement strategies.

4.6 Involving Communities and Other Stakeholders

In addition to obtaining our own feedback, as part of their inspection process the Care Inspectorate sent out questionnaires to Adopters. Four completed questionnaires were returned prior to the inspection. The contents of the questionnaires were used to inform the Care Inspectorate findings and are referred to in the Inspection Report.

The Inspectors also met with five adopters at a focus group and made contact with four adopters by telephone. They also attended an Adoption Panel.

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

4.7 Ensuring Equalities

An action plan has been prepared to address the areas for improvement recommended in the report. The action plan will be screened for equalities implications.

4.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

4.9 IT Issues

There are no IT issues arising from this report.

5 Recommendations

Cabinet is requested to:

- (i) note the content of the inspection report;
- (ii) pass this report to the Performance, Review and Scrutiny Committee for its consideration;
- (iii) Acknowledge the progress and ongoing work to improve the service.

4th January 2018

Report Contact:

Name: Joan Tranent, Tel No 0131 271 3721

joan.tranent@midlothian.gov.uk

Background Papers:

Care Services Inspection Report dated 17 November 2017

Midlothian Council Adoption Service Adoption Service

Lawfield Primary School
26 Lawfield Road
Mayfield
Dalkeith
EH22 2BB

Telephone: 0131 270 5678

Type of inspection: Announced (short notice)
Inspection completed on: 17 November 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2004083727

Inspection report

About the service

This service has been registered since 2005.

Midlothian Council Adoption Service provides an adoption service for children and young people aged 0-18 years, and their families, who are assessed as in need of this service. Midlothian Council Adoption Service operates within a small geographical area.

During the past year there have been significant changes within the Agency. Only two members of staff remain from the team we met at the last inspection. A new manager has also been appointed and this has had a positive effect on the service.

What people told us

We examined feedback from a number of sources, including questionnaires that had been sent to adopters prior to the inspection taking place. We received four responses with mixed views in terms of adopter's experiences of the service. We met with five adopters at a focus group and also made contact with four adopters by phone. Some adopters reported good supports and outcomes for themselves and the children placed with them, concerning however, a significant number of adopters strongly identified areas where improvements could and should be made.

As the findings in this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every single child receiving a service.

Self assessment

No self-assessment was requested from the service this year

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	4 - Good

What the service does well

New arrangements following the restructure had resulted in the co-location of the fostering and adoption team within the locality team. Workers had found this beneficial in terms of collaborative working practices which should improve outcomes for children.

Adopters reported positively on preparation groups, the assessment process and training. The latter giving them good insight into the needs of their children and how to help them overcome earlier disadvantage. Assessments we examined for adopters were generally well written. Second opinion visits, carried out by managers, gave further assurance to the suitability of potential adopters. Where appropriate, birth parents and adoptive parents were encouraged to meet and discuss children at appropriate stages of the adoption process.

Linking processes were robust and as a result adopters felt that relevant information about the child had been shared. As appropriate, foster carers had remained in contact with the child. This approach can help a child to settle quicker and feel more secure. As we found in most elements of the adoption process adopters were able to feed back their views and felt that their concerns had been carefully listened to.

Introductions and co-ordination plans for children being moved to an adoptive placement are extremely important and two adopters informed us that they had a good experience of this process despite geographical challenges.

Life story work and later life letters offer the child a personal account of their early history, including information about their birth family. We noted some positive developments in terms of a more robust processes being in place to ensure these are always taken forward.

During this inspection we observed a panel to enable a child to be considered for alternative permanent care. The panel remained child focused, and demonstrated thoughtful and sound decision making. Panel members reported on the implementation of a new assessment report format. It is envisaged that this development will reduce delays for children requiring alternative permanent care. We will look at this development at the next inspection.

Recently managers had commissioned Adoption UK to identify the support needs of adoptive families in Midlothian. Improvements were identified such as the need for continuity of workers and more information sharing. These findings were included within the service's development plan. We were encouraged by this approach, as it uses feedback from adopters to prioritise key areas that need urgent attention. We will look at this at the next inspection.

What the service could do better

The restructuring of Children's Services within Midlothian Council, appears to have had an unsettling impact on the adoption service. The loss of experienced staff with specialised knowledge combined with a high level of planned staff absences and unfilled vacancies has left the fostering and adoption service with diminished capacity and capability. Staff in post are working extremely hard to raise standards and keep the day to day elements of the service running. However, in order to achieve the improvements required more attention needs to be paid at a strategic level as to how the staff are trained and developed to carry out their role effectively.

During the Inspection no poor outcomes were identified for adopted children, however the current situation is not sustainable. Unless positive action is taken we would be concerned about the future impact on staff morale and in terms of planning for children and young people.

Please see recommendation 1.

Midlothian Council intend to produce Adoption Support Plans for every child; however we noted that in practice this was not being achieved for all cases we examined. This was compounded by poor collaboration between the provider and the placing authority for the child. We asked managers to consider examining the application of their policy in respect of these plans to ensure consistency.

Please see recommendation 2.

The service provided adopters with a membership to Adoption UK Scotland, an organisation that enables adopters to access support services such as attending local focus groups once a child is placed. Adopters advised us that they appreciated this approach as it helped them to meet others in similar situations. However, adopters

Inspection report

also require intensive support whilst waiting for a child to be placed. We asked managers to raise more awareness in relation to their post approval support group as not all adopters we spoke with were aware of this arrangement.

Preparation groups were led by East Lothian Council, and this worked well for the majority of adopters we spoke with. However, we asked the service to consider having a representative from Midlothian council attending the groups to create an early link to the fostering and adoption team. Managers will explore ways to take this forward once staff capacity has improved. We discussed the benefits of enabling an experienced adopter from Midlothian to attend to these groups and share their experience in specific area.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. To ensure that adopters are informed of the full range of support services available to their child, adoption support plans should be drafted for the matching panel as stated in the services' action plan.

National Care Standards adoption agencies. Standard 8: after you move in.

2. To ensure that good quality support is provided by the service, a robust staff development strategy and effective yearly training plan for all staff is required.

National Care Standards, Adoption Agencies Standard. 32: providing a Quality Service.

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
18 Nov 2015	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
16 May 2014	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
27 May 2013	Announced (short notice)	Care and support 2 - Weak Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
22 May 2012	Announced (short notice)	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
23 Feb 2011	Announced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 3 - Adequate
15 Mar 2010	Announced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership 3 - Adequate
5 Mar 2009	Announced	Care and support 3 - Adequate Environment Not assessed Staffing 2 - Weak Management and leadership 2 - Weak

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Inspection of Midlothian Council Fostering Service Report by Joan Tranent, Head of Children's Services

1 Purpose of Report

This Report outlines the outcome of the above announced inspection as carried out by the Care Inspectorate on 17th November 2017.

2 Background

2.1 Midlothian Council Fostering Service is co-located with other children's services based at 7 Eskdaill Court and provides a fostering service for children and young people aged 0-18 years, and their families, who are assessed as in need of this service.

2.2 The Care Inspectorate is the independent scrutiny and improvement body for care and children's services and they inspect every registered care service and local authority social work departments on a regular basis to make sure that providers are meeting standards required and are working to improve the quality of care for everyone. Every time they inspect these services they produce an inspection report.

2.3 Based on the findings of this inspection the Care Inspectorate awarded the following grades:

Quality of Care and Support	Grade 3 – adequate
Quality of Staffing	Not assessed
Quality of Management and Leadership	Grade 4 – Good

2.4 The report and grades represent the Care Inspectorate's assessment of the quality of the areas of performance which were examined during the unannounced inspection.

2.5 The Care Inspectorate noted that since the last inspection the service has further developed:

- The service is now co-located with other children's services. During the past year there has been significant changes within the agency in relation to a high turn-over of staff, however a new manager has also been appointed and this has had a positive effect on the service.

2.6 The Inspection Team noted the following strengths:

- There was evidence of a robust approach to care planning for children. Information provided to carers was usually very good and carers felt that effective matching was always attempted and their views listened to.
- Carers reported that they attended and took an active part in multi-agency meetings, reviews and hearings and where appropriate children and young people also attended.

- Training for foster carers was seen as a strength within the service. There was evidence of regular visits and contact. There was also evidence of additional support being offered to individual children and young people when requested and most carers reported positively on the support they received from the child's social worker.
- The Care Inspectorate found service development plans were coherent with the feedback received and the organisational goals. The decision to be co-located with other teams and appoint only one manager for the team was viewed positively.
- The new team manager is viewed by all staff and others as a key strength for the service and the quality of the fostering panels remains a strength within the service.

2.7 The Inspection Team reported the following areas for improvements:

- Relationships between the service and carers is an area for improvement. As a result of the service review, which seen a large number of staff leave this area of work, this has led to inconsistencies in approaches to working with carers. Some carers reported that they felt undervalued or under supported at times.
- The standard of assessments and reports was found to be variable. This was linked to the lack of expertise within the team and the turnover of staff.
- There was concern around workload management and the pressure on staff. The Care Inspectorate were concerned that staff were at times overwhelmed by their workload and this should be looked at as a matter of urgency.

Summary

3.0 The Inspection Team concluded that the move to co-locate with other children's services and the new manager have had a positive impact on the service. The Care Inspectorate did however raise concerns around the high turnover of staff within the team and the lack of expertise. The service review, coupled with a high level of maternity covers within this particular part of the service has had an impact upon the fostering service. The staff team are now all in post and alongside a robust training programme to enhance their skills and knowledge, we are beginning to build a new team who shall focus on supporting our foster carers so that they feel valued and supported going forward.

The Inspection noted no requirements.

The Inspection noted one recommendation:

To ensure that children and young people are being looked after by carers who feel well supported. The service should review the provision of support groups and properly implement supervision of carers in line with their own policy.

An action plan has been devised to address the above recommendation.

4. Report Implications

4.1 Resource

There are no resource issues arising from this report.

4.2 Risk

The Care Inspectorate regulate all care services in Scotland using the [National Care Standards](#), set out by the Scottish Government, as a benchmark for how each type of service should perform. These standards are the minimum that children and young people should expect when using care services.

If the standards are not being fully met, the Care Inspectorate would note this in the inspection report and require the service manager to address these. The Care Inspectorate could impose an additional condition on the service's registration if the provider persistently, substantially or seriously fails to meet the standards or breaches a regulation. They also have the power to issue an improvement notice detailing the required improvement to be made and the timescale for this.

Monitoring, review and evaluation of progress by officers in Children and Families is the control measure in place to reduce the risk of failure of the care services and to demonstrate their capacity to improve.

4.3 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

4.4 Impact on Performance and Outcomes

Performance and outcomes will continue to be measured through the quarterly reporting, review and evaluation process.

4.5 Adopting a Preventative Approach

The Service will continue to improve its work in line with its improvement plan and the Education, Communities and Economy Directorate will continue to challenge and support the Service in relation to developing and implementing a range of quality improvement strategies.

4.6 Involving Communities and Other Stakeholders

In addition to obtaining our own feedback, as part of the inspection process the Care Inspectorate received 13 responses from questionnaires sent to foster carers. The Inspectors met with nine carers and made contact with two foster carers by telephone. The Inspectors also met staff members, management, panel members and other professionals including allocated social workers.

Review of documentation included some children's files, carers' files, policies and procedures, team meeting minutes and other quality assurance information.

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

4.7 Ensuring Equalities

An action plan has been prepared to address the areas for improvement recommended in the report. The action plan will be screened for equalities implications.

4.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

4.9 IT Issues

There are no IT issues arising from this report.

Recommendations

Cabinet is requested to:

- (i) note the content of the inspection report;
- (ii) pass this report to the Performance, Review and Scrutiny Committee for its consideration;
- (iii) Acknowledge the continued progress and the ongoing work by management and staff.

4th January 2018

Report Contact:

Name: Joan Tranent, Tel No 0131 271 3721

joan.tranent@midlothian.gov.uk

Background Papers:

Care Services Inspection Report dated 17 November 2017

Midlothian Council Fostering Service Fostering Service

Family Placement Team
7 Eskdail Court
Dalkeith
EH22 1AG

Telephone: 0131 270 5678

Type of inspection: Announced (short notice)
Inspection completed on: 17 November 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2004083731



About the service

This service has been registered since 2005.

Midlothian Council Fostering Service provides a fostering and family placement service for children and young people aged from 0 to 18 years and their families, who are assessed as in need of this. The service is responsible for the recruitment, assessment and support of carer families to provide a fostering service to a range of children throughout the area of Midlothian.

The service is now co-located with other children's services. During the past year there have been significant changes within the Agency. Only two members of staff remain from the team we met at the last inspection. A new manager has also been appointed and this has had a positive effect on the service.

What people told us

We examined feedback from a number of sources, including questionnaires that had been sent to foster carers prior to the inspection taking place. We received 13 responses with mixed views in terms of carers experiences of the service. We met with nine carers during the inspection and also made contact with two foster carers by phone. Some foster carers reported good supports and outcomes for themselves and the children placed with them, however, a significant number of foster carers reported negatively on the support they had received since the last inspection.

As the findings in this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every single child receiving a service.

Self assessment

No self-assessment was requested from the service this year.

From this inspection we graded this service as:

Quality of care and support	3- Adequate
Quality of staffing	not assessed
Quality of management and leadership	4- Good

What the service does well

From the evidence we looked at we could see that some young people were continuing to achieve good outcomes. We were satisfied that most of the children and young people we heard about during the inspection were having their needs met and in particular were experiencing nurturing care from foster carers and their family.

There were key strengths we identified during this inspection which we believe will be important for the service to improve and achieve the best outcomes for the children and young people they look after.

Care planning for children - there is a robust approach to planning for children. Whilst we did receive a couple of reports from carers that they were not involved in planning and meetings, the overwhelming evidence was that carers were respected in these processes and their voice was being heard. Information provided to carers prior to placement was usually very good. Carers felt that effective matching was always attempted and their views listened to. Carers attend and take an active part in multi agency meetings, reviews and hearings and where appropriate children and young people take part. These meetings and the records kept all appeared to be child focussed.

Support to carers - there are some elements of support which were viewed positively by carers. Training in particular was seen as a strength. We saw improving evidence of regular visits and contact. We heard specific examples where extra support was provided for individual children and young people. Most carers also reported positively on the support received from the child's social worker.

Service improvement - we saw some evidence that the service works hard to get feedback from those using the service. We were encouraged with this openness and we found that service development plans were coherent with the feedback received and the organisational goals. We would be keen to see how these have been implemented at the next inspection. The decisions to co-locate the team with other children's services and to appoint only one manager for the team were viewed positively by those we spoke with. The new team manager is viewed by all staff and others as a key strength for the service in making the necessary improvements. Equally the quality of the panel has been sustained and remains a strength of the service.

What the service could do better

The service has been through a difficult year in terms of stability within the staff group and this has contributed to some young people and carers not receiving the quality of service experienced by others. This has impacted on the relationships between the service and the carers.

We felt that addressing the following areas for improvement will be important for the service and we will review progress in these areas at the next inspection.

Relationships between the service and carers - we were concerned about some of the feedback received from carers in particular about the relationship they have had with the service over the last couple of years. Even where there was recognition of efforts to improve, the impact of these negative experiences was evident in discussions with carers. We heard that some carers were frustrated by inconsistent approaches of staff and this had clearly been exacerbated by the significant turnover of staff. We generally found that most of the carers we spoke with or heard from have felt undervalued and/or under supported and this ultimately will affect the care experience of children. The service must ensure that there is a priority given to developing trusting and supportive relationships between Supervising Social Workers and carers. The service should also consider the best way to deliver support to carers, including consistent supervision practice and the format of support groups. (Recommendation 1)

Quality of assessments and reports - we found a variable standard of work in the evidence we have looked at and this was also reported by others. There has been a significant staffing changes over the past couple of years. It appears that these pressures have impacted on the quality of work not least of all due to the loss of expertise within the team. We would suggest that the service considers the need for further training and a review of internal quality assurance processes to ensure the quality of this work. Improving quality assurance practices should also ensure that statutory tasks e.g. unannounced visits, are undertaken and properly recorded.

Monitoring and managing the workloads of staff - we were concerned that all staff felt overwhelmed by their workload at the moment and there was no sign that this pressure would be eased. Our main concern was about the retention of staff if this was not addressed. Staff reported taking their work home, this was seen as an unfair expectation and viewed as a negative culture. There were a number of other issues around the capacity of the team which we felt needed to be addressed and shared these with the service at feedback. We would suggest that the service must look at the workloads of staff as a matter of urgency.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. To ensure that children and young people are being looked after by carers who feel well supported the service should review the provision of support groups and properly implement supervision of carers in line with their own policy.

National Care Standards, Standard 2(3) and Standard 5(8)

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Inspection and grading history

Date	Type	Gradings	
18 Nov 2015	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
26 Aug 2014	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
16 May 2014	Announced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
27 May 2013	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
22 May 2012	Announced (short notice)	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Feb 2011	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
15 Mar 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good

Date	Type	Gradings	
5 Mar 2009	Announced	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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Midlothian Consultation on the Education (Scotland) Bill 2017

Report by Dr Grace Vickers, Head of Education

1. Purpose of the Report

Further to the November Cabinet report and the previous report on Education Governance: next steps report which was published by the Scottish Government in June 2017, the purpose of this report is to present to Cabinet the outcome of the Midlothian consultation on the new Education (Scotland) Bill 2017. A copy of national consultation can be found at the following link: <https://consult.gov.scot/learning-directorate/education-scotland-bill/>

2. Background

On 13 September 2016, the Scottish Government launched a consultation on Education Governance called *Empowering teachers, parents and communities to achieve excellence and equity in education: A Governance Review*. In June 2017, the Scottish Government published the outcome of this national consultation in their report entitled Education Governance: Next Steps. A number of the changes outlined will require legislative change and the Scottish Government have now launched the consultation on a new Education (Scotland) Bill 2017.

2.1 The content of the Bill

This bill is in five main sections:

- The Headteachers' Charter
- Parental and Community Engagement
- Pupil Participation
- Regional Improvement Collaboratives
- Education Workforce Council for Scotland

Chapter one outlines the proposal for a Headteachers' charter which will include details regarding the management of the curriculum, improvement, staffing and funding. Page 9 proposes that 'under the Bill local authorities will retain their duty to improve the quality of school education but will ne required to achieve this through their participation in the work of the Regional Improvement Collaboratives. The reform will deliver more empowered schools while maintaining the democratic accountability of local authorities for education. These changes will not result in additional bureaucracy or additional layers of reporting on improvement there will be a school improvement plan and a regional improvement plan, both of which will inform the National Improvement Plan. Local authorities will no longer be required to develop individual improvement plans'. This is a significant departure from the 2000 Act and could potentially minimise local democratic accountability for the quality of education.

Chapter two outlines that the Bill will include provisions to make the existing legal duties in relation to parental involvement clearer and stronger. Chapter three outlines that there will be provisions in the Education Bill to ensure that the principles of pupil participation are pursued in every schools.

Chapter four outlines that the new Bill will include provisions to provide appropriate legislative underpinning for national and local government participation in the new Regional Improvement Collaboratives.

Chapter five outlines the provisions in the Education Bill to establish an Education Workforce Council which will take on the responsibilities of the GTCS, the Community Learning and Development Standards Council and register other educational professionals.

In line with previous consultations, Midlothian launched a local consultation which commenced on Monday 13 November and closed on Monday 18th December.

2.2 The outcome of the Midlothian Survey

In total twenty two responses to the survey were received. A summary of respondents is shown in table 1 below:

Respondent	Responses
Member of staff	16
Parent/carer	6
Group (2 CPP, 2 CC, 1 PC)	
Primary Head Teacher group response	
Secondary Head Teacher group response	
Grand Total	22

Table 1: Summary of respondents

It should also be noted that separate responses will also be submitted by individuals, the headteacher unions, teacher unions and a range of other bodies including solace, cosla, ades, the individual trade unions and Religious Representatives.

Overall, the responses have the following key themes:

Advantages

- Allow Headteachers to plan for the specific needs of their School and Communities.
- Increased feedback to Parent/Pupil Councils and the wider School Community.
- Increased flexibility in staffing and recruitment.
- Wider consultation within School communities
- Ensure Headteachers have the freedom to choose the systems of planning, reporting and monitoring that best suits the needs of their School community.

Disadvantages

- Requirements for additional training HR/Finance/Legal issues.
- Most actions already facilitated well by Local authority, worry about time required to implement in individual Schools.
- All staff already require registration to professional bodies SSSC, GTCS etc..
- Additional burden on support staff and drain on Headteachers time.
- Already a focus within schools to ensure collaboration across the school community. Local Authority also provides support and encouragement to reach out across the school community and keeps this as focus and priority.

Midlothian is in agreement with the national endeavour to close the poverty related attainment gap. The Council is also broadly in agreement with the ambition and the key principles. However, it remains unclear what educational

benefit this governance review seeks to achieve. In line with COSLA, we have serious concerns about the premise of this governance review and the flawed assumptions which are fundamental the document; that schools are not currently empowered to make decisions about individual learning and school life, that regional collaboration does not currently occur. We also know that schools alone cannot tackle poverty and disadvantage and we believe that this requires a full council approach. Key themes have emerged throughout including the challenges of recruiting suitably qualified teachers, the lack of supply and the Devolved School Management Scheme (DSM). A number of concerns were raised by Parent Council Chairs, the Education Advisory Group and the Head Teacher Executive on the lack of detail stated in the consultation document which makes it challenging to answer the large number of open questions contained within the national survey.

As outlined in the previous consultation which was called *Empowering teachers, parents and communities to achieve excellence and equity in education* Midlothian Council requests more detail and clarity on what is actually being proposed. Overall, this lack of detail in the consultation document and the complex open questions may have resulted in a low response rate to both the Midlothian consultation and consequently may be the same in terms of response rate to the national survey. It should be noted that more respondents started the questionnaire than completed the questionnaire.

A full copy of the final Midlothian Council consultation response which will be submitted to the Scottish Government is filed in appendix 1.

There is still time to respond to the national consultation which can be found at the following link: <https://consult.gov.scot/learning-directorate/education-scotland-bill/>
The national survey closes on 30 January 2018.

2 Report Implications

3.1 Resource

The resource to deliver the pace of change within the Education (Scotland) Bill 2017 will be challenging. The lack of detail regarding plans to alter Education Governance is also challenging as it is at this stage uncertain how the system changes required to deliver future finding to empower schools, decentralise management and the support through the encouragement of school clusters and creation of new educational regions will be carried out in practice.

3.2 Risk

Midlothian Council welcome the relentless focus on closing the attainment gap in Education but we recognise that this requires a total Midlothian approach. The Education (Scotland) Bill 2017 outlines a 'school-centric' approach rather than a holistic approach. It should be noted that the previous Education Governance Review: *Empowering teachers, parents and communities to achieve excellence and equity in education* clearly states in the opening ambition statement that in order to close the attainment gap "our efforts must also extend beyond the classroom and across our communities and wider public services if we are to succeed in our ambition" (2016: 4); this Bill then continues with a narrow focus on the school level leavers without recognition of the critical role that other services including the Community Planning Partnerships and the third sector play in supporting education to close the poverty related attainment gap.

The wording within the Bill calls for a regional improvement plan and not a local plan and it is the view of Midlothian Council that this is a significant risk to the local

democratic accountability of education services. Therefore, it is important that the local level plans remain in place to support schools in order to ensure continuous improvements.

3.3 Single Midlothian Plan and Business Transformation

The ambition in the delivery plan 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 close the attainment versus deprivation gap by implementing key policies and programmes which are designed to target support to children and young people from disadvantaged communities.

3.7 Involving Communities and Other Stakeholders

This report presents the Midlothian Council response to the national consultation on the Education (Scotland) Bill 2017.

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 as outlined in the Single Midlothian Plan.

3.9 Supporting Sustainable Development

There are no impacts arising directly from this report.

3.10 IT Issues

There are no IT issues to consider within this report

4 Recommendations

Cabinet are requested to approve the following:

- To note the contents of this report
- Note the outcome of the Midlothian survey.
- Authorise officers to submit the Midlothian response to the Scottish Government before 30 January 2018

Supporting Papers for on-going reviews in Scottish Education:

Standards in Scotland's Schools Act (2000):

http://www.legislation.gov.uk/asp/2000/6/pdfs/asp_20000006_en.pdf

Statutory Guidance: Standards in Scotland's Schools etc. Act 2000: Scottish

Government Consultation: <https://consult.scotland.gov.uk/strategy-and-performance-unit/statutory-guidance>

Education (Scotland) Act 2016:

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

Updated guidance on Chapter 3 of the Standards in Scotland Schools Act, August 2016: <http://www.gov.scot/Publications/2016/08/5386/4>

Scottish Schools (Parental Involvement) Act 2006 by the National Parent Forum of Scotland: <http://www.gov.scot/Resource/Doc/148166/0039411.pdf>

Financial Review of Early Learning and Childcare in Scotland: the current landscape (Scottish Government; September 2016):

<http://www.gov.scot/Resource/0050/00506148.pdf>

Empowering teachers, parents and communities to achieve excellence and equity in education: A Governance Review: <https://consult.scotland.gov.uk/empowering-schools/a-governance-review>

10 January 2018

Report Contact:

Name: Dr Grace Vickers, Head of Education Tel No 0131 271 3719

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Appendix 1: Midlothian Council Consultation Outcome

The Headteachers' Charter will empower headteachers as the leaders of learning and teaching and as the lead decision maker in how the curriculum is designed and provided in their schools. What further improvements would you suggest to enable headteachers to fulfil this empowered role?
Ensure all staff are listened to and their ideas and opinions are thought about when making decisions.
Test to find children's learning type and individualise as much as possible to give them the best start and understanding
To ensure that HTs have the freedom to choose the systems of planning, reporting and monitoring that best suit the needs of their school community.
The Headteachers' charter will empower Head Teachers to develop their school improvements plans collaboratively with their school community. What improvements could be made to this approach?
Ensure enough time is given to this so that everyone from pupils, parents to staff can give their views without feeling rushed.
Giving people more forewarning before decisions are actually made
Not sure - There is already a focus within schools to ensure collaboration across the school community. LA also provides support and encouragement to reach out across the school community and keeps this as focus and priority.
The Charter will set out the primacy of the school improvement plan. What are the advantages and disadvantages of this approach?
Unsure
Advantages: It will help to protect the priorities that are specific and individualised to the school. It will make the improvement plan a document that is familiar to all stakeholders across each school community.
The Headteachers' Charter will set out the freedoms which headteachers should have in relation to staffing decisions. What are the advantages and disadvantages of headteachers being able to have greater input into recruitment exercises and processes adopted by their local authority?
There a lot of parent helpers putting in almost part time hours already in schools and the recognition of their skill set to be classroom assistants or other roles in the school are never considered when application become available x
Advantage: It should allow HTs to plan for the specific needs within their school community. Disadvantages: Would be worried if there was a lack of HR support to HTs for recruitment, employment, mediation, disputes etc. Increased time pressures on HTs that may take them away from the leading of learning. Recruitment and staffing restrictions appear to come from union terms and conditions, not from the LA. Therefore, moving from LA control to HT control is not likely to improve on any of the challenges faced regarding staffing.

Appendix 1: Midlothian Council Consultation Outcome

The Headteachers' Charter will set out the freedoms which headteachers should have in relation to staffing decisions. What are the advantages and disadvantages of headteachers' ability to choose their teams and decide on the promoted post structure within their schools?
It will benefit the development of the staff and give them goals to work towards proving their worth which will make for a more enthusiastic staff team which will be for the pupils
It allows specific and focused solutions to be made for each school community. We can already do this within Midlothian and are encouraged by LA to find the solution that works best for our context - not sure what will change, other than potentially less support from LA which would increase workload of HT.
Should headteachers be able to decide how the funding allocated to their schools for the delivery of school education is spent? If so, what is the best way of doing this?
A chart of what areas are fine and what are needing improved and how the improvements will benefit all whilst showing the budget awarded is required
Yes, we already have flexibility to do this and are supported by LA to find solution that best fits our school. The current model of LA finance support to deliver the school budget works well. Would want to ensure that the total school budget remains protected and underspends are not lost.
How could local authorities increase transparency and best involve headteachers and school communities in education spending decisions?
Meet with them all ask for a summary of the previous year and make decisions which includes their feedback
Produce public financial reports about how each school spends their money. Provide opportunity for school community to respond to these reports.
What types of support and professional learning would be valuable to headteachers in preparing to take up the new powers and duties to be set out in the Headteachers' Charter?
More awareness of disabled children in a mainstream setting More awareness of teaching styles so all children's needs are covered
Mentor schemes between new and established HTs set up and protected. More time and resources for training related to management duties e.g. the law, budgeting/finance, HR/Employment issues.
Are the broad areas for reform to the Scottish Schools (Parental Involvement) Act 2006 correct?
Yes
How should the the Scottish Schools (Parental Involvement) Act 2006 be enhanced to ensure meaningful consultation by headteachers with parents on substantive matters of school policy, improvement planning and curricula design?
Report specifically on what involvement has taken place. Parent councils / groups to report specifically on how they have been involved.

Appendix 1: Midlothian Council Consultation Outcome

Should the duties and powers in relation to parental involvement apply to publicly funded early learning and childcare settings?
Yes
Should the Bill include a requirement that all schools in Scotland pursue the principles of pupil participation set out in Chapter 3? Should this be included in the Headteachers' Charter?
Already encouraged to look for variety of ways to engage and increase pupil participation rather than from established routes such as pupil councils.
What are your thoughts on the proposal to create a general duty to support pupil participation, rather than specific duties to create Pupil Councils, committees etc...?
Yes, already encouraged by LA to do this.
Should the Bill include provisions requiring each local authority to collaborate with partner councils and with Education Scotland in a Regional Improvement Collaborative?
Yes, but with clearly defined roles and expectations.
Should the Bill require each Regional Improvement Collaborative to maintain and to publish annually its Regional Improvement Plan?
Yes but not replacing LA plans
If we require Regional Improvement Collaboratives to report on their achievements (replacing individual local authority reports), should they be required to report annually? Would less frequent reporting (e.g. every two years) be a more practical and effective approach?
2-3 years reporting seems sufficient. There could be annual interim reports that are produced for internal discussion and monitoring within the collaborative.
In making changes to the existing planning and reporting cycle, should we consider reducing the frequency of national improvement planning and the requirement on Ministers to review the National Improvement Framework?
Yes - 3 year reporting cycles seems sufficient. Schools will produce Standards and Quality reports annually and other information can be collated via inspections.
Are the proposed purpose and aims of the Education Workforce Council for Scotland appropriate?
Not sure - worried about the size of the organisation that would be created and the danger of a lack of clarity.
What other purpose and aims might you suggest for the proposed Education Workforce Council for Scotland?
Not sure it is necessary.
Are the proposed functions of the Education Workforce Council for Scotland appropriate?
Not sure the different groups of staff can be grouped under one organisation. There will be different terms and conditions, reporting cycles etc. It would appear to potentially be unwieldy and too big to drive forward change and improvement. Worry about losing the clarity of purpose for teachers that GTCS currently provides.

Appendix 1: Midlothian Council Consultation Outcome

What other functions might you suggest for the proposed Education Workforce Council for Scotland?
Not sure it is necessary.
Which education professionals should be subject to mandatory registration with the proposed Education Workforce Council for Scotland?
Staff who work in schools currently have registration appropriate to their job role e.g. GTCS, PVG, SSSC - not sure this needs to change.
Should the Education Workforce Council for Scotland be required to consult on the fees it charges for registration?
Yes - if it is established.
Which principles should be used in the design of the governance arrangements for the proposed Education Workforce Council for Scotland?
What works best for schools and the leading of learning. Teachers should be at the heart of the organisation. However, again, not sure it is necessary.
By what name should the proposed Education Workforce Council for Scotland be known?
No real opinion - less about the name and more about the structure and how it operates.