

Midlothian Council Continuing Care Service Adult Placement Service

Family Placement Team
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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Midlothian Council

Service provider number:
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Service no:
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About the service

Midlothian Council has a registered adult placement service linked to their fostering service for the sole purpose of continuing care. The Family Centred Care Team provides a continuing care service for eligible young people and their caring families, who are assessed as in need of this. The service is responsible for the assessment and support of carer families to provide ongoing support to young people. It is co-located with other children's services.

This is the first inspection of this service and it took place alongside the inspection of the Midlothian Council fostering service. Separate reports are produced for each service. This report should be read in conjunction with the report for the fostering service.

About the inspection

This was a short notice (announced) inspection which took place between 11 September 2023 and 29 September 2023. The inspection was carried out by 2 inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with 2 caregivers
- spoke with 7 staff and management, the Chief Social Work officer and Agency Decision Maker
- observed practice
- reviewed documents
- spoke with the social workers for 2 young people
- spoke with the chair of the fostering and continuing care panel
- considered questionnaire feedback from staff, carers and other professionals

No young people wished to engage directly in the inspection process and we received no questionnaire responses from young people within the service.

Key messages

Young people experienced a sense of security with nurturing caregivers into young adulthood and beyond.

Significant staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years which had negatively impacted people's experience.

The service showed a clear commitment to ensuring brothers and sisters remained together throughout their childhood and into young adulthood.

Young people were seen to achieve in further education, learning and employment.

Young people's views were known, and their voice had influence on the direction of their care and support.

There was a lack of clarity in approach to continuing care within the team and across the broader services.

The approach to continuing care was consistently directed by the earliest chronological age for eligibility rather than being individualised and needs led which may disadvantage some young people or increase risk.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

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

Carers knew young people in their care well and relationships were built on empathy, compassion and trust. These relationships were stable and enduring. This meant they enjoyed a sense of security with nurturing caregivers into young adulthood and beyond.

Staffing changes meant that caring households had experienced multiple changes in allocated worker over recent years. This meant that very few caregiving families have benefitted from enduring, positive relationships with supervising social workers. Although the impact on caregiver families varied, most people have found this difficult, and it impacted negatively on experiences. **(See Area For Improvement 1)**

Young people's views were known, and their voice had influence on the direction of their care and support. Carers continued to provide support in this area where needed but this reduced in line with young people's increasing maturity and confidence.

The service showed a clear commitment to ensuring brothers and sisters remained together where this was possible, throughout their childhood and into young adulthood. This offered security and stability to brothers and sisters and recognised the importance of these relationships and supported naturally shared experiences as a family unit.

Carers were clear on expectations around mandatory training and they had access to a range of materials. A learning culture was seen to be in place and this supported carers in their complex role. The service would however benefit from additional specific training and learning resources which would support carers in their roles with older young people and young adults as this was not currently available.

Young people were seen to achieve in further education, learning and employment. These, and other achievements, were celebrated within caring households and carers described the successes with great pride.

Areas for improvement

1. To promote positive outcomes the service should establish and sustain important relationships with carers and young people. This should include, but is not limited to, achieving consistency of workers supporting caring households.

This is to ensure that care and support is consistent with the health and Social Care Standards (HSCS which state that:

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation.' (HSCS 4.15) and;

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity.' (HSCS 4.17)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Significant changes within the management and front-line staff team combined with reliance on short term contract workers has significantly impacted the service over recent years. This instability continues however the service is endeavouring to achieve stability through permanent staffing recruitment.

Although staff spoke very positively about the current acting manager of the service, some staff reflected that prior to her appointment, and due to a number of management changes, they did not feel their concerns about practice within the service were thoroughly addressed when raised. This increased risk and

reduced confidence in leadership within the service.

Similarly, although regular, well attended carers meetings provide an opportunity for carers to meet with senior managers, some carers reflected a feeling of disengagement from the wider service and senior managers and that they had not always felt listened to.

We identified that there is a lack of key comprehensive quality assurance systems which offer strategic and practice overview. These would provide a supportive function for the acting manager in their new role and to the broader service. We assessed this also limits opportunities for learning and improvement. **(See Requirement 1)**

There have been a number of changes in panel chairs and panel membership however we recognise the breadth of experience new recruits have brought. We welcome the services' ongoing panel recruitment endeavours and efforts to expand diversity of membership. This will enhance panel functioning and reduce the risk of conflicts of interest.

Although recognising the panels were working effectively, we assessed that they could further support and enhance quality assurance functions within the service. In addition, we urged the service to address the consistent lack of reports from young people's workers provided for carer reviews as this would impact on comprehensive discussion and decision making. We will consider progress in these areas at the next inspection.

There was a lack of clarity in approach to continuing care within the team and across the broader services. We discussed this at length with the service and highlighted the need for clear, accurate messaging and to ensure current policy reflects individualised best practice for young people. **(See Area for Improvement 1)**

Requirements

1. By 15 January 2024 the provider must ensure quality assurance systems are robust and effectively support a strategic and practice overview and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress
- b) Ensure care inspectorate annual return information is accurate

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210)

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

Areas for improvement

1. The service should ensure clarity and consistency of approach to continuing care. This should include, but is not limited to, ensuring clear, accurate messaging and ensure that this supported by policy and practice which reflects individualised best practice for young people.

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

'My care and support meets my needs and is right for me' (HSCS 1.19) and;

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27)

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

We assessed that the ongoing staffing crisis within front line and management levels had negatively impacted on caring households, staff morale and the ability of the service to provide consistency in service provision and support. We are aware that the service is striving to regain stability of staffing and we will consider this again at the time of the next inspection.

Current staff have a range of relevant experience and access to core mandatory training which supports them in their role. The staff team have undertaken mandatory CP and ASP training but we identified that the staff group have not undertaken de-escalation training. We concluded that as a result they may not be equipped to fully support carers and young people in this area, undermining the capacity of the staff team to help carers to support distressed or risk-taking young people (**See again Key Question 1, Area For Improvement 3**).

We identified that learning activity is, in the main, not currently being retained within the service due to staff turnover. This meant that although there is a learning framework for the team, there is limited evidence of staff learning and developing having a positive impact on outcomes for children and young people.

Staff currently within the team have been largely positive about the support and supervision they are receiving which they reflected was regular and responsive. However, we heard that workers had not always felt that they had an available and approachable manager.

Staff described a lack of clarity, and in some cases a lack of familiarity, in relation to continuing care within the organisation. We concluded that this has the potential to impact staff confidence and ability to provide advice, guidance and undertake effective practice in this area. In addition, some staff suggested this lack of clarity may reflect a lack of leadership prioritisation of this aspect of the service provision.

There was limited or negligible contact between supervising social workers and many young people. All parties advised this was in line with the young person's wishes however we concluded it may have additionally been impacted by frequent changes in worker and the resulting lack of enduring relationships.

How well is our care and support planned?

4 - Good

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

Young people were involved in reviews and these were tailored to meet their circumstances and encourage input. This reflected a pragmatic, respectful approach which increased the likelihood of young people's participation.

Safer caring family policies were in place however these were predominantly generic in format. This meant that information personalised to young people within the household which should support the direction of their care and support and arrangements for living together was absent. **(See Area For Improvement 1)**

Young people's views were clearly recorded and influenced assessment and decision making. However, the evident practice which has been taking place for some time involves young people's legal care and support orders ceasing upon reaching 16 years of age. Whilst recognising young people's eligibility for continuing care at this stage, and the good practice associated with young people not remaining looked after for longer than necessary, this will not be the case for all.

We recognise that chronological age is often not the best indicator of need, particularly for those young people who have experienced trauma and were concerned that a blanket approach was being adopted which may increase risk or may disadvantage some young people. **(See Area For Improvement 2)**

Areas for improvement

1. To ensure that young people within caring households receive the support that is right for them, the service should ensure that individualised safer caring policies are in place and regularly reviewed to capture emerging needs or changes in circumstances.

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

'My care and support meets my needs and is right for me' (HSCS 1.19)

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18)

2. The service should ensure that assessments considering continuing care are always individualised, needs led and reflect the best interests of young people rather than reflecting a service policy position based on chronological age or being resource driven.

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

'My care and support meets my needs and is right for me' (HSCS 1.19)

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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