

# Notice of meeting and agenda



## Performance, Review and Scrutiny Committee

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

**Date:** Tuesday, 30 January 2018

**Time:** 11:00

**John Blair**  
Director, Resources

**Contact:**

Clerk Name: Janet Ritchie  
Clerk Telephone: 0131 271 3158  
Clerk Email: [janet.ritchie@midlothian.gov.uk](mailto:janet.ritchie@midlothian.gov.uk)

**Further Information:**

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

**Audio 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**

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## **2 Order of Business**

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

## **3 Declarations of Interest**

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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 of Previous Meeting**

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- |            |  |               |
|------------|--|---------------|
| <b>4.1</b> | Minute of the meeting of 28 November 2017 submitted for approval | <b>3 - 10</b> |
|------------|--|---------------|

## **5 Public Reports**

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- |            |   |                |
|------------|---|----------------|
| <b>5.1</b> | Various Inspection Reports Submitted to Cabinet - Cover Report by Director Resources                    | <b>11 - 12</b> |
|            | Inspection of Midlothian Council Care at Home Service - Report by Joint Director Health and Social Care | <b>13 - 38</b> |
|            | Inspection of Roslin Primary School and Nursery Class - Report by Head of Education                     | <b>39 - 46</b> |
|            | Inspection of St Luke's Primary School - Report by Head of Education                                    | <b>47 - 54</b> |
|            | Inspection of Midlothian Council Adoption Service - Report by Head of Children's Services               | <b>55 - 64</b> |
|            | Inspection of Midlothian Council Fostering Service - Report by Head of Children's Services              | <b>65 - 78</b> |
| <b>5.2</b> | SPSOs Annual Statistics relating to Midlothian Council cases in 2016/17 - Report by Chief Executive     | <b>79 - 96</b> |

## **6 Private Reports**

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No private reports submitted for discussion

# Minute of Meeting

Performance Review and Scrutiny Committee

Tuesday 30 January 2018

Item No: 4.1



## Performance, Review and Scrutiny Committee

| Date             | Time    | Venue  |
|------------------|---------|--|
| 28 November 2017 | 11.00am | Council Chambers, Midlothian House, Buccleuch Street, Dalkeith |

### Present:

|                        |       |
|------------------------|-------|
| Councillor Parry       | Chair |
| Councillor Alexander   |       |
| Councillor Baird       |       |
| Councillor Cassidy     |       |
| Councillor Lay-Douglas |       |
| Councillor Russell     |       |
| Councillor Smail       |       |
| Councillor Winchester  |       |

### Also in Attendance:

|                |                                 |
|----------------|---------------------------------|
| Kenneth Lawrie | Chief Executive                 |
| Joan Tranent   | Head of Children's Services     |
| Grace Vickers  | Head of Education               |
| Alison White   | Head of Adult Services          |
| Ian Johnson    | Head of Communities and Economy |
| Ricky Moffat   | Head of Commercial Services     |
| Jacqui Dougall | Business Services Manager       |
| Janet Ritchie  | Democratic Services Officer     |

## 1 Apologies

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Apologies were received from Councillors Montgomery, Munro, Johnstone and McCall

## 2 Order of Business

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The order of Business was as set out on the Agenda

## 3 Declarations of Interest

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No declarations of interest were intimated.

## 4 Minutes of Previous Meetings

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- 4.1 The minutes of the meeting of 5 September 2017 were submitted and approved as a correct record.

## 5 Public Reports

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| Agenda No   | Title   | Submitted by:            |
|---|---|--------------------------|
| <b>5.1</b>  | <b>Inspection of Bilston Primary School Nursery Class</b> | <b>Head of Education</b> |
| <b>Outline and summary of item</b>  |   |                          |
| <p>The Head of Education presented a report dated 18 September 2017 outlining the outcome of the Inspection of Bilston Primary School Nursery Class as carried out by the Care Inspectorate which was communicated in their report of August 2017. Bilston Primary School Nursery Class was inspected on 26 April 2017.</p> <p>The Head of Education updated the Committee on the evaluations of the core quality indicators and the key strengths as detailed in the report. There were no requirements or recommendations and the Care Inspectorate concluded that they were satisfied with the overall quality of provision.</p> |   |                          |
| <b>Decision</b>   |   |                          |
| To note the content of the Inspection report.   |   |                          |

| Agenda No  | Title   | Submitted by:                                   |
|--|---|---|
| <b>5.2</b>   | <b>Inspection of Cowan Court Extra Care Housing</b> | <b>Joint Director of Health and Social Care</b> |
| <b>Outline and summary of item</b>   |   |   |
| <p>The Head of Adult Services presented a report dated 12 September 2017 providing information in relation to the recent inspection by the Care Inspectorate. Cowan Court received an unannounced visit on the 14 March 2017. Since the last Inspection a new care team supervisor has been appointed who has vast experience of managing staff in a care at home service.</p> |   |   |

The Head of Adult Services updated the Committee on the grades awarded and the key strengths as detailed in the Report. The Committee were also advised that there were two recommendations made as a result of the inspection, both of these have been addressed.

#### Decision

To acknowledge the continued improvement since the last Inspection and the positive and ongoing work by management and staff connected with Cowan Court.

| Agenda No  | Title   | Submitted by:            |
|--|---|--------------------------|
| <b>5.3</b>   | <b>Inspection of St Mary's Primary School Nursery Class</b> | <b>Head of Education</b> |
| <b>Outline and summary of item</b>   |   |                          |
| <p>The Head of Education presented a report dated 30 October 2017 providing an update on the Care Inspectorate inspection completed on 27 September 2017. This report provides details of the Care Inspectorate evaluations for St Mary's Primary School from the original inspection in November 2016 and the most recent inspection dated 27 September 2017.</p> <p>The Head of Education highlighted the significant improvement in the Quality indicators from good to very good in three indicators and adequate to very good in the final indicator as detailed in the report.</p> |   |                          |
| <b>Decision</b>  |   |                          |
| To note the content of the Inspection report.  |   |                          |

| Agenda No  | Title  | Submitted by:                      |
|--|--|------------------------------------|
| <b>5.4</b>   | <b>Inspection of Midlothian Residential Service for Young People</b> | <b>Head of Children's Services</b> |
| <b>Outline and summary of item</b>   |  |                                    |
| <p>The Head of Children's Services presented a report dated 2 November 2017 outlining the outcome of the unannounced Inspection of Midlothian Residential Service for Young People as carried out by the Care Inspectorate in September 2017. The Head of Children's Services updated the Committee on the grades awarded by the Care Inspectorate on the two areas inspected, 'Quality of Care and Support' and 'Quality of Staffing' both Grade 4, Good. The Inspectors noted one requirement which was actioned immediately and two recommendations in which an action plan has been devised.</p> <p>Thereafter the Head of Children's Services responded to comments raised by members of the Committee on the challenges faced by this service.</p> |  |                                    |
| <b>Decision</b>  |  |                                    |
| To note the content of the Inspection report.  |  |                                    |

| Agenda No  | Title                                       | Submitted by:                          |
|--|---|--|
| <b>5.5</b>   | <b>Second Statutory Biodiversity Report</b> | <b>Head of Communities and Economy</b> |
| <b>Outline and summary of item</b>   |   |  |
| <p>The Head of Communities and Economy presented a report dated 9 November 2017. The purpose of this report is to seek approval of the Council's second statutory 'biodiversity report' as required by the Wildlife and Natural Environment (Scotland) Act 2011. The Wildlife and Natural Environment (Scotland) Act 2011 requires public bodies to publish a 'biodiversity report' every three years that sets out the actions taken by the public body in carrying out its biodiversity duty. It sets out the actions taken by the Council since November 2014 in carrying out its statutory duty to further the conservation of biodiversity.</p> |   |  |
| <b>Decision</b>  |   |  |
| To note the report.  |   |  |

| Agenda No   | Title   | Presented by:                 |
|---|---|-------------------------------|
| <b>5.6</b>  | <b>Adult Social Care Quarter 2 Performance Report 2017/18</b> | <b>Head of Adult Services</b> |
| <b>Outline and summary of item</b>  |   |                               |
| <p>The Quarter 2 Performance Report 2017/18 for Customer and Housing Services was submitted. The Head of Adult Services highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Adult Services responded to questions raised by the members of the Committee which included:</p> <ul style="list-style-type: none"> <li>• The challenges with Aspire ceasing its care at home contract with Midlothian and the measures in place to ensure transition runs as smoothly as possible.</li> <li>• Substance misuse recovery hub which will bring together mental health, substance misuse and criminal justice services including third party sectors and the plans to engage with all involved agencies and carers to ensure that the building is fit for purpose for all agencies.</li> <li>• The capacity of GPs in Midlothian and the different strands in improving the GP services in Midlothian including the Wellbeing services. .</li> </ul> |   |                               |
| <b>Decision</b>   |   |                               |
| <ul style="list-style-type: none"> <li>• The Head of Adult Services agreed to provide more detailed information on GP services.</li> <li>• To otherwise note the report.</li> </ul>   |   |                               |
| <b>Action</b>   |   |                               |
| Head of Adult Services  |   |                               |

| Agenda No  | Title   | Presented by:                                    |
|--|---|--|
| <b>5.7</b>   | <b>Customer and Housing Services<br/>Quarter 2 Performance Report 2017/18</b> | <b>Head of Customer and<br/>Housing Services</b> |
| <b>Outline and summary of item</b>   |   |  |
| <p>The Quarter 2 Performance Report 2017/18 for Customer and Housing Services was submitted. The Head of Adult Services highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Adult Services responded to a comment raised by the Chair with regards to Welfare Reform.</p> |   |  |
| <b>Decision</b>  |   |  |
| To note the report.  |   |  |

| Agenda No   | Title   | Presented by:                          |
|---|---|--|
| <b>5.8</b>  | <b>Children's Services Quarter 2<br/>Performance Report 2017/18</b> | <b>Head of Children's<br/>Services</b> |
| <b>Outline and summary of item</b>  |   |  |
| <p>The Quarter 2 Performance Report 2017/18 for Children's Services was submitted. The Head of Children's Services highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> |   |  |
| <b>Decision</b>   |   |  |
| To note the report.   |   |  |

| Agenda No   | Title   | Presented by:                              |
|---|---|--|
| <b>5.9</b>  | <b>Communities and Economy Quarter 2<br/>Performance Report 2017/18</b> | <b>Head of Communities<br/>and Economy</b> |
| <b>Outline and summary of item</b>  |   |  |
| <p>The Quarter 2 Performance Report 2017/18 for Communities and Economy was submitted. The Head of Communities and Economy highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Communities and Economy responded to questions and comments raised by members of the Committee which included:</p> <ul style="list-style-type: none"> <li>• The timetable for commencement of work on Sheriffhall roundabout.</li> <li>• BREXIT and managing the uncertainties.</li> <li>• Community Choices funding and how this will be put into practice.</li> </ul> |   |  |

|  |
|--|
| <ul style="list-style-type: none"> <li>The development and implementation of the participatory budget and confirmation on how this will be dispersed.</li> </ul>   |
| <b>Decision</b>  |
| <ul style="list-style-type: none"> <li>To provide a further report on the Community Choices funding and the Participatory Budget and how this will be dispersed.</li> <li>To otherwise note the report.</li> </ul> |
| <b>Action</b>  |
| Head of Communities and Economy  |

| Agenda No   | Title   | Presented by:            |
|---|---|--------------------------|
| <b>5.10</b>   | <b>Education Quarter 2 Performance Report 2017/18</b> | <b>Head of Education</b> |
| <b>Outline and summary of item</b>  |   |                          |
| <p>The Quarter 2 Performance Report 2017/18 for Education was submitted. The Head of Education highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report.</p> <p>Thereafter the Head of Education responded to comments and questions raised by the Committee which included:</p> <ul style="list-style-type: none"> <li>Reduction in exclusions.</li> <li>Recruitment of teachers in Midlothian.</li> <li>Actions in place to address the budget overspend.</li> </ul> |   |                          |
| <b>Decision</b>   |   |                          |
| To note the report  |   |                          |

| Agenda No  | Title   | Presented by:                        |
|--|---|--------------------------------------|
| <b>5.11</b>  | <b>Commercial Operations Quarter 1 Performance Report 2017/18</b> | <b>Head of Commercial Operations</b> |
| <b>Outline and summary of item</b>   |   |                                      |
| <p>The Quarter 2 Performance Report 2017/18 for Commercial Operations was submitted. The Head of Commercial Operations highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the Report.</p> <p>Thereafter the Head of Commercial Operations responded to questions and comments raised by Members which included:</p> <ul style="list-style-type: none"> <li>Decriminalised parking enforcement in Midlothian and that an update will be provided to Council in December.</li> </ul> |   |                                      |



|  |
|--|
| <ul style="list-style-type: none"> <li>• Travel services and the confusion with the bus 39 and the 339 and if there are any changes these will not occur until February 2018.</li> <li>• The cost for modifying signage and repainting double yellow lines.</li> <li>• Apprenticeships and the work with schools.</li> <li>• Impact on the bus services if subsidy is removed</li> </ul> |
| <b>Decision</b>  |
| To note the report   |

| Agenda No   | Title  | Presented by:                    |
|---|--|----------------------------------|
| <b>5.12</b>   | <b>Finance and Integrated Service Support Quarter 1 Performance Report 2017/18</b> | <b>Business Services Manager</b> |
| <b>Outline and summary of item</b>  |  |                                  |
| The Quarter 2 Performance Report 2017/18 for Finance and Integrated Service Support was submitted. The Business Services Manager highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report. |  |                                  |
| <b>Decision</b>   |  |                                  |
| To note the report.   |  |                                  |

| Agenda No   | Title  | Presented by:                        |
|---|--|--------------------------------------|
| <b>5.13</b>   | <b>Property and Facilities Management Quarter 2 Performance Report 2017/18</b> | <b>Head of Commercial Operations</b> |
| <b>Outline and summary of item</b>  |  |                                      |
| The Quarter 2 Performance Report 2017/18 for Property and Facilities Management was submitted. The Head of Commercial Operations highlighted the progress in the delivery of strategic outcomes and a summary of the emerging challenges going forward as detailed in the report. |  |                                      |
| Thereafter the Head of Commercial Operations responded to questions and comments raised by Members which included:  |  |                                      |
| <ul style="list-style-type: none"> <li>• Acquisition of the office premises at White Hart Street</li> <li>• Potential benefit to Dalkeith Town Centre if the regeneration project proceeds.</li> </ul>  |  |                                      |
| <b>Decision</b>   |  |                                      |
| <ul style="list-style-type: none"> <li>• The Head of Commercial Services to provide feedback to members on the two points raised above.</li> <li>• To otherwise note the report.</li> </ul>   |  |                                      |
| <b>Action</b>   |  |                                      |
| Head of Commercial Operations   |  |                                      |

| Agenda No   | Title  | Presented by:          |
|---|--|------------------------|
| <b>5.14</b>   | <b>Midlothian Council Quarter 2 Performance Report 2017/18</b> | <b>Chief Executive</b> |
| <b>Outline and summary of item</b>  |  |                        |
| <p>The Chief Executive presented the Midlothian Council Quarter 2 Performance report 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.</p> <p>The Chief Executive highlighted that currently the focus was on the financial challenge for 2018/19 and beyond and it is worth noting the scale and range of positive and transformational work resulting in significant performance improvement and bridging the budget gap for 2018/19. It is also important to recognise the potential and the opportunities of the growth agenda in Midlothian.</p> |  |                        |
| <b>Decision</b>   |  |                        |
| To note the report.   |  |                        |

| Agenda No  | Title  | Presented by:          |
|--|--|------------------------|
| <b>5.15</b>  | <b>Balanced Scorecard Indicators Quarter 2 2017/18</b> | <b>Chief Executive</b> |
| <b>Outline and summary of item</b>   |  |                        |
| <p>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.</p> <p>The Chief Executive explained the purpose of this report and asked members for any feedback on the value of this report. The Chair commented positively on the improvement of this report.</p> |  |                        |
| <b>Decision</b>  |  |                        |
| To note the report   |  |                        |

## **6 Private Reports**

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No private reports submitted for discussion

The meeting terminated at 12.37 pm

**Various Inspection Reports Submitted to Cabinet****Report by John Blair, Director, Resources****1 Purpose of Report**

The purpose of this report is to bring to the Committee's attention the various Inspection reports considered by Cabinet on 16 January 2018.

**2 Background**

The following reports were considered by Cabinet on 16 January 2018 and in each case the recommendations as detailed below were agreed.

**(i) Inspection of Midlothian Council Care at Home Service - Report by Joint Director, Health and Social Care;**

- *note the content of the inspection report;*
- *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;*
- *receive a Quarterly report on the progress being made to address the areas for improvement agreed between the Care Inspectorate, Care at Home service and the Health and Social Care Partnership; and*
- *to pass this report to the Performance, Scrutiny and Audit Committee for its consideration.*

**(ii) Inspection of Roslin Primary School and Nursery Class - Report by Head of Education;**

- *Note the content of the inspection report;*
- *Congratulate the pupils, parents and staff connected with Roslin Primary School and Nursery Class on the key strengths highlighted in the report*
- *Note the areas for further development; and*
- *Pass this report to the Performance, Review and Scrutiny Committee for its consideration.*

**(iii) Inspection of St Luke's Primary School - Report by Head of Education**

- *Note the content of the inspection report.*
- *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*
- *Note the key strengths outlined in the report.*
- *Note the significant areas for improvement.*
- *Note the challenges faced by the school as outlined in section 2.5.of the report*
- *Note that Education Scotland will return within one year of the published report.*
- *Pass this report to the Performance, Review and Scrutiny Committee for its consideration.*

**(iv) Inspection of Midlothian Council Adoption Service - Report by Head of Children's Services**

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

**(v) Inspection of Midlothian Council Fostering Service - Report by Head of Children's Services**

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

### **3 Report Implications**

These are as outlined in each of the reports.

### **4 Recommendation**

The Committee is invited to consider the content of each of these inspection reports.

**Date 16 January 2018**

**Report Contact:**

Name: Gordon Aitken Tel No 0131 271 3159  
Gordon.aitken@midlothian.gov.uk

## **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 11<sup>th</sup> 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;
- (i) 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;
- (ii) to pass this report to the Performance, Scrutiny and Audit Committee for its consideration.

**12<sup>th</sup> December 2017**

**Report Contact: Anthea Fraser**  
**[Anthea.fraser@midlothian.gov.uk](mailto:Anthea.fraser@midlothian.gov.uk)**

**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](http://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? \(4<sup>th</sup> edition\)](#). 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       |
|---|------------------|
| <b>Leadership of change</b>   | <b>good</b>      |
| <b>Learning, teaching and assessment</b>  | <b>very good</b> |
| <b>Raising attainment and achievement</b>   | <b>good</b>      |
| <b>Ensuring wellbeing, equality and inclusion</b>   | <b>good</b>      |
| Descriptions of the evaluations are available from <a href="#">How good is our school? (4<sup>th</sup> edition)</a> , <a href="#">Appendix 3: The six-point scale</a> . |                  |

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

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](mailto: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*<sup>1</sup>? 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:

|  |                     |
|--|---------------------|
| <b>QI 1.1 Self-evaluation for self-improvement</b> | <b>satisfactory</b> |
| <b>QI 3.2 Raising attainment and achievement</b>   | <b>weak</b>         |

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

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

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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 Eskdail 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.

**4<sup>th</sup> January 2018**

### **Report Contact:**

Name: Joan Tranent, Tel No 0131 271 3721

[joan.tranent@midlothian.gov.uk](mailto: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](http://www.careinspectorate.com).



**Inspection and grading history**

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

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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 17<sup>th</sup> 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.

**4<sup>th</sup> January 2018**

#### **Report Contact:**

Name: Joan Tranent, Tel No 0131 271 3721

[joan.tranent@midlothian.gov.uk](mailto: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](http://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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## **SPSO Annual Statistics for Midlothian Council cases handled in 2016-17**

**Report by: Kenneth Lawrie, Chief Executive**

### **1 Purpose of Report**

The purpose of this report is provide Cabinet with an update regarding the annual Scottish Public Services Ombudsman (SPSO) letter and statistics relating to Midlothian Council complaint cases handled by the SPSO for 2016/17 and for which decisions were published online in October 2017.

In addition the report also presents the Annual Complaints Report, recently approved for publication on the Council's website by the Corporate Management Team at their meeting dated 29 November 2017. Members should note that that, in line with statutory requirements, the report provides an annual review and assessment of complaints for Midlothian Council.

### **2 Background**

#### **2.1 Annual Complaint Statistics Relating to Cases about Midlothian Council that were Processed by the Scottish Public Services Ombudsman**

The Scottish Public Services Ombudsman (SPSO) handles complaints about public services in Scotland. The Ombudsman service is independent of government and has a duty to act impartially. The SPSO also shares learning from its work to improve service delivery across the public services spectrum in Scotland. The office carries out awareness-raising activities with the general public and bodies under their jurisdiction, and promotes good complaints handling by public service providers in Scotland. The SPSO has a separate website to support best practice in complaints handling and provides the Complaint Handling Procedure/Policy template which all local authorities, including Midlothian, apply in relation to handling complaints.

Customers who have used Midlothian Council's established Complaint Handling Procedure, and who remain dissatisfied with any aspect of the way in which their complaint has been handled, are signposted by the council to the Scottish Public Service Ombudsman (SPSO). Provided it is within their jurisdiction, the SPSO will review the complaint and consequently reach a decision. Depending on the decision, the SPSO will make recommendations to the authority accordingly. This is to encourage lasting improvements to services so that the trust and confidence of the public is restored.

Appendix 1 provides an account of the complaints data about Midlothian Council that the SPSO has looked at and published on their website in October 2017. An extract of the information shown in appendix 1 is also included in the Annual Complaints Handling report (appendix 2).

## **2.2 Annual Complaints Handling Report**

The Annual Complaints Handling Report that is presented in appendix 2 responds to SPSO requirement to publish an annual complaints report detailing performance against the complaints performance indicators. The report provides information on customer complaints received between 1 April 2016 and 31 March 2017; this is the first of expected annual reports and is in addition to the current reporting of complaints via Heads of Service quarterly performance reports, and the proposed quarterly update and review of complaints report to the Corporate Management Team.

The report is intended to be more than simply another set of data, if it is used well it should provide an opportunity to understand complaints to give insight into services which, in turn enables learning and improvement.

The data presented in this way also provides a platform for Midlothian Council and others to benchmark performance and to identify and work together on common challenges.

A focal point of the new report is the service specific case studies which provide the opportunity to learn from and/or make improvements to existing systems of work, procedures, service level agreements and/or policies based on feedback from our customers.

Furthermore, the new report advises areas for progression that will allow for improvements to be made, and outlines the Council's obligations in respect of the requirements of the Scottish Public Services Ombudsman (SPSO) with particular reference to the reporting of learning from complaints.

In addition to responding to the statutory need to publish an annual report the opportunity to re-focus the complaints procedure going forward has also been taken and is reflected in the 'future considerations' section within the report which will inform a wider action and implementation plan for the complaints function moving forward.

## **3 Report Implications**

### **3.1 Resource**

The SPSO monitoring and reporting activity relating to complaints for Midlothian Council is already incorporated within the current Customer Service Improvement Officer role within the Policy and Scrutiny Team and therefore this report has no additional resource requirements.



### **3.2 Risk**

Failure to meet the statutory requirements as they relate to complaint handling and SPSO reporting presents a risk which is mitigated by a continuing focus on complaint reporting requirements via existing governance and reporting structures.

### **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 Key Priorities within the Single Midlothian Plan**

3.5

This report does not relate directly to the key priorities within the Single Midlothian Plan; however the approach taken for complaints supports the ongoing improvement agenda across a number of the thematic areas.

### **3.6 Impact on Performance and Outcomes**

The annual report and review of the complaints framework will provide a number of benefits which include an improved understanding of the complaint handling process, clarity about the indicators, and statistical data that is intelligible and provides the opportunity for meaningful analysis.

### **3.6 Adopting a Preventative Approach**

The Council is proactively responding to improvement opportunities noted as part of the complaints process.

### **3.7 Involving Communities and Other Stakeholders**

The Council is using the evidence from complaints as another form of customer feedback to assist in its delivery of services and processes within the divisions.

### **3.8 Ensuring Equalities**

Whilst not directly impacting on equalities, information is provided about the opportunity to reformat the document into a legible format or language to accommodate additional needs or those whose first language is not English. This is in line with the Equalities Act 2010.

### **3.9 Supporting Sustainable Development**

There are no sustainability issues with regard to this report.

### **3.10 IT Issues**

Whilst not directly linked to this report development work to the Customer Relationship Management system is already underway that will streamline the recording process and thereby improve the pathway in which the process is carried out. Following training this will ultimately enhance staff's understanding of the process and will make for more accurate reporting.

## **4. Recommendations**

Performance Review and Scrutiny are asked to;

- I) Note the statistics presented in appendix 1 of this report, a summary of which is highlighted in Annual Complaints Report 2016/17 (appendix 2).
- II) Note the newly published Annual Complaints Report provided in appendix 2.

**Date December 2017**

#### **Report Contact:**

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## **Appendix 1**

**Statistics pertaining to complaints about Midlothian Council that the SPSO looked at during 2016/17.**

## **Appendix 2**

**Annual Complaints Report inc SPSO Data 1617 V2**

**TABLE 1**  
**Local Authority Complaints Received 2016-17**

| Subject Group                          | Midlothian Council | Rank | Complaints as % of total | Sector Total | Rank | Complaints as % of total |
|--|--------------------|------|--------------------------|--------------|------|--------------------------|
| Housing                                | 10                 | 1    | 34.5%                    | 388          | 1    | 25.4%                    |
| Social Work                            | 7                  | 2    | 24.1%                    | 219          | 2    | 14.3%                    |
| Education                              | 4                  | 3    | 13.8%                    | 144          | 4    | 9.4%                     |
| Finance                                | 3                  | 4    | 10.3%                    | 120          | 6    | 7.9%                     |
| Legal & Admin                          | 2                  | 5    | 6.9%                     | 73           | 8    | 4.8%                     |
| Planning                               | 1                  | 6=   | 3.4%                     | 160          | 3    | 10.5%                    |
| Building Control                       | 1                  | 6=   | 3.4%                     | 34           | 9    | 2.2%                     |
| Recreation & Leisure                   | 1                  | 6=   | 3.4%                     | 29           | 10   | 1.9%                     |
| Environmental Health & Cleansing       | 0                  | -    | 0.0%                     | 124          | 5    | 8.1%                     |
| Roads & Transport                      | 0                  | -    | 0.0%                     | 112          | 7    | 7.3%                     |
| Land & Property                        | 0                  | -    | 0.0%                     | 19           | 11   | 1.2%                     |
| Welfare Fund - Community Care Grants   | 0                  | -    | 0.0%                     | 14           | 12   | 0.9%                     |
| Other                                  | 0                  | -    | 0.0%                     | 8            | 13=  | 0.5%                     |
| Valuation Joint Boards                 | 0                  | -    | 0.0%                     | 7            | 13=  | 0.5%                     |
| National Park Authorities              | 0                  | -    | 0.0%                     | 6            | 15   | 0.4%                     |
| Economic Development                   | 0                  | -    | 0.0%                     | 5            | 16=  | 0.3%                     |
| Personnel                              | 0                  | -    | 0.0%                     | 5            | 16=  | 0.3%                     |
| Welfare Fund - Crisis Grants           | 0                  | -    | 0.0%                     | 5            | 16=  | 0.3%                     |
| Consumer Protection                    | 0                  | -    | 0.0%                     | 4            | 16=  | 0.3%                     |
| Fire & Police Boards                   | 0                  | -    | 0.0%                     | 4            | 16=  | 0.3%                     |
| Subject Unknown or Out Of Jurisdiction | 0                  | -    | 0.0%                     | 48           | -    | 3.1%                     |
| <b>Total</b>                           | <b>29</b>          |      | <b>100.0%</b>            | <b>1528</b>  |      | <b>100.0%</b>            |

Complaints as % of Sector

1.9%

100.0%

**TABLE 1**  
**Complaints Received by Subject 2015-16**

| Subject Group                          | Midlothian Council | Rank     | Complaints as % of total | Sector Total | Rank     | Complaints as % of total |
|--|--------------------|----------|--------------------------|--------------|----------|--------------------------|
| Housing                                | 8                  | 1        | 40.0%                    | 423          | 1        | 24.6%                    |
| Planning                               | 5                  | 2        | 25.0%                    | 172          | 5        | 10.0%                    |
| Social Work                            | 2                  | 3=       | 10.0%                    | 231          | 2        | 13.4%                    |
| Building Control                       | 2                  | 3=       | 10.0%                    | 54           | 9        | 3.1%                     |
| Finance                                | 1                  | 5=       | 5.0%                     | 179          | 3        | 10.4%                    |
| Welfare Fund - Community Care Grants   | 1                  | 5=       | 5.0%                     | 31           | 11       | 1.8%                     |
| Land & Property                        | 1                  | 5=       | 5.0%                     | 20           | 12       | 1.2%                     |
| Education                              | 0                  | -        | 0.0%                     | 173          | 4        | 10.0%                    |
| Environmental Health & Cleansing       | 0                  | -        | 0.0%                     | 126          | 6        | 7.3%                     |
| Roads & Transport                      | 0                  | -        | 0.0%                     | 120          | 7        | 7.0%                     |
| Legal & Admin                          | 0                  | -        | 0.0%                     | 61           | 8        | 3.5%                     |
| Recreation & Leisure                   | 0                  | -        | 0.0%                     | 32           | 10       | 1.9%                     |
| Other                                  | 0                  | -        | 0.0%                     | 17           | 13       | 1.0%                     |
| Economic Development                   | 0                  | -        | 0.0%                     | 11           | 14       | 0.6%                     |
| Personnel                              | 0                  | -        | 0.0%                     | 9            | 15=      | 0.5%                     |
| Welfare Fund - Crisis Grants           | 0                  | -        | 0.0%                     | 9            | 15=      | 0.5%                     |
| National Park Authorities              | 0                  | -        | 0.0%                     | 6            | 17=      | 0.3%                     |
| Valuation Joint Boards                 | 0                  | -        | 0.0%                     | 6            | 17=      | 0.3%                     |
| Fire & Police Boards                   | 0                  | -        | 0.0%                     | 5            | 19       | 0.3%                     |
| Consumer Protection                    | 0                  | -        | 0.0%                     | 4            | 20       | 0.2%                     |
| Subject Unknown or Out Of Jurisdiction | 0                  | -        | 0.0%                     | 33           | -        | 1.9%                     |
| <b>Total</b>                           | <b>20</b>          | <b>-</b> | <b>100.0%</b>            | <b>1,722</b> | <b>-</b> | <b>100.0%</b>            |

Complaints as % of Sector

1.2%

100.0%

**TABLE 2**  
**Local Authority Complaints Determined 2016-17**

|                         |   | 2016-17            |              |
|-------------------------|---|--------------------|--------------|
| Stage                   | Outcome Group                           | Midlothian Council | Sector Total |
| Advice                  | Not duly made or withdrawn              | 8                  | 279          |
|                         | Out of jurisdiction (non-discretionary) | 0                  | 3            |
|                         | Outcome not achievable                  | 0                  | 1            |
|                         | Premature                               | 7                  | 467          |
|                         | <b>Total</b>                            | <b>15</b>          | <b>750</b>   |
| Early Resolution        | Not duly made or withdrawn              | 1                  | 43           |
|                         | Out of jurisdiction (discretionary)     | 2                  | 82           |
|                         | Out of jurisdiction (non-discretionary) | 2                  | 111          |
|                         | Outcome not achievable                  | 4                  | 115          |
|                         | Premature                               | 1                  | 57           |
|                         | Proportionality                         | 1                  | 132          |
|                         | Resolved                                | 0                  | 20           |
|                         | <b>Total</b>                            | <b>11</b>          | <b>560</b>   |
| Investigation           | Fully upheld                            | 0                  | 52           |
|                         | Some upheld                             | 1                  | 42           |
|                         | Not upheld                              | 1                  | 60           |
|                         | Not duly made or withdrawn              | 0                  | 1            |
|                         | Resolved                                | 0                  | 1            |
|                         | <b>Total</b>                            | <b>2</b>           | <b>156</b>   |
| <b>Total Complaints</b> |   | <b>28</b>          | <b>1,466</b> |

|   |       |       |
|---|-------|-------|
| Total Premature Complaints                      | 8     | 524   |
| Premature Rate                                  | 28.6% | 35.7% |
|   |       |       |
| Fit for SPSO Total (Investigations)             | 2     | 156   |
| Total Cases Upheld / Some Upheld                | 1     | 94    |
| Uphold Rate (total upheld / total fit for SPSO) | 50.0% | 60.3% |

|                         |   | 2015-16            |              |
|-------------------------|---|--------------------|--------------|
| Stage                   | Outcome Group                           | Midlothian Council | Sector Total |
| Advice                  | Not duly made or withdrawn              | 2                  | 321          |
|                         | Out of jurisdiction (discretionary)     | 0                  | 6            |
|                         | Out of jurisdiction (non-discretionary) | 0                  | 5            |
|                         | Outcome not achievable                  | 0                  | 6            |
|                         | Premature                               | 9                  | 606          |
|                         | Resolved                                | 0                  | 0            |
|                         | <b>Total</b>                            | <b>11</b>          | <b>944</b>   |
| Early Resolution 1      | Not duly made or withdrawn              | 1                  | 54           |
|                         | Out of jurisdiction (discretionary)     | 2                  | 104          |
|                         | Out of jurisdiction (non-discretionary) | 3                  | 196          |
|                         | Outcome not achievable                  | 2                  | 185          |
|                         | Premature                               | 1                  | 58           |
|                         | Resolved                                | 0                  | 29           |
|                         | <b>Total</b>                            | <b>9</b>           | <b>626</b>   |
| Early Resolution 2      | Fully upheld                            | 0                  | 27           |
|                         | Some upheld                             | 0                  | 20           |
|                         | Not upheld                              | 0                  | 37           |
|                         | Not duly made or withdrawn              | 0                  | 1            |
|                         | Resolved                                | 0                  | 1            |
|                         | <b>Total</b>                            | <b>0</b>           | <b>86</b>    |
| Investigation 1         | Fully upheld                            | 0                  | 23           |
|                         | Some upheld                             | 1                  | 36           |
|                         | Not upheld                              | 0                  | 40           |
|                         | Not duly made or withdrawn              | 0                  | 4            |
|                         | Resolved                                | 0                  | 4            |
|                         | <b>Total</b>                            | <b>1</b>           | <b>107</b>   |
| Investigation 2         | Fully upheld                            | 0                  | 1            |
|                         | Some upheld                             | 0                  | 0            |
|                         | Not upheld                              | 0                  | 0            |
|                         | <b>Total</b>                            | <b>0</b>           | <b>1</b>     |
| <b>Total Complaints</b> |   | <b>21</b>          | <b>1,764</b> |

|   |        |       |
|---|--------|-------|
| Total Premature Complaints                      | 10     | 664   |
| Premature Rate                                  | 47.6%  | 37.6% |
|   |        |       |
| Fit for SPSO Total (ER2, Inv1 & Inv2)           | 1      | 194   |
| Total Cases Upheld / Some Upheld                | 1      | 107   |
| Uphold Rate (total upheld / total fit for SPSO) | 100.0% | 55.2% |



# Midlothian Council Annual Complaints Report **2016/17**



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## Foreword

As with all Councils in Scotland, Midlothian Council has a Complaints Handling Procedure (CHP) in place that reflects our commitment to valuing feedback from our customers.

This year, I am pleased to present the councils annual Complaints Performance Report in this format. The report provides information on customer complaints received between 1 April 2016 and 31 March 2017, and it is in addition to the way we regularly report complaints to both Heads of Service, and our Corporate Management Team.

We are committed to providing high quality services to our communities, but we recognise that occasionally things can go wrong. The CHP means that we can directly engage with our customers and get the valuable feedback that we need to drive our service plans. We are continually changing both the way that we investigate and analyse complaints, and the methods that we use to connect with our customers. We ensure that we take the most appropriate action to resolve complaints and identify areas for improvement as a result, and we take value in the lessons that can be learned so that future service delivery is improved.

This report allows us the opportunity to share our performance with you. The key performance indicators that we report on are standardised across all Scottish Councils, and we will share some case studies that demonstrate what we have learned, and how we have improved some of our service areas as a direct result of the feedback that you have given us.

Our focus remains on achieving a high level of positive outcomes for complainants at the Frontline Resolution Stage 1, where the decisions to uphold complaints have successfully helped us to resolve matters early, learn from any mistakes and to enhance our services and business operations.

Thank you for your encouraging support. Please keep supporting us by providing your feedback on any aspect of Midlothian Council's services, all of which have contributed to the production of this Annual Complaints Performance Report.

**Kenneth Lawrie**  
Chief Executive  
Midlothian Council

## Background

Since April 2013 all Scottish Councils are required to monitor and report their performance on the handling of complaints under their Complaints Handling Procedure (CHP) against a suite of eight high level performance indicators that meet the statutory requirements of the Scottish Public Services Ombudsman (SPSO). The statistics gathered in this report outlines in this respect Midlothian Council's performance for the period 2016/17.

### What is a complaint?

Midlothian Council has adopted the recommended description by the Scottish Public Services Ombudsman:-

*'An expression of dissatisfaction by one or more members of the public about Midlothian Council's action or lack of action, or about the standard of service provided by or on Midlothian Council's behalf.'*

### Complaint Handling Procedure (CHP)

The procedure comprises of two stages

#### • STAGE 1 – Frontline Resolution

Aim is to resolve the complaint at the initial point of contact with immediate action or within 5 working days.

#### • STAGE 2 – Investigation

Stage 2 complaints require detailed investigation. Complex complaints would go straight to this stage, and if a customer is dissatisfied with the response they receive at stage 1, they can escalate it to a stage 2. We will acknowledge receipt of a stage 2 complaint, and provide a response within 20 working days.

When customers are dissatisfied with our decision to a stage 2 complaint, or if they are unhappy with the way that the Council has dealt with their complaint, they can ask the Scottish Public Services Ombudsman to investigate it.

This report will summarise the Council's performance on how complaints have been handled in relation to the performance indicators that satisfy the statutory requirement of the Scottish Public Services Ombudsman.

Midlothian Council has a Customer Relationship Management (CRM) system that tracks and monitors complaints, and enables statistical data to be produced and analysed. The data helps to identify a variety of factors including the prioritisation of activities to meet the changing needs of the community, the identification of staff training requirements, and informing service improvement.



# Complaints Data Overview

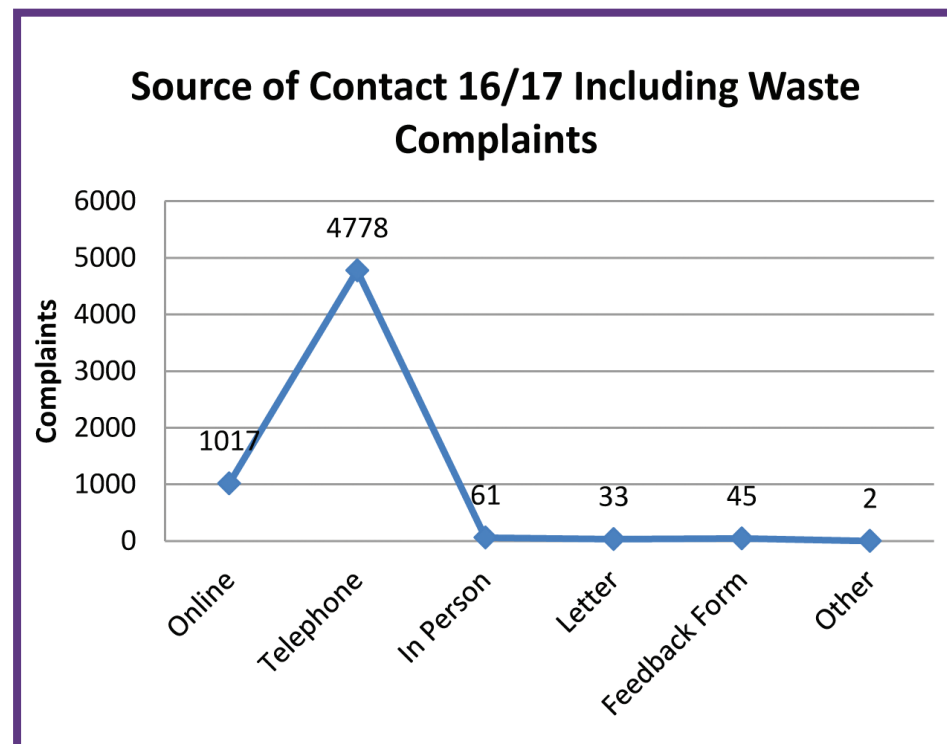
During 2016/17, we received a total of 5936 complaints. By year end, and at time of reporting, 5885 of those complaints were completed. There is therefore a difference of 51, which can be explained as follows:- the complaints have been raised by customers near to year end reporting time, and their target dates fall beyond the year end date. They will therefore be dealt with, and completed in the new quarter. For the purposes of tables 1 and 2, which displays customers preferred methods of contact; all complaints received have been included.

It should be noted that complaints about missed bins account for circa 2/3 of Midlothian Councils complaints. However this particular service area has circa

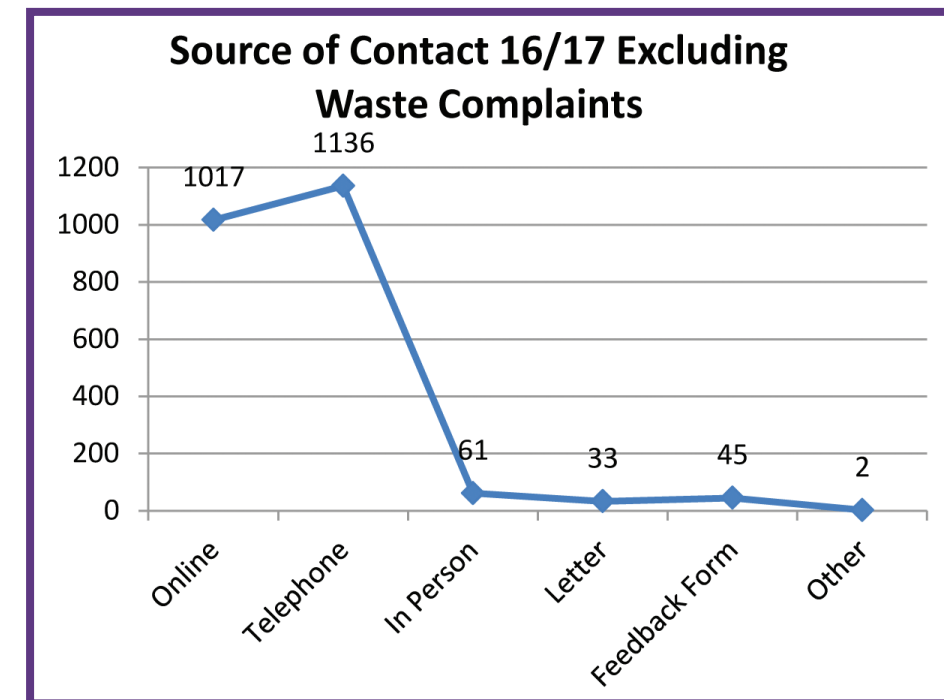
300,000 customers per week and so when it is put into this context it can be rationalised, though it is not to say that they are treated as unimportant. In fact, there have been a number of significant improvements made within the service area as a result, and some of these are listed in the case studies that follow.

Since the missed bin complaints dominate the result, they can make the other results seem insignificant in comparison, even though this is not the case. Tables 1 and 2 therefore highlight the results both with and without the missed bin complaints to ensure a more accurate view of the results, but not to the detriment of dealing with the data for missed bins as a separate piece of work.

**Table 1** – preferred methods of contact including waste complaints



**Table 2** – preferred methods of contact excluding waste complaints



The Customer Relationship Management system enables a variety of functions, and the data can be used in a number of ways. Table 3 below highlights a breakdown of Midlothian Council's 8 service areas, and the total number of complaints received to each. Breaking the data down, and categorising the complaints in this way facilitates the service area to

better review their complaints, and to identify areas that require improvements. Further categorisations are obtainable, and will be utilised in future to supplement the evaluation process and to profile our customers so that service areas can better identify target groups and areas within Midlothian from which we receive the complaint information.

**Table 3** – complaints received per service area

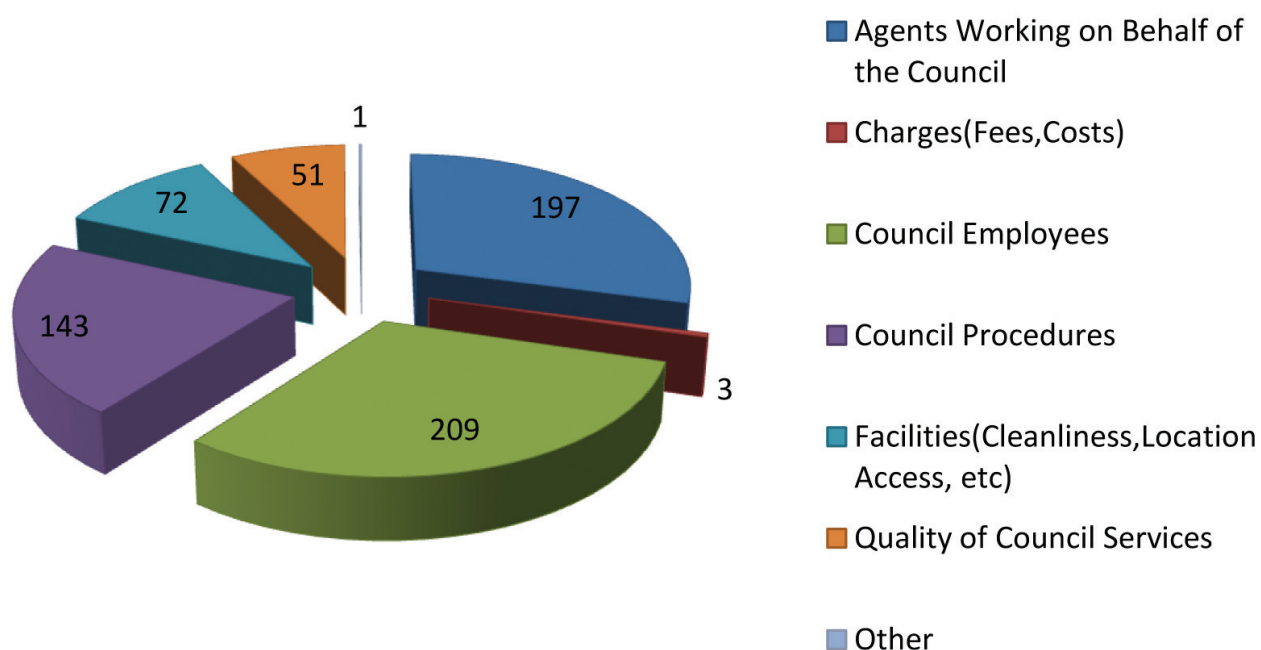
| Complaints Received by Service         | 2016/17 |
|--|---------|
| Adult Social Care                      | 38      |
| Communities and Economy                | 49      |
| Customer and Housing Services          | 176     |
| *Commercial Operations                 | 4581    |
| Children's Services                    | 35      |
| Education                              | 58      |
| Finance and integrated Service Support | 17      |
| Property and Facilities Management     | 982     |

\*Note that the majority of Commercial Operations complaints are for missed bins. That particular service area has in excess of 300,000 customers per week.





**Figure 1** – Overarching Complaint Reasons (Excluding Missed Bins)



Midlothian Council has identified 6 common complaint categories that are used during the recording process. Figure 1 highlights the overarching reasons for complaints, and lists the amalgamated amount of stage 1 and stage 2 complaints against that

category. The information, which excludes missed bin complaints, shows that the main areas complained about are Council Employees, Agents Working on Behalf of the Council and Council Procedures with totals of 209, 197 and 143 respectively.

## Performance Indicators

The indicators, also mentioned earlier in this report are used to monitor and assess Midlothian Council's performance in the handling of complaints. They are designed to enable councils to capture important

information and drive service improvement as a result of both learning from complaints and analysing the statistical data to enable informed decisions, and also to benchmark between councils to facilitate the sharing of knowledge.

### INDICATOR 1 – Complaints Complete per Thousand Population

This indicator denotes the total number of complaints collectively received at stage 1 and directly at stage 2. This sum is then divided by the estimated population size of Midlothian Council, the information of which is obtained from the National Records of Scotland.

**Table 4** – Figures for Performance Indicator 1

| Complaints received per thousand population                     |           |             |        |
|---|-----------|-------------|--------|
| Performance Indicator   | Numerator | Denominator | Result |
| The total number of complaints received per thousand population | 5936      | 88,610      | 67     |

Table 4 illustrates that the total population of Midlothian is estimated to be 88,610. The council handled 5936 complaints from customers, highlighting that an average of 67

complaints were received per 1000 citizens. This suggests that an average 1 in every 15 residents have registered a complaint about the council's services.

### INDICATOR 2 – Closed Complaints

This indicator represents the number of complaints closed at stage 1, stage 2, and after escalation from stage one to stage 2 as a percentage of all complaints closed.

Customers who have undergone the complaints procedure at stage 1, but who remain dissatisfied are invited to escalate their complaint to a stage 2 investigation.

Closed complaints are those that have been allocated an outcome and a response has been given to the customer. At time of reporting, no further action was required.

**Table 5** – Figures for Performance Indicator 2

| Closed Complaints                  |           |             |        |
|------------------------------------|-----------|-------------|--------|
| Performance Indicator              | Numerator | Denominator | Result |
| Closed Complaints Stage 1          | 5799      | 5885        | 98.5%  |
| Closed Complaints Stage 2          | 86        | 5885        | 1.5%   |
| Closed Complaints after Escalation | 39        | 5885        | 0.7%   |

It can be seen in table 5 that 98.5% of complaints were closed at stage 1. The council is satisfied with this result since one of the main objectives of the policy is to resolve complaints at this early stage. Further work is being done to explore whether these closed complaints are within the 1st point resolution (at point of contact) category of stage 1, or the service resolution (within 5 days) category of stage 1, and it is expected that the council will be in a position to report on this next year.

Table 5 also highlights that 86 complaints were closed at stage 2, demonstrating 1.5% of all complaints closed; and 39 complaints were

closed after escalation from stage 1, which is representative of 0.7% of all complaints closed.

When compared, the total complaint figure in indicator 1 differs to indicator 2. The reason behind this is due to the potential for complaints to be left open on the system. Reasons for this are many and varied, but usually it is because the projected close date is beyond the report print date. This is unavoidable, but the council does make sure that the open complaints are checked to ensure that it is not due to human error, such as not using the system correctly, or that there are cases that have been forgotten about.





### INDICATOR 3 – Complaints Upheld/Not Upheld/Partially Upheld

The Complaint Handling Procedure requires an outcome to be recorded against each complaint. The outcomes are categorised as Upheld, Not Upheld and Partially Upheld

**Table 6** – Figures for Performance Indicator 3

| Complaints Upheld/Not Upheld/Partially Upheld |           |             |        |
|---|-----------|-------------|--------|
| Performance Indicator                         | Numerator | Denominator | Result |
| Stage 1 Complaints Upheld                     | 4872      | 5799        | 84.0%  |
| Stage 1 Complaints Not Upheld                 | 629       | 5799        | 10.8%  |
| Stage 1 Complaints Partially Upheld           | 298       | 5799        | 5.1%   |
| Stage 2 Complaints Upheld                     | 13        | 86          | 15.1%  |
| Stage 2 Complaints Not Upheld                 | 38        | 86          | 44.2%  |
| Stage 2 Complaints Partially Upheld           | 35        | 86          | 40.7%  |
| Escalated Complaints Upheld                   | 5         | 39          | 12.8%  |
| Escalated Complaints Not Upheld               | 24        | 39          | 61.5%  |
| Escalated Complaints Partially Upheld         | 10        | 39          | 25.6%  |

Table 6 shows that 4872 of the 5799 stage 1 complaints were upheld, which represents 84% of all complaints closed at stage 1. Additionally, 629 were not upheld and 298 were partially upheld, representing 10.8% and 5.1% respectively. Of the 86 closed stage 2 complaints, 13 were upheld, 38

were not upheld and 35 were partially upheld. This corresponds to 15.1%, 44.2% and 40.7%. Lastly, the escalated complaints, of which there was a total of 39 closed, 12.8% (5) were upheld, 61.5% (24) were not upheld, and 25.6% (10) were partially upheld.

### INDICATOR 4 – Average Time in Working Days Spent Responding to Complaints

This indicator takes the sum of the total number of working days for all complaints to be dealt with and closed at stage 1; at stage 2; and escalated complaints.

An average time in working days for a full response to be given is then calculated by dividing the sum by the total number of closed complaints for each stage.

**Table 7** – Figures for Performance Indicator 4

| Average Time in Working Days Spent Responding to Complaints |           |             |        |
|---|-----------|-------------|--------|
| Performance Indicator                                       | Numerator | Denominator | Result |
| Stage 1 Average Time in Working Days                        | 1746      | 5799        | 0.3    |
| Stage 2 Average Time in Working Days                        | 625       | 86          | 7.3    |
| Escalated Complaints in Working Days                        | 1041      | 39          | 26.7   |

Table 7 shows that the average time in working days to respond to stage 1 complaints remain well within the prescribed time scale (5 days). This result of 0.3 days suggests that most of the complaints are dealt with at 1st point resolution, a pleasing outcome since this is an objective that the council strives to sustain within the policy. This informs the query noted at Indicator 2 above, although it is still intended that more work will be done in this area to provide a more descriptive overview.

The working days taken to resolve Stage 2 complaints show an average of 7.3 days. Although this is ultimately a very good result as it is well within the 20 day boundary, it does bring into question whether some of these cases could have, or should have been dealt with at stage 1. This may be a

staff training issue on either understanding the procedure and the difference between each stage, or indeed how the system works in terms of data input. This will be monitored and if comparative results are similar, work will be done to ensure this is rectified.

It is disappointing to report that escalated complaints fall outside the prescribed 20 day limit with an average of 26.7 days. The reason for this is unclear; however it is known that some service areas such as Education have difficulty providing an outcome in time due to the prolonged holiday period during the summer, and they are therefore not in a position to speak with necessary staff in order to draw a conclusion to investigations. More work will be carried out to explore other possibilities with a view to resolving the issue.

### INDICATOR 5 – Percentage of Complaints Closed Against Timescales

This indicator reports the number and percentage of complaints at each stage which were closed in full within the predetermined timescales of 5 and 20 working days.

Also included in these statistics are the cases where an extension has been authorised to the timescales.



Table 8 – Figures for Performance Indicator 5

| Percentage of Complaints Closed Against Timescales |           |             |        |
|--|-----------|-------------|--------|
| Performance Indicator                              | Numerator | Denominator | Result |
| Stage 1 Percentage Closed Against Timescales       | 5463      | 5799        | 94.2%  |
| Stage 2 Percentage Closed Against Timescales       | 55        | 86          | 64.0%  |
| Escalated Percentage Closed Against Timescales     | 25        | 39          | 64.1%  |

The results for this indicator show that of the 5799 stage 1 complaints, 5463 were closed within the 5 day target, which reflects a 94.2% outcome. For stage 2 complaints, 55 of the 86 cases were closed within the 20 day target. This represents 64%, this is similar to the 64.1% outcome for escalated complaints, where 25 of the 39 cases were closed on time.

It can be seen that improvements are needed in terms of ensuring that timescales are met. Refresher training on the Complaints Handling Procedure, as well as system management is underway and it is hoped that next year's statistics will show progress.

**INDICATOR 6 – Complaints Closed at each Stage where an Extension was Authorised**

With authorisation from a senior manager such as a Head of Service, the pre-determined 5 day limit to respond to a stage 1 complaint may be extended to 10 days if there are extenuating circumstances in which the complaint cannot be dealt with within the 5 day limit. Similarly, an extension may be approved by management to the 20 day limit for stage 2 complaints.

This indicator looks at the number and percentage of complaints at each stage where authorisation was agreed to extend the 5 or 20 working day timeline.

It does not include complaints that were late but authorisation was not requested and/or logged accordingly.

Table 9 – Figures for Performance Indicator 6

| Complaints closed at each stage where an extension was authorised |           |             |        |
|---|-----------|-------------|--------|
| Performance Indicator   | Numerator | Denominator | Result |
| Stage 1 Percentage Closed with Authorised Extension               | 3         | 5799        | 0.1%   |
| Stage 2 Percentage Closed with Authorised Extension               | 6         | 86          | 7.0%   |
| Escalated Percentage Closed with Authorised Extension             | 3         | 39          | 7.7%   |

The number of complaints that have required an extension is low in relative terms, particularly for stage 1 complaints. It can be seen that stage 1 shows 3 out of 5799, stage 2 is 6 out of 86, and those that were escalated illustrate 3 out of 39. This represents 0.1%, 7.0% and 7.7% respectively.

Although the results of this indicator show a fairly low percentage, the council will ensure during training sessions that the workforce is aware of this category within the procedure, and system options. Whilst this is not to be used as a matter of routine, it may be of interest to see if indicator 5 above would show better results, had the option to extend been utilised more.

**INDICATOR 7 – Customer Satisfaction about the Complaints Procedure**

The council has identified the area of satisfaction about the complaint handling procedure as one that requires some development work. There has been a very poor uptake in responses about satisfaction of the complaint handling procedure in the past, and therefore a new survey is being developed along with a methodology in which surveys are distributed and dealt with. This is being done on a larger, corporate scale and will involve other service areas using the survey too. It is hoped that this will allow for satisfaction data to be better collated and reported about all council services.

It is anticipated that the new format will improve the return rate of this particular indicator so that robust, informative data can be provided about whether or not customers are pleased with the way that their complaint has been handled. This will also enable informed decisions to be made about any improvements to the procedure that might be required.



## INDICATOR 8 – Learning, changes and improvements made to service areas as a result of the feedback given from complaints.

All complaints received are taken seriously, and the council has a clear commitment to listening to our customers and to act on their feedback. The information that customers take the time to provide to the council is appreciated and in relation to each complaint, it is used to continually improve services. Learning from complaints is a continuous process and there are different aspects of the information that can be used to improve. For example, making changes and/or learning can be a result of individual complex cases, or as a result of identifying a common theme of many frontline resolution complaints, so that recurrences of the same or similar instances are prevented. Since implementing the Complaint Handling Procedure in 2013, there have been many improvements made as a result of listening to our customers, learning from specific cases or workloads, and implementing changes. Some recent examples are highlighted in the case studies that follow.

# Learning, Changes and Improvements made to Service Areas as a Result of Complaints

### Case Study 1



#### Service: Waste Services

**Complaint Analysis:** There were a number of complaints about the lengthy application process for the 'Pull Out' service.

**Service Improvement Actions:** The process was reviewed and changed as a consequence. Customers now have access to the scheme much quicker, resulting in a better customer experience and reduced complaints.

### Case Study 2



#### Service: Children's Services

**Complaint Analysis:** There was a complaint following an accident that a child had at one of the council's children and families centres. The complaint was not about the accident itself, but rather the time afterwards that it was brought to the parent/carers attention.

**Service Improvement Actions:** There now must be management involvement/oversight when verbally passing on any information

about a child. This includes when staff are telephoning parents/carers following accidents or mishaps, so that a decision can be made about who will make the call i.e. Manager or Nursery Officer, and when. Everything in relation to contact made with parents/carers is now logged, including the time.

### Case Study 3



#### Service: Landscape and Countryside

**Complaint Analysis:** There were a number of complaints/concerns raised by both members of the public and staff about productivity when maintaining the Midlothian landscapes during the dark winter months.

#### Service Improvement Actions:

The matter was considered and in agreement with staff, seasonal working hours were introduced within the Land and Countryside section. This predominantly consisted of a 39 hour week during the summer months, and a 31 hour working week during winter, averaging the contracted 36 hour week per annum. This has also reduced costs and increased output since temporary staff are required to a much lesser extent.

### Case Study 4



#### Service: Property and Facilities Management

**Complaint Analysis:** Some complaints were received from both customers and Contact Centre staff alike as there was no easy way of obtaining information regarding scheduled upcoming work, or following repair jobs within properties. Enquiries could not be dealt with at time of call and often resulted in return calls needing to be carried out.

**Service Improvement Actions:** The process was reviewed, and now additional notes about repair jobs are placed onto the established system by the Repairs Service staff, so that contact centre staff have access to continuous, up to date information and they are in a position to communicate this to customers. This has saved costs, time and therefore improved efficiency and the customer experience.

### Case Study 5



#### Service: Education

**Complaint Analysis:** There was a complaint that a Midlothian school had failed to formally record concerns about bullying. Although the case was investigated and the school did not consider the incident to be bullying, the complaint was in regards to the fact that the correct paperwork had not been filed. Namely, that a 'Bullying Concern Initial Referral Form' had not been filled in despite the instance of bullying being unfounded.

#### Service Improvement Actions:

The council's policy guidance has been reviewed and this is now reflected in the school's anti-bullying policy.

### Case Study 6



#### Service: Waste Services

**Complaint Analysis:** Following some complaints about recycling boxes not being collected despite being placed correctly onto the kerbside, an investigation was carried out. Findings were such that the boxes were being left because operatives considered there to be contamination within them.

#### Service Improvement Actions:

The outcome was to revise the instructions to waste operatives to reduce time spent looking for contamination. The decision was made with support from the waste management company, Viridor who were satisfied that Midlothian had an excellent record of presenting waste with minimal contamination. This improved 1st time pick-ups and reduced complaints as well as repeat visits.

### Case Study 7



#### Service: Property and Facilities Management

**Complaint Analysis:** In such circumstances when there is a mixture of privately owned and council owned properties within a building, there are situations where there is a need to do repair/maintenance work relating to the building. In these situations the





cost is shared between the council and the private tenants within the building and this is known as 'mutual repairs'.

We have received a number of complaints from private tenants in relation to mutual repairs, stating that they were not receiving the correct information.

**Service Improvement Actions:** On reviewing these complaints, the service area has devised a new information document with all the essential criteria needed in such a situation.

This has alleviated the number of complaints.

### Case Study 8



**Service: Landscape and Countryside**

**Complaint Analysis:** There were complaints concerning a Midlothian Park, and a near fatality that occurred due to old mine working in the park.

**Service Improvement Actions:**

The Land and Countryside section sought both Capital and external funding to develop the park.

This work has recently been completed. Geogrid, a ground stabilising mesh has been installed by Council staff over the area of mine working. The park has also been extensively landscaped, which included the installation of paths, gates, an orchard and some woodland planting along with shrub beds at the entrance to the park. Further work to include a play area is planned.

### Case Study 9



**Service: Public Private Partnership (PPP) – Schools**

**Complaint Analysis:** There were several complaints concerning classrooms within some PPP schools being too hot. The agreement between the PPP contractor and the council was that classrooms were to have a temperature between 21-25 degrees Celsius.

**Service Improvement Actions:**

This requirement was reviewed and it was mutually agreed that it should be reduced to 19-25 degrees Celsius.

## Annual Complaints Handled by the Scottish Public Services Ombudsman (SPSO)

The **Scottish Public Services Ombudsman (SPSO)** is the organisation that handles complaints about public services in Scotland. The Ombudsman service is independent of government and has a duty to act impartially. The SPSO also shares learning from its work to improve service delivery across the public services spectrum in Scotland. The office carries out awareness-raising activities with the general public, and bodies under their jurisdiction and promotes good complaints handling by public service providers in Scotland. The SPSO has a separate website to support best practice in complaints handling.

Mentioned earlier in this report, customers who have used Midlothian Council's established Complaint Handling Procedure, and who remain dissatisfied with any aspect of the way in which their complaint has been handled, are signposted by the council to the Scottish Public Service Ombudsman (SPSO). Provided it is within their jurisdiction, the SPSO will review the complaint and consequently reach a decision. Depending on the decision, the SPSO will make recommendations to the authority accordingly. This is to encourage lasting improvements to services so that the trust and confidence of the public is re-established.

**Table 10** – Number of Complaints to Areas (as Deemed by the SPSO) that were Handled by the SPSO in 2016/17

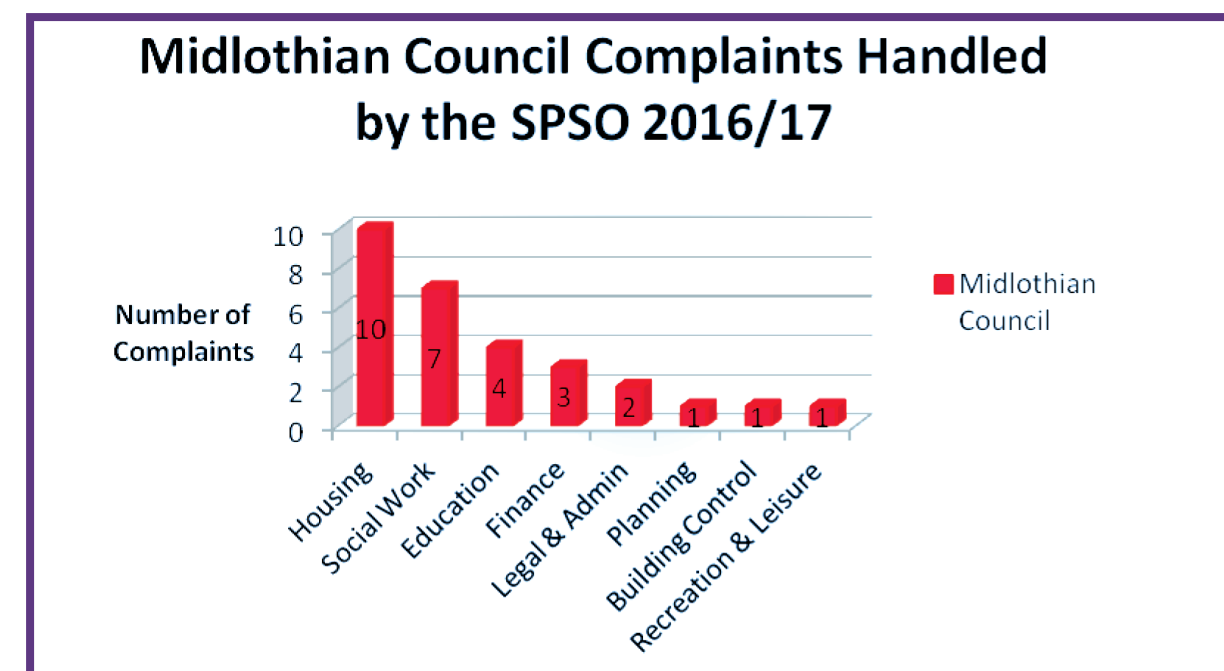




Table 10 illustrates the amount of complaints that have been **received** by the SPSO about Midlothian Council between 1 April 2016 and 30 March 2017. The main service areas have been given generic terminology by the SPSO since they deal with all local authorities in Scotland, and since each authority has locally named service areas/divisions.

The complaints have been ranked from the most complaints received to the least. It is interesting to note that Housing is not ranked highest in both the internal stage 1

and stage 2 statistics for Midlothian Council, however Social Work and Education are positioned highest in the internal stage 2 complaint figures, and so this corresponds to the SPSO figures.

Tables 11, 12 and 13 shows the outcomes of the complaints **determined** by the SPSO about Midlothian Council over the same period. Similarly to the council's statistics, the figures received (shown in table 10) and the figures determined don't tally because the SPSO were still working on a case after the business year had ended.

Table 11 – Complaints that have Reached Advice Stage

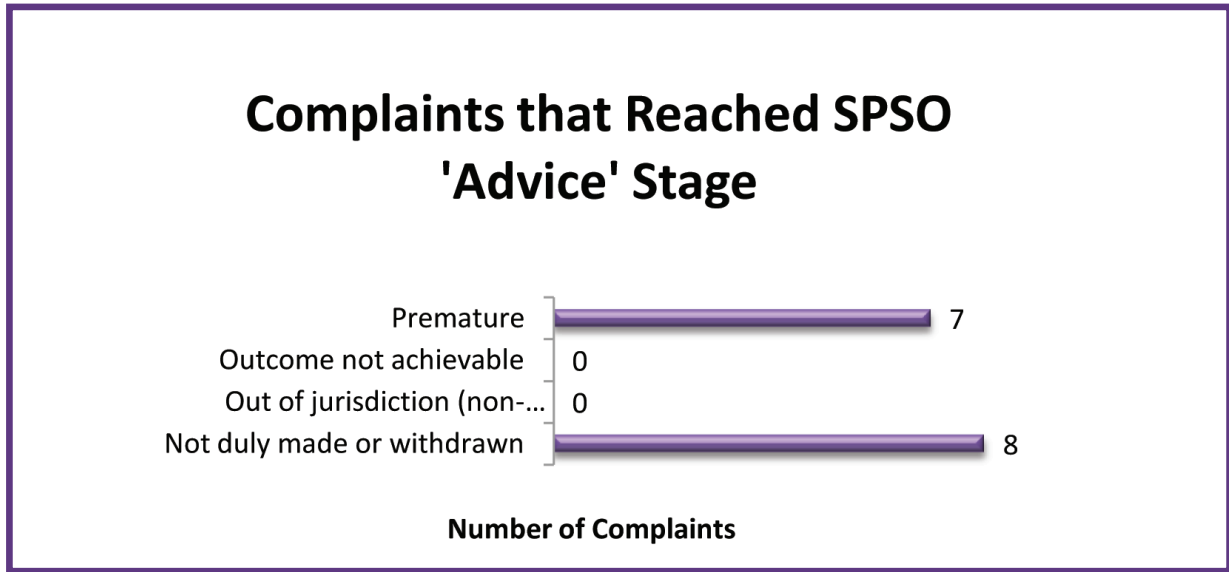


Table 12 – Complaints that have Reached Early Resolution Stage

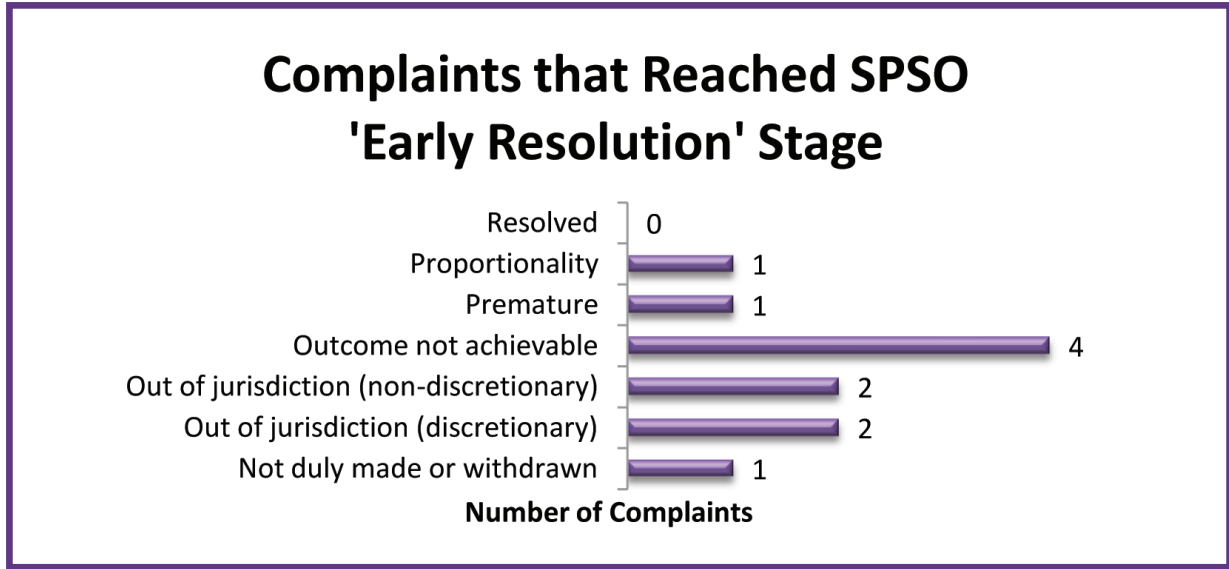
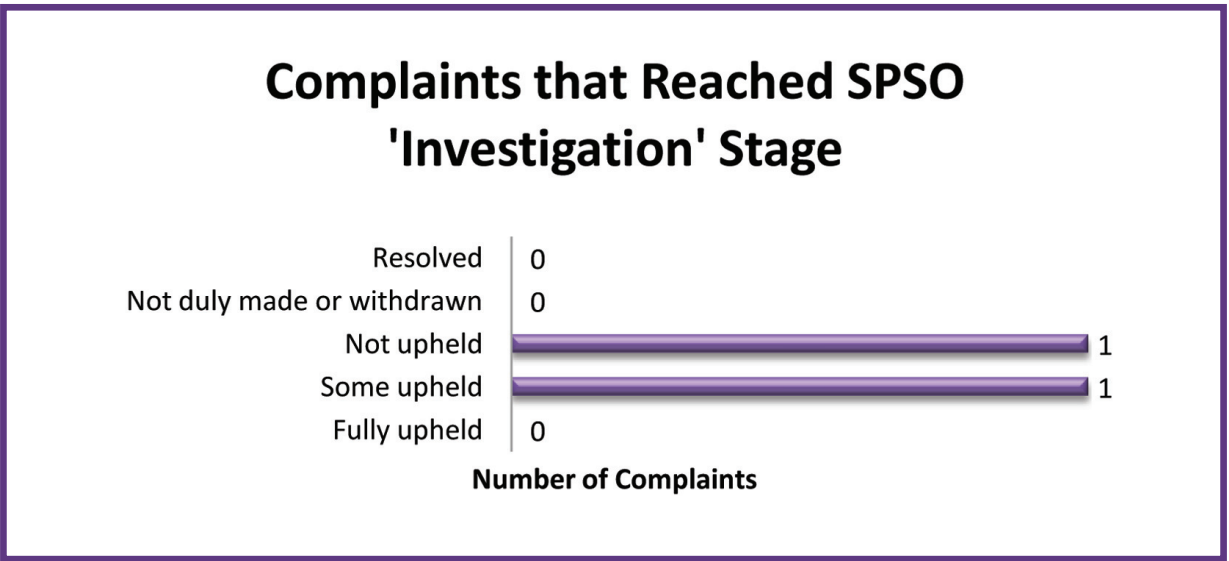


Table 13 – Complaints that have Reached Investigation Stage



The advice stage, shown in table 11 is the initial receipt stage where the SPSO will check if they have enough information, that the complainant has first of all complained to the relevant organisation, and that the matter is one that they are allowed to look at. It can be seen that there have been 15 at this stage. 7 were deemed premature (hadn't gone through authority's internal procedure first), and 8 were withdrawn (not taken any further).

The early resolution stage, referred to in table 12 is where the SPSO have confirmed that the complaint is mature (ie that the complaint has completed the organisation's complaint process) and is in jurisdiction. The SPSO will then begin gathering the information needed for an investigation. Some cases are closed at this stage if they are able to be resolved with the organisation, or if they consider there would be no significant benefit, or achievable outcome from a full investigation. There were 11 complaints in total that reached this stage.

Table 13 illustrates the complaints that the SPSO conducted an investigation for. It can be seen that of the 28 complaints that the SPSO received, there were 2 that reached this stage. The decisions can be viewed in the table, 1 was partly upheld (some aspects of the complaint were found to be supported), and 1 was not upheld (no aspects of the complaint were found to be supported). Further analysis informs that these were to Education and Planning respectively.



# Complaint Handling Procedure – Summary and Future Considerations

Midlothian Council has seen a number of staff changes during recent service reviews and as a natural element of the process, staff have been deployed both into and away from roles within the overall corporate management of the complaint handling procedure. Reviewing service areas has become a matter of routine within the local authority setting for a number of reasons that includes enabling the continual evaluation of service areas to ensure customer/resident/constituent demand is sourced, recognised and then met, and that best practice is at the forefront of all processes and procedures. The role of the lead officer for complaints now sits within the Policy and Scrutiny team, and there are a number of objectives that are being looked at as part of the overall development of the service.

There are a number of areas that will be focused upon in the year ahead. There are also future considerations that are planned for beyond this year.

## Current Year 16/17

### • Education

There has been challenges embedding the complaint handling procedure in schools. A project is now underway to refresh training on both the procedure itself, and the system, amongst Education staff; to develop the system in which complaints are logged; and to encourage more ownership of complaints and in turn enhance relationships with pupils and parents.

### • Contact Centre

Refresher training (and training for new staff) for Contact Centre staff on the Customer Relationship Management (CRM) system, and how to identify and log a complaint are within the Policy and Scrutiny team work plan. The service area is currently on a recruitment drive so work to train staff will commence after this period.

### • Development of the End of Year Report

Following endorsement of, and publication of the report through the established pathway, the case studies included will be channeled more widely across the council.

The work behind the report i.e. generating the information and working with the raw data, has been enhanced to enable better statistical and comparative analyses that will in turn facilitate a more proficient report in the future.

# Future Considerations

It is anticipated that the time to complete the above listed objectives will go beyond 16/17 since they include progressive projects that will become working practice. It is also not an exhaustive list as there are many routine and non routine matters that arise throughout the year. The following work is also in the pipeline.

### • Corrective Action in relation to System Development and Statistical Data

There is a need for some development work to our Customer Relationship Management system around how Midlothian Council records the number of days. The statistical data that we report will be marginally impacted and the SPSO is aware of the matter, but have no concerns. Due to the resources that are required to achieve this position, the work is planned and will in place for the new reporting year in April 2018.

### • Social Work

Midlothian Council's Social Work service is working to a new complaint handling procedure. Although there are noteworthy differences that relate more to social work practices, the new procedure is more in line with the corporate procedure. Currently, the council is working towards developing the process in which social work complaints are recorded with a view to streamlining systems of work that social work staff already do. This project is still in the early stages but once fully underway it will be a significant piece of work, as it will have an impact on wider council staff with some resource and marketing implications.

### • Social Media

The council wants to enhance the way in which complaints are captured via social media. This is a project that has not yet commenced but is within the Policy and Scrutiny team work plan.

### • Quality Control

From September, complaints will be a standing item at all directorate Divisional Management Team (DMT) meetings, to which all Heads of Service to the division are present, and the meetings are usually chaired by the corresponding Director. The meetings are at times also attended by third tier managers, and having the complaint handling procedure discussed in this way, at this level will ensure that the subject of complaints remains a high priority.

### • Review of Satisfaction Questionnaire about the Complaint Handling Procedure

As mentioned previously under the 'Indicator 7' section above, there is a need to review both the method in which the information is sought, and the questions themselves. It is anticipated that with fewer questions asked, and by sending a questionnaire with every response letter in addition to the usual protocol, there will be a better response rate. Work to change this procedure is scheduled for the new year.

As mentioned, this report is the first in this format. It presents data from 1 April 2016 through to 31 March 2017, and going forward, the council intends to use the report, both in format and content as a benchmark for development. Next year, and in subsequent years, comparative data will be presented, analysed and any findings will be discussed as part of the report. It is expected that themes will transpire as the years progress and these themes will determine both the development of the function, and in turn both short and long term objectives of both the complaints process itself and the direction of service areas. Midlothian Council would like to thank those who have taken the time to read the report, and for their continual support and encouraging feedback that has enabled its formulation.



## COMMUNICATING CLEARLY

We are happy to translate on request and provide information and publications in other formats, including Braille, tape or large print.

如有需要我們樂意提供翻譯本，和其他版本的資訊與刊物，包括盲人點字、錄音帶或大字體。

Zapewnimy tłumaczenie na żądanie oraz dostarczymy informacje i publikacje w innych formatach, w tym Braillem, na kasecie magnetofonowej lub dużym drukiem.

ਅਸੀਂ ਮੇਰਾ ਕਰਨ ਤੇ ਖੁਸ਼ੀ ਨਾਲ ਅਨੁਵਾਦ ਅਤੇ ਜਾਣਕਾਰੀ ਤੇ ਹੋਰ ਰੂਪ ਵਿੱਚ ਪ੍ਰਕਾਸ਼ਨ ਪ੍ਰਦਾਨ ਕਰਾਂਗੇ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਬਰੇਲ, ਟੇਪ ਜਾਂ ਵੱਡੀ ਛਪਾਈ ਸ਼ਾਮਲ ਹਨ।

Körler için kabartma yazılar, kaset ve büyük nüshalar da dahil olmak üzere, istenilen bilgileri sağlamak ve tercüme etmekten memnuniyet duyuyoruz.

اگر آپ چاہیں تو ہم خوشی سے آپ کو ترجمہ فراہم کر سکتے ہیں اور معلومات اور دستاویزات دیگر شکلوں میں مثلاً بریل (ناپیدا افراد کے لیے) بھرے ہوئے حروف کی لکھائی میں، ٹیپ پر یا بڑے حروف کی لکھائی میں فراہم کر سکتے ہیں۔

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