

Notice of meeting and agenda



Performance, Review and Scrutiny Committee

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

Date: Tuesday, 07 March 2017

Time: 11:00

John Blair
Director, Resources

Contact:

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Clerk Telephone: 0131 271 3158
Clerk Email: 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

2 Order of Business

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

3 Declarations of Interest

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

4 Minutes of Previous Meeting

- | | | |
|------------|---|----------------|
| 4.1 | Minute of 24 January 2017 submitted for approval | 3 - 8 |
| 4.2 | Minute of Special Meeting 21 February 2017 submitted for approval | 9 - 10 |
| 4.3 | Minute of Sub Committee of 24 November 2016 submitted for information | 11 - 12 |
| 4.4 | Minute of Sub Committee of 24 January 2017 submitted for information | |

5 Public Reports

- | | | |
|------------|--|----------------|
| 5.1 | Inspection of St Mary's Primary School and Nursery Class – Report by Director Education, Communities and Economy | 13 - 22 |
| 5.2 | Inspection of Midlothian Residential Service for Young People - Report by Head of Children's Services | 23 - 34 |
| 5.3 | Inspection of Highbank Care Home | 35 - 44 |
| 5.4 | Inspection of Shared Lives Midlothian | 45 - 54 |
| 5.5 | Inspection of MELDAP | 55 - 68 |
| 5.6 | Complaints about Midlothian Council Services handled by the Scottish Public Services Ombudsman 2015_16 | 69 - 74 |
| 5.7 | Dog Control and Dog Fouling – Report by Head of Communities and Economy | 75 - 82 |

6 Private Reports

Minute of Meeting



Performance Review and Scrutiny
Tuesday 7 March 2017
Item No. 4.1

Performance, Review and Scrutiny Committee

Date	Time	Venue
24 January 2017	11.00am	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Milligan (Chair)	
Councillor Baxter	Councillor Beattie
Councillor Bennett	Councillor Imrie
Councillor Muirhead	Councillor Pottinger
Councillor Russell	Councillor Wallace

Also in Attendance:

Kenneth Lawrie	Chief Executive
Grace Vickers	Head of Education
Mary Smith	Director Education, Communities and Economy
Peter Arnsdorf	Planning Manager

1 Apologies

Apologies received from Councillors de Vink, Montgomery and Young.

2 Order of Business

The order of Business was as set out on the Agenda

3 Declarations of interest

No declarations of interest were intimated.

4 Minutes of Previous Meetings

The minutes of the following meetings were submitted and approved as a correct record:

- 4.1 Performance, Review and Scrutiny Committee of 29 November 2016
- 4.2 Special Performance, Review and Scrutiny Committee of 30 November 2016 (1)
- 4.3 Special Performance, Review and Scrutiny Committee of 30 November 2016 (2)
- 4.4 Performance, Review and Scrutiny Sub Committee of 2 May 2016

5 Public Reports

Agenda No	Title	Presented by:
5.1	Newbyres Village Care Home	Chief Executive
Outline and summary of item		
The Chief Executive explained that this item was added to the Agenda with the intention of the Sub Committee meeting in advance of this meeting. The Chief Executive apologised to the Committee that the Report had not been circulated to the members before today and would ensure it was distributed before the meeting of the Sub Committee.		
Decision		
The Report on the Remit of the Performance Review and Scrutiny Sub Committee (Newbyres) to be added to the Agenda of the next meeting of the Performance, Review and Scrutiny Committee.		
Action		
Chief Executive/Democratic Services Team		

Agenda No	Title	Submitted by:
5.2	Education Scotland Inspection Report: Community Learning and Development in Midlothian Council – Report by Head of Education	Head of Education
Outline and summary of item		
<p>With reference to the Minutes of Cabinet dated 10 January 2017, there was submitted a report by Head of Education dated 10 January 2017 providing Members with the findings of the Education Scotland Inspection of Community Learning and Development in Midlothian Council which was published on 13 December 2016.</p> <p>Grace Vickers, The Head of Education presented the report to the Committee highlighting the inspection focussed on both the strategic leadership across Midlothian and place-based delivery within the communities of Dalkeith, Woodburn, Gorebridge, Mayfield and Easthouses.</p> <p>Thereafter several members of the Committee commented on the very good report and wished to pass on their Congratulations to the staff.</p>		
Decision		
<ul style="list-style-type: none"> • To note the content of this report. • To recognise and to celebrate the quality, range and life changing impact of the learning and development taking place. • To support the recommended areas of action to ensure that the learning and development offered across Midlothian moves from very good to excellent and that progress will be reported through existing Council and Community Planning Partnership performance reporting mechanisms. • To Congratulate the Staff 		
Action		
Head of Education		

Agenda No	Title	Submitted by:
5.3	Procedure for Reporting of Complaints Progressed to the Scottish Public Services Ombudsman	Chief Executive
Outline and summary of item		
<p>With reference to the minutes of Cabinet dated 10 January 2017, there was submitted a report by The Chief Executive dated 22 November 2016.</p> <p>The Cabinet in respect of the Report had agreed on 12 January 2016 the following</p>		

recommendations:

- a) To approve the procedure for monitoring compliance and performance in relation to complaints made directly to SPSO as set out in Appendix 2;
- b) To agree the framework for a consistent approach to SPSO complaint outcome compliance; and
- c) To refer the report to the Performance, Review and Scrutiny Committee for their interest.

The Chief Executive presented the Report to the Committee and thereafter responded to questions and comments from the Members.

Decision

To note the report

Agenda No	Title	Submitted by:
5.4	Report for the Scottish Ministers on Compliance with Climate Change Duties for 2015-16	Head of Communities and Economy
Outline and summary of item		
<p>With reference to the minutes of the Performance Review and Scrutiny Committee of 29 November 2016 and the Cabinet of 22 November, there was submitted a Report dated 14 November 2016 informing the Committee of the Council's Statement of Compliance with Climate Change duties for 2015/16. Mr Arnsdorf responded to questions raised by Councillor Baxter, partly answering some questions and committed to providing fuller responses to the remaining questions.</p> <p>The Performance Review and Scrutiny Committee of 29 November agreed the following:</p> <ul style="list-style-type: none"> • To note the terms of the Report forming the basis of the Council's submission, which had now been lodged to Scottish Ministers? • To continue the matter to the next meeting of the Committee to be held on 24 January 2017, for submission of fuller responses to the questions. <p>Mr Arnsdorf presented the Report to the Committee which provided responses to the outstanding questions raised at its meeting on 29 November 2016. Councillor Baxter commented that he was satisfied with the responses given and would look forward to future reports.</p> <p>Thereafter the Chief Executive responded to a question raised the Members in relation to Reports presented to Cabinet and not always referred automatically onto Performance Review and Scrutiny Committee.</p>		

Decision
To note the points of clarification outlined in the Report.

6 Private Reports

No private reports submitted for discussion

The meeting terminated at 11.20 am

Minute of Meeting



Performance Review and Scrutiny
Tuesday 7 March 2017
Item No. 4.2

Special Meeting Performance, Review and Scrutiny Committee

Date	Time	Venue
21 February 2017	1.00 pm	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Muirhead (Chair)	Councillor Baxter
Councillor Beattie	Councillor Bennett
Councillor de Vink	Councillor Imrie
Councillor Montgomery	Councillor Pottinger
Councillor Russell	

Also in Attendance:

Allister Short	Head of Primary Care & Older People's Services
Alan Turpie	Legal Services Manager
Janet Ritchie	Democratic Services Officer

1 Welcome, Introductions and Apologies

In the absence of the Chair of the Committee, Councillor Muirhead was nominated by the Committee and took the Chair.

Apologies were received from Councillors Milligan, Coventry and Young.

2 Order of Business

The order of Business was as set out on the Agenda.

3 Declarations of Interest

No declarations of interest were intimated

4 Minutes of Previous Meeting

No previous minutes were submitted.

5 Reports

In view of the nature of the business to be transacted, the Committee agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed information as defined in paragraph 1 and 11 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

5.1 Newbyres Village Care Home Sub Committee Remit

The meeting terminated at 13.10 pm.

Minute of Meeting



Performance Review and Scrutiny
Tuesday 7 March 2017
Item No. 4.3

Performance, Review and Scrutiny Committee

NEWBYRES VILLAGE CARE HOME SUB COMMITTEE

Date	Time	Venue
Thursday 24 November 2016	12 noon	Council Chambers, Midlothian House, Buccleuch Street, Dalkeith

Present:

Councillor Milligan (Chair)	Councillor Muirhead
Councillor Pottinger	Councillor Russell

Also in Attendance:

Allister Short	Head of Primary Care & Older People's Services
Craig Thomson	Newbyres Care Home Manager

1 Apologies

It was noted that apologies had been received from Councillor Beattie and Councillor Wallace.

2 Order of Business

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

3 Declarations of interest

No declarations of interest were intimated.

4 Minutes of Previous Meetings

The minutes of the meeting of 2 May 2016 were submitted as a correct record.

Arising from this minute the Chair advised that he wished to raise an outstanding private item as referred to at paragraph 4.1 below.

5 Public Reports

No Public Reports were submitted to this meeting.

6 Private Reports

In view of the nature of the business to be transacted, the Committee agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed information as defined in paragraph 1 and 11 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

- a) Outstanding Actions from previous Minutes
- b) Newbyres Village Care Home – Improvement Action Plan Update.

Inspection of St Mary's Primary School and Nursery Class

Report by Dr Mary Smith, Director of Education, Communities and Economy

1.0 Purpose of Report

The report outlines the outcome of the above inspection as carried out by HM Inspectorate of Education and the Care Inspectorate which was communicated in their letter dated 21 February 2017.

2.0 Background

2.1 St Mary's Primary School was inspected on the week beginning 7 November 2016. The report was published on 21 February 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 St Mary's Primary School and Nursery class:

Primary Stages

Leadership of change	Good
Learning, Teaching and Assessment	Good
Raising attainment and achievement	Good
Ensuring wellbeing, equality and inclusion	Good

Nursery Stage

Leadership of change	Satisfactory
learning, Teaching and Assessment	Satisfactory
Securing children's progress	Satisfactory
Ensuring wellbeing, equality and inclusion	Satisfactory

Care Inspectorate gradings for the nursery class:

Quality of care and support	Good
Quality of environment	Good
Quality of Staffing	Good
Quality of management and leadership	Adequate

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

- The experienced headteacher who has gained a high level of respect for the school within its community.
- Children who are confident, enjoy learning and are motivated to do their best.
- All children in the primary stages are involved in committees and have ideas about how to make further improvements to their school. They feel valued and are well cared for by staff. Across the nursery class and primary stages, staff work well with parents and other professional partners to support children.
- Children are making good progress in literacy and in particular are developing effective talking and listening skills.
- The school provides well-targeted support for children who have additional support needs and strives to ensure they make the best progress possible.

2.4 The following areas for improvement were agreed between HMIE, the Nursery and the Education service:

- Further develop the shared leadership of change across the school and in particular of the nursery class.
- Continue to improve consistency in the quality of learning, teaching and the use of assessment.
- Raise attainment and the level of challenge for all children.

In addition, the Care Inspectorate identified one requirement and six recommendations which can be found on pages 3 and 4 of the inspection letter as filed in appendix 1

2.5 Conclusion

HMIE 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.

A notification from the Care Inspectorate will be sent to the Provider to complete an action plan to address any requirements and recommendations made as a result of this inspection. The Care Inspectorate will return within twelve months to inspect the progress the nursery has made.

3.0 Report Implications

3.1 Resource

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

3.2 Risk

HMIE 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 HMIE 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 HMIE 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 Education Officers in the Quality Improvement Team 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 complements 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.

4.0 Recommendations

Performance Review and Scrutiny Committee is asked to:

- (i) note the content of the inspection report
- (ii) congratulate the pupils, parents and staff connected with St Mary's Primary School on the key strengths highlighted in the report
- (iii) note the areas for further development
- (iv) note that the Care Inspectorate will return within twelve months to inspect the progress the nursery has made.

21 February 2017

Report Contact: Grace Vickers, Head of Education
Tel No: 0131 271 3719
E-mail: julie.currie@midlothian.gov.uk

21 February 2017

Dear Parent/Carer

In November, a team of inspectors from Education Scotland and the Care Inspectorate visited St Mary's Primary School and Nursery Class. During our visit, we talked to parents/carers and young people and worked closely with the headteacher and staff. We gathered evidence to evaluate the quality of leadership and management, learning provision and young people's successes and achievements.

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

- The experienced headteacher who has gained a high level of respect for the school within its community.
- Children who are confident, enjoy learning and are motivated to do their best.
- All children in the primary stages are involved in committees and have ideas about how to make further improvements to their school. They feel valued and are well cared for by staff. Across the nursery class and primary stages, staff work well with parents and other professional partners to support children.
- Children are making good progress in literacy and in particular are developing effective talking and listening skills.
- The school provides well-targeted support for children who have additional support needs and strives to ensure they make the best progress possible.

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

- Further develop the shared leadership of change across the school and in particular of the nursery class.
- Continue to improve consistency in the quality of learning, teaching and the use of assessment.
- Raise attainment and the level of challenge for all children.

Quality indicators help schools, education authorities and inspectors to judge what is good 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? for the primary stages and for the nursery class, How good is our Early Learning and Childcare?*¹. Following the inspection of each school, the Scottish Government gathers evaluations of three important quality indicators to keep track of how well all Scottish schools are doing.

Here are Education Scotland's evaluations for St Mary's Primary School and Nursery Class

Primary stages

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

Nursery class

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

¹ *How good is our school? (4th Edition) 2015; How good is our Early Learning and Childcare? 2016* – [How Good Is Our School?](#) [How good is our early learning and childcare?](#)

Here are the Care Inspectorate gradings for the nursery class

Quality of care and support	Good
Quality of environment	Good
Quality of staffing	Good
Quality of management and leadership	Adequate

Requirements/recommendations made by Care Inspectorate for the nursery class:

During the previous Care Inspectorate inspection, the school had no requirements and six recommendations. From these, two recommendations have been met and four recommendations have been partially met. Outstanding issues relating to quality assurance are carried forward in this inspection. As a result of this inspection, there is one requirement and six recommendations.

Requirement:

- The provider must demonstrate that staff understand and know how to implement the child protection policy and procedures in order to keep children safe.
This is in order to comply with Scottish Statutory Instruments 110 (2011) regulation 210, 4(1)(a) welfare of users. A provider must make provision for health, welfare and safety of service users.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 3 - Health and wellbeing and Standard 4 - Well-managed service.
Timescale: 3 Months

Recommendations:

- In order for staff to support children with specific medical needs, we recommend that the nursery should include the following to a personal care plan:
 - Details of the child's allergy or medical condition and how information about this should be shared and managed.
 - What measures need to be put in place to prevent an allergic reaction or address a medical need.
 - What action staff should take in the event of a reaction or the child becoming unwell.National Care Standards Early Education and Childcare up to the age of 16:
Standard 3 - Health and wellbeing.

- The provider should ensure that personal care plans for children are further developed to ensure that all information relevant to children's wellbeing is recorded. This is especially relevant where children have barriers to their learning or additional support needs. This information should make clear the possible next steps, different opportunities presented or alternative approaches/strategies being used along with regular evaluation of progress made.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 3 - Health and wellbeing.
- The provider should improve children's quality of experience outdoors to allow them to engage in a balanced range of activities. This includes a review of current resources and use of space. This would support children to achieve, have fun and exercise choice.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 4 – Engaging with children and Standard 5 – Quality of experience.
- The provider should promote with staff, the Scottish Social Services Council pathway resource known as 'steps into leadership'. This would allow staff to develop skills of leadership which would improve their own professional practice and outcomes for children.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 12 – Confidence in staff.
- The headteacher should provide clear leadership and direction to ensure staff are fully supported to carry out their roles as practitioners to improve outcomes for children.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 11 - Improving the service and Standard 14 – Well-managed service.
- To ensure the service is rigorous in reviewing all areas within the nursery, we recommend formal auditing and monitoring systems should be put in place and all staff are involved to ensure a shared approach. Actions should be recorded and the results should show how this has impacted on the service. This would ensure that any issues are addressed quickly and support continuous improvement.
National Care Standards Early Education and Childcare up to the age of 16:
Standard 11 – Improving the service and Standard 14 – Well-managed service.

The letter and more detailed summarised inspection findings will be available on the Education Scotland and Care Inspectorate websites at

<https://www.education.gov.scot/reports/midlothian/5542324> and

<http://www.scswis.com/>

What happens next?

We 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.

A notification from the Care Inspectorate will be sent to the Provider to complete an action plan to address any requirements and recommendations made as a result of this inspection. The Care Inspectorate will return within twelve months to inspect the progress the nursery has made.

Susan Gow
HM Inspector

Niki Cooney
Care Inspector

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**Inspection of Midlothian Residential Service for Young People
Report by Joan Tranent, Head of Children's Services****1 Purpose of Report**

This report outlines the outcome of the above unannounced inspection as carried out by the Care Inspectorate in October 2016.

2 Background

2.1 Midlothian Residential Services consists of three, 4 bed-roomed residential homes in Penicuik, Dalkeith and Gorebridge. Each home cares for four young people who are aged between 10 and 18 years, who cannot safely stay with their own family. The homes in Penicuik and Dalkeith are purpose built single storey houses. The home in Gorebridge is on older property on two levels. At the time of the inspection there were 12 residents living between all three houses.

2.2 The Care Inspectorate is the Independent scrutiny and improvement body for care services in Scotland. They inspect all registered care services and local authority social work department on a regular basis to ensure 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 5	– Very Good
Quality of Environment	Grade 5	– Not assessed
Quality of Staffing	Grade 5	– Not assessed
Quality of Management and Leadership	Grade 5	– Very Good

The Inspectors reported that the service was operating to a very good standard in relation to all areas that were inspected.

2.4 The Inspection Team noted the following strengths:
At the time of the Inspection it was noted that the majority of the young people had a sense of belonging and all the young people reported that they received nurturing care from staff working in the houses.

We heard specifically of improved safety for some young people, development of independence skills, young people becoming more active and an improvement in relationships with family.

- Staff spoke about being consistent in emphasising their relationships with young people as essential in providing, nurture, influencing their behaviours and supporting good outcomes.
- The 'relational' approach to care was seen as a positive way of working across the staff teams as was the commitment to working alongside families.

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

- To maintain positive morale of staff we need to ensure that transitions and particularly endings are managed sensitively for both staff and the young people.
- The service should try and give more consideration to matching young people within the service. Staff reported they did not have a voice in these decisions and we therefore need to consider how we communicate more effectively with staff around these placement decisions.
- We need to consider how we maintain staff within each house, thereby ensuring continuity of care.

3 Summary

Midlothian Residential Services has just undergone an Inspection which considered the quality of care and support and the quality of management and leadership. This said the Inspection was very thorough with the Care Inspectorate meeting all staff including night staff where they arrived on site at 6am.

The positive outcomes acknowledged by the Care Inspectorate in relation to the strong relationships between staff, the young people and their families is key to achieving better outcomes and very much welcomed and promoted as good practice within our residential establishment. The Inspection team acknowledged the service continues to make improvements and that the needs of our young people are being met within the homes.

There are no noted requirements or recommendations from this report.

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's Services 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, e.g. through our corporate parenting strategy and plan.

4.5 Adopting a Preventative Approach

The Service will continue to improve its work in line with its improvement plan. 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

As part of their inspection process the Care Inspectorate spoke with 8 young people during the inspection and met with two relatives.

Prior to the inspection taking place, the Care Inspectorate received a fully completed self-assessment from the Residential Services.

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

- Proposal has been developed in partnership with service users;
- A stakeholder engagement programme has been used to develop this proposal;

4.7 Ensuring Equalities

As there were no recommendations or requirements within the report, we shall add the areas for improvement to our existing Improvement plan and address this through ongoing staff training and development.

4.9 IT Issues

There are no IT issues.

5 Recommendations

Performance, Review and Scrutiny Committee are requested to:

- Note the content of the Inspection report.
- Acknowledge the continued improvement since the last Inspection and the positive and ongoing work by management and staff connected with the Midlothian Residential Services for Young People.

Date: 14 February 2017

Report Contact:

Name Joan Tranent Tel No 271 3721

joan.tranent@midlothian.gov.uk

Background Papers: (Please see Appendix 1)

Care Service Inspection Report, dated 28 October 2016.

Midlothian Residential Service for Young People

Care Home Service

23 Ladybrae
Gorebridge
EH23 4HT

Telephone: 0131 270 7500

Type of inspection: Unannounced
Inspection completed on: 28 October 2016

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2003011085

About the service

This service has been registered since 2002.

Midlothian Residential Services consist of three small residential homes in Penicuik, Dalkeith and Gorebridge. Each home cares for a maximum of four young people who are usually aged between 10 and 18 years who cannot safely stay with their own family, or in any substitute family, and whose needs would best be met in a residential setting.

The homes in Penicuik and Dalkeith are purpose built single storey houses. The home in Gorebridge is an older property on two levels. All of the homes are close to local amenities and have good transport links. At the time of this inspection there were 12 young people living across the three houses.

What people told us

We spoke directly with eight young people and two relatives during this inspection. The relatives we spoke with were wholly positive about the service and specifically impressed by the efforts of staff to keep them involved. The views of young people were largely positive but there were some specific issues identified by some of the young people. For example, we heard that access to the internet was not as easy as it could be and this was for some a great source of frustration. Below are a range of comments from the young people we spoke with:

"I felt lonely at home and it's good to have people around me".

"I got on with some staff, it was awkward with the ones I didn't like".

"Good staff would help me and took me out"

"One staff member supported to make appointments and took me to the doctors etc".

"All night staff are sound".

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider. We were satisfied that the self assessment identified general evidence to be considered at the inspection and outlined areas for development consistent with the inspection findings.

From this inspection we graded this service as:

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

What the service does well

The service continues to help towards young people achieving good outcomes. We found that the majority of the young people have a sense of belonging and all experience nurturing care from staff working in the houses. We heard specifically of improved safety for some young people, development of independence skills, young people becoming more active and improving relationships with family.

The staff we spoke with were consistent in emphasising their relationships with young people as essential in providing nurture, influencing their behaviours and supporting good outcomes. We were satisfied that this 'relational' approach to care was a positive way of working across the staff teams. Equally evident was the commitment to working alongside families; we heard of staff going the extra mile for young people to sustain relationships and help rehabilitation home.

Leadership is effective in each of the houses, from experienced practitioners providing excellent support to front line staff and modelling good practice. Positive practice is well supported by embedded structures of support for staff. This includes regular supervision for staff, effective team meetings, on-call support, management meetings and mentoring of new staff. The specific focus of resources to provide effective support to night staff is to be welcomed, recognising the very important role staff working through the night have in the lives of the young people living in Midlothian residential services. We also heard that debriefing, following critical incidents, had improved making sure that the service and individual staff are reflecting and learning from incidents. We found that this ensured that on-going work with young people is focussed on their needs.

While there were some contradictory views the majority of evidence suggested that the professional development of staff is well supported by the provider. We would particularly highlight the quarterly staff development days as a significant opportunity for staff to be involved in service developments and to also address any gaps in knowledge. The staff we spoke with all recognised the value in the staff development days. We were satisfied that staff were being given the opportunity to improve knowledge and skills to provide the best quality of care to children and young people.

What the service could do better

To maintain the positive morale of staff and the impact this has on care for children and young people, the service should do more to ensure that transitions, and particularly endings, for young people are managed sensitively for both young people and staff.

Decisions about placements for children and young people are not always viewed positively by the staff we spoke with and a common complaint was what they saw as a lack of thought given to matching with young people living in the service. Most staff were clear that they did not have a voice in these decisions, and those where young people are moved across houses. The service should consider how it communicates with staff about decision making around placements.

As stated above strong relationships between staff and young people are very important for supporting good outcomes. We heard from young people and staff of the often abrupt movement of staff across services. This is practiced in the short term to support services where there is a need (one of the services has experienced significant turnover in the last year) but longer term moves were also mentioned during the inspection. The staff who have moved have been important to young people and we were concerned for the potential impact on children and young people of unpredictable care or the loss of key relationships. We were satisfied that the service has made coherent plans to address gaps in staffing and we look forward to seeing how continuity of care has been protected at the next inspection.

The practice of debriefing following critical incidents over the last year was described by some as having improved. We found that evidence on this was inconsistent and would suggest that the service reviews the processes used to record incidents. Records need to identify whether debriefing has taken place and more consistently include the comments of young people. We felt that this would ensure a more robust external monitoring of incidents. One specific issue we also identified during the inspection was the experience of young people witnessing incidents. We discussed this with managers and we were satisfied that this would be addressed when reviewing incident processes and we will review this at the next inspection.

A consistent theme from discussions with staff was the uncertainty around the service and the role and function of individual houses. We felt that staff were not completely confident about the vision for residential services in Midlothian. Equally they weren't sure of the role they had to play in the development of the service. We found that not all staff viewed recent changes as positive and we were concerned that this ambivalence may have a negative impact on morale. We were encouraged from discussions with senior staff that the service recognises this issue and is committed to involving staff. We were satisfied that the well established development days for could be utilised to ensure staff feel involved in developing and agreeing a vision for the services.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

Inspection and grading history

Date	Type	Gradings	
23 Nov 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good

Date	Type	Gradings	
28 Oct 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good
7 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
23 Sep 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
26 Feb 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
17 Aug 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	2 - Weak
12 Jan 2012	Unannounced	Care and support	5 - Very good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Mar 2012	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
5 Mar 2012	Re-grade	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	1 - Unsatisfactory

Date	Type	Gradings	
7 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 3 - Adequate 4 - Good 4 - Good
21 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 2 - Weak Not assessed Not assessed
18 May 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good Not assessed Not assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good Not assessed Not assessed
16 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
31 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Feb 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 2 - Weak

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Inspection of Highbank Care Home

Report by Joint Director of Health and Social Care

1 Purpose of Report

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

2 Background

2.1 Highbank Care Home was inspected by the Care Inspectorate on 11th January 2017. Two areas of the service were inspected on this occasion which were “Quality of care and support” and “Quality of staffing” both receiving grades 5’s (very good). This was also an unannounced inspection.

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

- The personal plans that were examined described and treated people respectfully and positively, and unique and personal information was recorded.
- Medication was reviewed regularly
- The staff practice that was observed was respectful, warm and positive. We found that staff were encouraged to develop their skills and had access to a variety of training opportunities.
- It was noted that regular team meetings and staff forums had occurred. Staff interviewed confirmed they attended and could participate freely and shape the agenda.
- It was also noted that the management team regularly provided supervision.

2.3 There were no recommendations or requirements for improvement.

2.4 Conclusion

Highbank Care home continues to deliver high quality care to service users and the recent inspection by the Care Inspectorate, and subsequent awarding of Grade 5’s, reflects the quality of the work, delivered by a committed staff team, alongside strong management of the service.

3 Report Implications

3.1 Resource

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

3.2 Risk

There are no direct risks associated with this report.

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 delivery of high quality care services is a key performance and outcome measure for health and social care.

3.5 Adopting a Preventative Approach

The provision of high quality care within Highbank ensures an effective rehabilitation and assessment pathway is in place, reducing the need for higher level support.

3.6 Involving Communities and Other Stakeholders

Highbank Care Home works closely with residents, families and carers to ensure delivery of high quality services.

3.7 Ensuring Equalities

There are no equalities implications in this report.

3.8 Supporting Sustainable Development

There are no sustainable development implications in this report

3.9 IT Issues

There are no IT implications.

4 Recommendations

PRS is asked to note and endorse the attached inspection report and to:

- (i) Acknowledge the contents of the inspection report and the high quality service Highbank care home provides

Report Date: 14 February 2017

Report Contact: Anthea Fraser

Tel No: 0131 270 3670

E-mail: Anthea.Fraser@midlothian.gov.uk

Background Papers: Care Inspectorate report on Highbank Care Home

Highbank Care Home Service

9a Bonnyrigg Road
Eskbank
Dalkeith
EH22 3EY

Telephone: 0131 270 5640

Type of inspection: Unannounced
Inspection completed on: 11 January 2017

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2003011087

About the service

Highbank is a purpose-built care home for older people. It is situated in Eskbank, Dalkeith, and is close to shops and local amenities. Highbank is run and managed by Midlothian Council. The home is made up of six units, described by the provider as self-contained flats, each with lounge/dining areas. Highbank currently provides long-term care to three residents and offers rehabilitation services, intermediate care, including assessment and interim stays, and respite stays to other people using the service.

Each unit has toilets and bathrooms and there is a variety of different bathing equipment to meet individual needs and wishes. Accommodation on the upper floor is accessed by an elevator and there are separate kitchen and laundry facilities within the building. There is an area which has been equipped to provide physiotherapy and rehabilitation programmes.

What people told us

We received the following comments from people using the service and their relatives/carers.

"The quality of care is very good."

"Staff have been supportive when moving in Highbank."

"Home is kept very clean and tidy."

"Both have been beyond reproach. Excellent."

"Staff and management are always attentive and helpful. I feel safe here."

"The main reason I have given high marks is the quality and professionalism of the staff and management at the centre. I feel at ease knowing my relative is being looked after well."

"General care is good by staff, but notice a shortage of permanent staff, i.e. seems to be a lot of agency staff that are not familiar with my relative's needs."

Self assessment

We received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what they thought the service did well, some areas for development and any changes they had planned.

From this inspection we graded this service as:

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

What the service does well

The personal plans we examined described and treated people respectfully and positively, and unique and personal information was recorded. We saw that this was being used to make a positive difference in the lives of the people receiving support. Some people had been involved, with support from their families, in developing their own personal plans. The information contained in the plans was central to the person's care.

The plans contained some information on how to support people to communicate and how staff should communicate. We saw that staff viewed all behaviour as a form of communication and actively tried to find out what the person was trying to communicate. Communication care plans and strategies were up-to-date and used consistently by staff.

There was a record of each person's life history, by means of a one-page profile, and this was used in day-to-day conversations and support. This meant that people were seen as individuals and their abilities and strengths were recognised.

We saw that medication was reviewed regularly. We found that staff were aware of the importance of good oral care and that there were positive links with oral health professionals.

We observed that people were able to take part in activities and enjoyed the varied programme.

We saw that the service used an enablement approach with some residents and they had been supported to participate as fully as they could in their own lives.

We observed staff practice that was respectful, warm and positive. We saw that trusting relationships had been developed with the people they supported.

We found that staff were encouraged to develop their skills and had access to a variety of training opportunities. We noted that a comprehensive training programme was in place, which covered topics such as dementia awareness and adult support and protection.

We saw that the management team regularly provided supervision. This meant that the staff had personal development plans and the formal opportunity to reflect on, or develop their practice.

We noted that regular team meetings and staff forums had occurred. Staff interviewed confirmed they attended and could participate freely and shape the agenda.

What the service could do better

We read daily records of care and support, within personal plans, and found that, in general, they were a good process for the recording of information. We noted many examples of good recording, but we felt that ensuring all staff record their involvement in a person-centred manner, to illustrate how they are meeting people's identified outcomes, remained a work in progress.

We asked the management team to maintain its commitment to the support of staff in adhering to good standards of practice around recording and reporting in an outcome-focused manner.

We noted that some people who used the service were living with dementia and received assistance to take their medication. We suggested where some people with dementia lacked capacity to decide about their medical treatment, then a certificate from their doctor, under section 47(1) of the Adults with Incapacity (Scotland) Act 2000, would be required to authorise treatment. We asked the management team to discuss this with the people, relatives and doctors concerned and, where deemed appropriate, attain the necessary certificates to authorise treatment.

We found that some residents had sensor mat alarms situated in their rooms, programmed to alert care staff that the resident was moving and was possibly at risk. We found that in cases where the residents had incapacity and were unable to make such decisions themselves, consent had not been sought or given by any relatives, advocates, welfare attorneys or guardians, for the use of equipment that could be recognised as being a form of restraint.

The manager stated that she will contact all relatives regarding the use of passive alarms around the home and that consent for their use, from residents and relatives concerned, where appropriate, would be in place.

We will monitor progress in these areas for development at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

Inspection and grading history

Date	Type	Gradings	
21 Oct 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
11 Feb 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
18 Mar 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 May 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
18 Sep 2012	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good
8 May 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate
15 Feb 2012	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate
23 Aug 2011	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed

Date	Type	Gradings	
		Management and leadership	Not assessed
10 Dec 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
5 Aug 2010	Announced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
4 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
3 Sep 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
13 Feb 2009	Unannounced	Care and support	Not assessed
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	3 - Adequate
6 Aug 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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Inspection of Shared Lives Midlothian

Report by Alison White, Head of Adult Services

1 Purpose of Report

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

2 Background

- 2.1 Shared Lives (Midlothian) provides Adult Placement services to a number of adults with mild to moderate learning disabilities within Midlothian. The range of services provided includes day care, short breaks and long term placements and some befriending.
- 2.2 Shared Lives was inspected on the 1st August 2016. The report has been distributed to all Elected Members and Church Representatives on the Cabinet for their information.
- 2.3 Following inspection, Noted below are the evaluations for Shared Lives:

Quality of Care and Support	6 - Excellent
Quality of Staffing	5 – Very Good
Quality of Management and Leadership	Not assessed

- 2.4 The following particular strengths were indicated by the inspection team:

- 2.4.1 That the adults on placement were at the heart of the support, with both carers and shared lives workers working together to improve the quality of the person's life.
- 2.4.2 The Support to the carers and adults in placement in clearly based on mutual respect.
- 2.4.3 The team were very good in recording detailed person centred information.

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

- Whilst the overall quality of recording keeping was high there were some gaps identified which will be addressed.

2.6 Conclusion

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

3 Report Implications

3.1 Resource

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

3.2 Risk

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

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

3.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

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

3.4 Impact on Performance and Outcomes

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

3.5 Adopting a Preventative Approach

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

3.6 Involving Communities and Other Stakeholders

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

3.7 Ensuring Equalities

The Service Improvement Plan will be screened for equalities implications.

3.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

PRS is asked to endorse the recommendations as detailed below:

- (i) To note the content of the inspection report.
- (ii) To congratulate the carers and staff connected with Shared Live Midlothian on the key strengths and areas for improvement highlighted in the report.

14 February 2017

Report Contact:

Tel No:

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

Background Papers:

Shared Lives (Midlothian) Adult Placement Service

Fairfield House
8 Lothian House
Dalkeith
EH22 3AA

Telephone: 0131 2713 706

Type of inspection: Announced (short notice)
Inspection completed on: 1 August 2016

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Care service number:
CS2007149597

About the service

Shared Lives (Midlothian) provides adult placement services to a number of adults with mild to moderate learning disabilities in Midlothian. Shared Lives is a "community based service that seeks to support people to achieve better outcomes they have identified, through providing personalised support to individuals in their own communities". The range of services provided includes day care, short breaks and long-term placements and some befriending.

A shared lives worker will work with each adult placement carer for their entire period of involvement with the service. Prior to any placement carers are recruited and assessed as competent and approved by a carer's panel. Currently there are a total of 16 adult placement carers, some of whom provide both long term support and short breaks. At the point of inspection there were four long term carers, the remaining carers provided daycare and/or short breaks.

There were two shared lives coordinators and one shared lives support worker, who are managed by the registered manager of the service.

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

For the purpose of this report the following terms are used:

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

Adult in Placement-The adult in placement is the person receiving support and care from the adult placement carer in their own home.

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

What people told us

We met with two adult placement carers and two adults in placement as part of the inspection. We also spoke with a further three adult placement carers by phone.

Feedback from the adult placement carers was that they could not improve the excellent support from their shared lives workers. The adult placement carers told us that they felt there was very open and honest communication to the benefit of themselves and to the people in placement.

We spoke with two people being supported, both were very happy, being seen as part of the family. They said the support they also received from their named worker could not be made any better.

It was clear from speaking with both the adult placement carers and adults in placement there was a mutual caring and respectful relationship between them. This was also evidenced in the positive outcomes for everyone in placement.

The adults placement carers were offered professional, caring and empathetic support from their allocated workers. This benefitted both the care and the adult in placement.

Self assessment

The Care Inspectorate received a fully completed self-assessment from the provider. The provider identified what it thought the service did well and gave examples of improvements planned in the next 12 months.

From this inspection we graded this service as:

Quality of care and support	6 - Excellent
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

We found that the overall level of care and support was excellent. Because the carers had supported the adults for years, they all knew them very well, and this meant there had become, in the long term service especially, more of a family support ethos. This was very beneficial to the people supported who had thrived on the level of support given. We saw that the adults in placement were at the heart of the support, with both the carers and shared lives workers working together to improve the quality of the person's life.

The carers gave examples of the support they received, feeling they were listened to, their opinions mattered and that support was empathetic which in turn made more open communication to the benefit of the people in placement.

The support to the carers and adults in placement is clearly based on mutual respect, the team go out of their way to ensure the carers are listened to supported and that where issues arise they are on hand to solve these. It is a very small team of three people and the manager, they work hand in hand and discuss every aspect of the service together to ensure the best outcomes for the adults in placement and for the support to the carers. The team were supportive of each other and professional. The team members challenged each others decisions in an open and positive way which ensures the right decisions were reached for the best interests of the adults in placement carers and adults in placement.

We saw that the team were very good in recording detailed person centred information with regard to personal plans, reviews of support and communication with the carers and adults in placement. The shared lives team involved the carers in the development of the service through the three monthly carers meetings. The carers meetings also gave the opportunity for group training sessions. A forum for the adults supported had been further developed since the last inspection and this helped people look at what they wanted from the service and any improvements they would like to see put in place.

What the service could do better

Whilst the qualities of records were very good we found gaps in record keeping. This included one to one supervision meetings with the shared lives worker and coordinators, reviews of placements and support meetings with adult placement carers. However everyone we spoke with at inspection told us they were very well supported by their worker and this issue was not one of direct practice but of keeping records updated in a timely manner.

Whilst we could see that there were full case notes of communication and contact with all the adult placement carers, we found there was a gap in linking the changes discussed to an update of the personal plan/profile. We could not see a formalised document which clearly showed the personal plans/profiles had been reviewed at least once in a six month period or as a result of changing health or support needs. However this was an issue of documentation and not of direct care and support which we found to be excellent. (See recommendation 1).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The support plan should show evidence of review at least once in a six month period. The plan should be reflected up to date, relevant support information including any changes made due to deteriorating health . National Care Standards, Adult placement service - Standard 6, support arrangements.

Complaints

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

Inspection and grading history

Date	Type	Gradings	
30 Sep 2015	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good
31 Oct 2014	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	3 - Adequate
20 Jan 2014	Announced (short notice)	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good
7 Mar 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Aug 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
22 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
12 Mar 2009	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	5 - Very good

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

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Inspection of MELDAP

Report by Alison White, Head of Adult Services

1 Purpose of Report

This report provides a summary of the Care Inspectorate's Report on the work of MELDAP with regards to the progress made in the implementation of The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services (2014).

2 Background

- 2.1 At the request of the Scottish Government, the Care Inspectorate was responsible for leading a validated self-evaluation involving all 30 Alcohol and Drug Partnerships across the country. The aim was to help ADPs determine the extent to which the Quality Principles had been embedded in practice in their areas in order to support better experiences and outcomes for people affected by substance misuse.
- 2.2 The Quality Principles were introduced by the Scottish Government in 2014. The eight principles sets out what people can expect when they access adult drugs and alcohol treatment services across Scotland. Unlike other ADPs the MELDAP uses the Quality Principles with **all** its services since 2015.
- 2.3 MELDAP have made clear its expectations to all services on how the Quality Principles should be used and had developed documentation to support service self-assessment. The Quality Principles form part of the MELDAP programme of Quality Improvement which includes three annual visits to services, performance reporting and service presentations to the Commissioning and Performance Group. The MELDAP format developed to support service self-assessment was adopted by the Care Inspectorate for the national review of ADPs.
- 2.4 Prior to the Care Inspectorate's visit MELDAP had to complete a Validated Self-Evaluation of the Quality Principles in the form of a Position Statement. The 50 page document, which included evidence of progress, had to include a rating 'on the level of service performance' against each of the principles. The Care Inspectorate Team comprising of a Strategic Inspector, a representative from the Scottish Drugs Forum and an Associate Inspector (Angus ADP) spent a total of two days at the Brunton Hall. Day 1 consisted of a File Reading exercise of 10 files submitted from adult services. Day 2 involved the team meeting with a range of stakeholders; MELDAP Strategic Group members, staff, service managers and service users/carers. Oral feedback to MELDAP was provided by the Strategic Inspector at the end of each day.
- 2.5 Data was also collected through staff and service user questionnaires (16) and (50) respectively.

2.6 The final report highlighted a total 28 strengths many of which were considerable. In the key areas of strategic planning and leadership a total of 14 strengths were noted:

- Policy, service development and planning (5 strengths)
- Partnership working and resources (4 strengths)
- Leadership and direction (5 strengths).

2.7 The strengths identified included:

- the consistently high level of service performance (98%) against the HEAT standard of three weeks referral to treatment (90% of clients), the use of LEAN methodology and the role of the innovative Gateways to Recovery in increasing access
- the ADP was well governed and had an administrator who communicates and supports all services with their performance outcomes. This role was deemed a crucial success factor in terms of supporting the recording and reporting agendas
- service users were offered high quality evidence based treatment, care and support interventions
- there was strengthening access to harm reduction services, with robust relationships to appropriate MELDAP thematic groups
- services were staffed by workers who had the right attitude and values and worked in a supportive way; the Peer Support Project was discussed in very positive terms
- there was good evidence that the ADP had laid strong foundations in terms of their community work to develop Recovery System of Care (ROSC)
- the ADP had developed robust governance arrangements; it had sound mechanisms in place for reporting progress on its delivery plan through both the Integration Joint Boards and Community Planning Partnerships
- MELDAP demonstrated a robust approach to self-evaluation and had implemented a framework based on the Quality Principles
- there was robust evidence throughout that the ADP was working collaboratively and effectively with stakeholders across all services; staff survey findings highlighted that all staff felt that there was a positive working relationship amongst practitioners across different services
- despite the complex challenges facing the ADP, it had successfully worked in partnership to realign a large proportion of their budget to post treatment and recovery focused services evidencing agility and ability to jointly meet changing priorities
- there was a strong collaboration, transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies
- there was evidence of a high level of innovation and commitment to self-valuation and ongoing improvement. This culture was being well supported and encouraged by the leaders the inspectorate team met.

2.8 A central part of the process was the submission of the MELDAP Position Statement and did it accurately reflect the partnership's

performance against the Quality Principles. Of the 27 suggestions for improvement 19 were noted in the MELDAP submission. Nearly all the remaining recommendations were identified through staff surveys or meeting with services users, sources of evidence not readily available to the partnership. A number of the Areas for Improvement were to develop further areas of work already identified by the partnership or currently underway, for example:

- the need to improve accommodation in Midlothian (SMS)
- the growing demand on services of those presenting with complex psychological needs
- the need to continue to focus on areas of activity to reduce stigma for those accessing services for support for their addiction
- more could be done to communicate more effectively with frontline staff and service users and to manage change more effectively
- improve the quality of recovery plans and ensure that clients have a copy
- strengthening the role and understanding of independent advocacy
- there is a need to refresh and implement its revised commissioning plan to align with the IJB strategic plan, joint needs assessment activity and agreed financial plans
- the ADP would benefit from developing joint processes, for example, shared assessments, outcomes tools and recovery plans

3 Report Implications

3.1 Resource

There are no direct resource implications arising from this report. The report acknowledges the increased budget constraints experienced by substance misuse services.

3.2 Risk

The report highlights the robust governance arrangements provided by Meldap for the strategic planning of substance misuse services which seeks to mitigate risks in service delivery.

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 strengths noted in the report reflect the effective links with the IJB and clear lines of accountability to Community Planning Partnerships. Specifically there is a need to refresh the MELDAP Commissioning

Plan (2014) to ensure that it's aligned with the IJB strategic plan and to produce a financial plan.

The proposed development of the Recovery Hub with access to substance misuse/mental health services should help address the challenge of providing support to individuals presenting with complex psychological needs.

3.5 Adopting a Preventative Approach

MELDAP's works with its partner agencies to ensure a preventative approach is embedded.

3.6 Involving Communities and Other Stakeholders

The Care Inspectorate report notes that the ADP was working collaboratively and effectively with stakeholders across all services. The example of Good Practice highlighted was the Midlothian Peer Support Project delivered in partnership between service users, GPs, secondary care and non-statutory agencies.

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

3.7 Ensuring Equalities

While further work needs to be undertaken to address the issues of stigma and discrimination and improving access through more flexible opening hours, the services commissioned by MELDAP provide support to some of Midlothian's most vulnerable individuals and to communities where the impact of substance misuse is most acute.

3.8 Supporting Sustainable Development

The Service Improvement Plan allows for sustainable development and improvement.

3.9 IT Issues

There are no IT implications.

4 Recommendations

PRS is asked to endorse the recommendations as detailed below:

1. Note the content of the Care Inspectorate's report.
2. Note the significant strengths included in the report particularly in the areas of *Policy, service development and planning, Partnership working and resources and Leadership and direction*.
3. Support the development of a local recovery hub which will enable sustainable delivery of high quality services within Midlothian.

14 February 2017

Report Contact Alison White Tel 0131 271 3402

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

Background Papers:

The Quality Principles: Alcohol & Drug Partnership (ADP) Validated Self-Assessment and Improvement Mid and East Lothian

Introduction

To support effective implementation of the Quality Principles, the Scottish Government commissioned the Care Inspectorate to undertake a programme of validated self-evaluation across Alcohol and Drug Partnerships (ADPs) in Scotland. The aim of the project was to provide an evidence-informed assessment of local implementation, measurement and quality assurance of ADP and service compliance with *The Quality Principles: Standard Expectations of Care and Support in Drug & Alcohol Services*.

To find this out we gathered the views of staff across services providing treatment, care and support and from individuals accessing drug and alcohol services. We carried out two online surveys in January and February 2016, aimed at gathering both the views of staff and users of services in relation to each of the Quality Principles. In Mid Lothian, the staff survey was completed by 16 staff members and the service user survey was completed by 50 individuals. In East Lothian, the staff survey was completed by eight staff members and the service user survey was completed by 17 individuals.

We read the files of 10 individuals who received treatment and support from health, statutory and third sector services delivering drug and alcohol services. We met with eight individuals receiving services to listen to their views about their experiences of services. We also spoke to 19 staff in these services who work directly with individuals and to members of the Alcohol and Drugs Partnership responsible for strategic planning. We are very grateful to everyone who talked to us as part of this validated self-evaluation process.

The Care Inspectorate validation team was made up of a Strategic Inspector working with an Associate Assessor with knowledge and practice experience in alcohol and drugs services and support from staff from the Scottish Drugs Forum, National Quality Development team.

In the course of the validated self-evaluation process we identified a number of particular strengths which were making a positive difference for individuals and families as well as areas for improvement. These are identified in this feedback summary.

1. Key performance outcomes

Quality Principle 1.

You should be able to quickly access the right kind of drug and alcohol service that keeps you safe and supports you throughout your recovery.

Strengths

- MELDAP had consistently exceeded the three week referral to treatment HEAT target. In some cases, services were achieving 100% success rates indicating that overall the ADP was delivering effective access to services for individuals who required support.
- The ADP had engaged with its stakeholders and undertaken a range of improvement methodology events focussed around LEAN, to identify the system difficulties it was previously having making the waiting time HEAT target. This collaborative approach was innovative and central to its present level of very good performance.
- The ADP was well governed and had also appointed a full time administrator who communicates and supports all services with their monitoring of performance outcomes. This role was deemed a crucial success factor in terms of supporting the recording and reporting agendas.

Areas for improvement

- Whilst the ADP consistently met and exceeded the waiting time targets, the service user survey findings highlighted that this did not always match up with the service users' experiences. The ADP would benefit from evaluating this further to ensure a more congruent outcome for all its stakeholders.
- Although the ADP had made the positive decision to adopt the Recovery Star for all its services including children's, the success of this will need to be fully considered in the context of the Recovery Outcome Web (ROW) and its compatibility with DAISy when this is implemented, to ensure it continues to robustly capture and report on outcomes.
- Frontline staff we met told us about the growing pressure on their capacity to meet waiting time performance outcomes. The ADP needs to continue ensuring that adequate capacity is available to continue meeting and exceeding targets in frontline services.

2. Getting help at the right time

Quality Principle 2.

You should be offered high quality, evidence-informed treatment, care and support interventions which keep you safe and empower you in your recovery.

Strengths

- It was evident that service users were offered high quality, evidence informed treatment, care and support interventions.
- The ADP had introduced a number of innovative recovery gateways since 2012, staffed jointly by the third sector and health services who provided a wide range of accessible drop in support services.

- Both the survey and case file reading analysis highlighted that there was strengthening access to harm reduction services, with robust relationships to appropriate thematic groups. Examples of this included the recovery gateways which were providing effective advice and guidance, the needle exchange outreach network, the Pan Lothian NPS group and their intelligence led action plan along with links to workforce development activity.
- The Peer Support Project was discussed in very positive terms in our focus group. This initiative was formally evaluated as a success and is currently based in one GP practice, although, there are plans to extend this model more widely. The ADP had collaborated well with primary care in this instance and would benefit from a further roll out to capture the hard to reach populations.

Areas for improvement

- Whilst both the position statement and case file reading concluded that consent was built into key operational processes, the service user survey findings was not so consistent, suggesting that this needs to remain an area of focus for the ADP.
- Mid Lothian staff felt they had access to good accommodation, however, their colleagues in East Lothian were not as positive. In addition, NHS staff we met said that their access accommodation needed to improve and that managers were exploring various community contact options. The ADP needs to support this to ensure individuals access secure and comfortable surroundings.
- Although staff were very supportive of service developments, they told us that there was a significant level of inequity in respect of access to services across Mid and East Lothian. Services were resourced and constructed differently across the two areas, particularly in relation to the recovery services which were considered less advanced in Mid Lothian. In light of this, the ADP needs to continue considering how to develop services more uniformly across MELDAP.

3. Impact on staff

Quality Principle 3.

You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Strengths

- Almost all of the service users we met and who completed the survey said that workers had the right attitude and values and worked in a supportive way. Service users we met supported this describing staff as very courteous and helpful.
- The majority of staff who completed the Mid Lothian staff survey said that they felt well supported by their manager which is important in the context of the complex work they undertake.
- Both the ADP and staff we met said frontline services were well positioned to recognise and support trauma and this was supported by very positive case file reading analysis findings.

Areas for improvement

- Whilst the East Lothian staff survey sample was relatively small, only half felt well supported by their manager and the ADP needs to consider evaluating this further to determine if this issue is reflected more broadly.
- Although staff were well trained to recognise and provide initial support to people affected by trauma, staff we met in focus groups said that there were challenges in terms of the capacity of some specialist services to meet the growing demand of those presenting with complex psychological needs. The ADP needs to ensure it has robust pathways and the capacity to address this need.

4. Impact on the community

Strengths

- There was good evidence that the ADP had laid strong foundations in terms of their community work through the independently commissioned Recovery Orientated System of Care (ROSC) service review and subsequent Recovery Connections Network, mutual aid, whole population approach, new psychoactive substance (NPS) strategy and links to other thematic groups such as community safety.
- The ADP had appointed a Recovery Development Coordinator which was a positive step in terms of an identified lead role for taking the agenda forward in to the wider community.

Areas for improvement

- Whilst we recognised that the ADP was working hard with commissioned organisations to embed the Quality Principles in to practice and to self-evaluate the success factors, none of the service users attending our focus knew about them. The ADP needs to ensure that all its stakeholders know and understand how these shape their experiences working in addiction services.
- Whilst we recognised that there was a lot of work being undertaken to raise awareness and educate the wider community, service users completing the survey and those we met had mixed feelings about how this was progressing. The ADP needs to continue focussing on this aspect of work to reduce stigma for those accessing services for support with addiction issues.
- The staff survey suggests that the ADP needs to demonstrate more effectively to staff how it is improving the quality of people's lives in the wider community so they can more clearly understand the wider benefits of the roles they undertake.

5. Delivery of key processes

Quality Principle 4.

You should be involved in a strength based assessment that demonstrates the choice of recovery model and therapy is based on your needs and aspirations.

Quality Principle 5.

You should have a recovery plan that is person-centred and addresses your broader health, care and social needs, and maintains a focus on safety throughout your recovery journey.

Quality Principle 6.

You should be involved in regular reviews of your recovery plan to demonstrate it continues to meet your needs and aspirations.

Quality Principle 7.

You should have the opportunity to be involved in an ongoing review of how services are delivered throughout your recovery.

Quality Principle 8.

Services should be family inclusive as part of their practice.

Strengths

- The majority of service users completing the survey said their recovery plan felt personal to them and was achieved in partnership with staff. This was also reflected in the positive comments we received in the service user focus groups. In all cases, the recovery plans were in place, outcome focussed and the majority were up to date indicating good working practices.
- Both the survey and case file reading analysis evidenced that the majority of service users benefited from reviews that reviewed treatment, worked to agreed actions and were held at intervals appropriate to their needs.
- Both the service user survey and various focus groups evidenced that despite some challenges there was a growing commitment towards a strengths based approach which was an important factor in developing recovery potential for individuals accessing services

Areas for improvement

- Whilst most recovery plans were SMART, continued focus was needed to continue on this aspect of practice to ensure it can more accurately measure the personal outcomes for individuals accessing services.
- Whilst the position statement indicated the challenges and processes that are in place to ensure that service users are offered copies of recovery plans, both the service user survey and case file reading findings indicated that less than half felt they were offered copies. The ADP needs to improve in this area to ensure service user involvement is maximised.
- Both the case file reading and service user survey indicated that the ADP would benefit from strengthening the role and understanding of independent advocacy throughout the area to ensure that all those needing support have access to this service.
- Whilst the case file reading findings showed that there were up to date assessments, including risk assessments, in almost all of the files, the ADP needs to continue strengthening the quality of their risk assessments to reflect the complex nature of the work involved.

- We were told in focus groups about the huge benefit of services designed to help families such as Children First. Whilst these accounts and the position statement articulated the range and positive impact of family services, very clearly the case file reading and service user survey indicated that the ADP needs to ensure that the whole family approach is embedded in their key processes more systematically.

6. Policy, service development and planning

Strengths

- The ADP had developed robust governance arrangements within the local and pan Lothian context in which it operated. Despite the current challenges including health and social care integration, it had sound mechanisms in place for reporting progress on its delivery plan through both the Integration Joint Board (IJB) and Community Planning Partnership and was linked in well to other appropriate thematic groups.
- The ADP's current 2015-18 delivery plan was based on a joint approach to needs analysis work across the sectors and there has been a number of thematic needs assessments undertaken that had shaped the positive shift in the balance of care and current commissioning strategy towards post treatment recovery and early intervention services.
- Despite the lack of agreed financial plans the ADP was making very positive attempts to effectively communicate, engage and inform its stakeholders. They were proactively and collectively looking at potential efficiencies to mitigate the financial risks in a transparent manner.
- Positive steps had been taken to issue letters of reassurance to commissioned organisations, committing to funding agreements. In the focus group, the ADP members said that this had a reassuring effect for all staff delivering addiction services.
- The ADP demonstrated a robust approach to self-evaluation and had implemented a quality assurance framework based on the Quality Principles. The outcomes from this work are overseen by an appointed quality assurance officer who highlights any issues of note to the governing groups.

Areas for improvement

- The ADP needs to refresh and implement its revised commissioning plan to align with the IJB's strategic plan, joint needs assessment activity and agreed financial plans, to ensure it is consistent with the needs of the population and ADP vision.
- Whilst the ADP was responding well to the very complex budget challenges in terms of planning, developing and delivering services, it would clearly benefit from agreed financial plans as soon as possible to avoid any impact on the continuity of service delivery.
- Whilst there is robust evidence that all stakeholders have consistently been involved in shaping service developments through needs assessment activity, commissioning processes, numerous consultation events, the survey results and some focus group feedback indicated that staff and service users feel more could be done in this area to develop their involvement.

7. Management and support of staff

Quality Principle 3.

You should be supported by workers that have the right attitudes, values training and supervision throughout your recovery journey.

Strengths

- All of the staff in Mid Lothian completing the staff survey said they had an annual appraisal or performance review in the last year. This was also the case for the majority of the East Lothian staff. This demonstrated the ADP was supporting personal and professional development for staff.

Areas for improvement

- The ADP was being supported by the Scottish Drug Forum to design and undertake joint workforce development work aligned to the ROSC across the partnership. Whilst this will provide an effective foundation for the ADP, it was too early to establish what impact this will have on shaping the changing roles and working practices arising through the new models of service delivery.
- Both the staff survey and focus group we attended reflected positive feedback from staff about feeling well supported and regularly receiving feedback on the quality of their work. Whilst this was positive, it was only evident in a few case files we read and the ADP needs to consider how to better demonstrate this in case notes.
- The staff survey indicated that the ADP needs to continue supporting new staff to undertake induction and demonstrate that workforce development is an ADP priority.

8. Partnership working and resources

Strengths

- There was robust evidence throughout that the ADP was working collaboratively and effectively with stakeholders across all sectors. There were joint operating procedures, performance reporting and governance as well as strategic planning and delivery arrangements.
- The ADP have strategically co-located the MELDAP team with the public protection unit and this arrangement had forged close and beneficial working arrangements across other thematic groups. In addition, the ROSC, mutual aid and whole population work were also firmly rooted in strong partnership arrangements.
- The staff survey findings highlighted that almost all staff felt that there was positive working relationships amongst practitioners across different services. This feeling was also evident in the extremely positive staff focus group, further reflecting a very collaborative working culture across the ADP.
- Despite the complex challenges facing the ADP, it had successfully worked in partnership to re-align a large proportion of their budget to post treatment and recovery focussed services evidencing agility and an ability to jointly meet changing priorities.

Areas for improvement

- The ADP would benefit from having an agreed budget as soon as possible in order for it to re-develop and align its key strategic drivers such as its commissioning and delivery plans. This will bring greater stability to the ADP and help stakeholders to remain focussed on the overarching vision.
- Whilst the ADP was deeply rooted in joint working, there was evidence in our focus groups that certain resources were not distributed equally, such as some recovery based services. The ADP needs to continue working with its stakeholders to address any localised gaps in service provision identified.
- The position statement and staff and service users we met highlighted that the ADP would benefit from developing their joint processes, for example, shared assessments, outcome tools, and recovery plans to avoid areas of duplication.

9. Leadership and direction

Strengths

- The ADP was consistently meeting and exceeding on key performance targets indicating that they were successfully delivering accessible services.
- Our focus group with ADP members confirmed that the chair was effectively communicating all the necessary information to stakeholders and providing them with a clear picture of the current issues impacting on them.
- There was strong collaboration, transparent and robust governance in place with routine reporting on performance, both internally and externally, to joint accountable bodies.
- There was evidence of a high level of innovation and commitment to self-evaluation and ongoing improvement. This culture was being well supported and encouraged by the leaders we met.
- The ADP benefited from a culture within services where the majority of staff felt motivated, supported by their manager and evidenced person-centred approaches to their work, all of which was positive in the context of the demanding working environment they operated within.

Areas for improvement

- Whilst ADP members felt positive about understanding the vision for the ADP, both the staff survey analysis and focus group suggest there is more work to be done to communicate more effectively with frontline staff and service users and to manage change more effectively.
- Service users, the ADP and its commissioned organisations would benefit from clear financial plans being agreed as soon as possible and transparent, longer term commissioning arrangements for stability purposes.

Examples of good practice

As part of the validated self-evaluation process, we asked partners to nominate some examples of good practice which can be shown to have a positive impact on the lives of individuals, families and communities. During the onsite visit we assessed these examples to identify those which we consider would be useful to other alcohol and drugs partnerships across Scotland.

- **Peer Support Project.** This was an integrated approach delivered in partnership between service users, GPs, secondary care and non-statutory agencies who introduced peer support for substance misuse into a general practice in Mid Lothian. The pilot was effectively deployed, structured and implemented with effective outcome measures and tools put in place to determine the success of the work. The pilot demonstrated some very positive outcomes and there is strong evidence that the learning and innovation potential was acknowledged in the recommendations to expand the pilot more widely.

Complaints about Midlothian Council Services handled by the Scottish Public Services Ombudsman 2015/16**Report by Mary Smith, Director Education, Communities and Economy****1 Purpose of Report**

- 1.1** This report informs Performance Review and Scrutiny Committee of the number of complaints submitted to the Scottish Public Services Ombudsman (SPSO) in 2015/16 which related to Midlothian Council services: and identifies any lessons that can be learnt from the outcome of the decisions of the SPSO.

2 Background

- 2.1** Complaints are made directly to the Council on a variety of matters which relate to a wide range of services. Each complaint is formally registered and assessed under a set procedure. The complainant will be contacted by the relevant service of the Council with a response. If the complainant remains unsatisfied a further assessment and response is provided, and includes information that if the complainant still remains unsatisfied they can take the matter formally to the SPSO. At a previous meeting the Cabinet approved a report setting out the procedure for reporting complaints progressed to the SPSO.
- 2.2** In 2015/16 the SPSO received a total of 20 such complaints (a reduction from 31 in 2014/15): representing 1.2% of all complaints received by the SPSO in that year. The breakdown by individual Council service is:

Subject Group	Number of Complaints
Housing	8
Planning	5
Social Work	2
Building Standards	2
Finance	1
Welfare fund – Community Care Grants	1
Land and Property	1
	20

A full analysis of SPSO complaints relating to Midlothian in 2015/16 is attached as Appendix 1 to this report.

3.0 SPSO Handling and Decisions

3.1 In the case of 10 (50%) of the complaints received the SPSO decided them to be premature, in that the Council's complaints procedure had not been fully exhausted prior to the complainant submitting to SPSO.

3.2 Of the remainder all but one were determined to be '*not duly made or withdrawn*' or, '*out of jurisdiction*' or, '*outcome not achievable*'. One complaint was partly upheld. The SPSO decision report in relation to this complaint is attached as Appendix 2 to this report.

3.3 SPSO complaint 201400946 Midlothian Council:

The following recommendations were received from the SPSO regarding complaint 201400946:

- consider the introduction of a system to confirm with schools that all submitted applications have been;
- logged by the pupil placement department;
- confirm that the difference between deferment and a retained year will be clearly explained in the next revision of their guidance;
- consider the benefits of separating the deferment and retained year application process to avoid confusion in future;
- ensure that accurate information about routes for resolution is provided at an early stage;
- ensure that the reasoning and final decisions reached on such applications are formally recorded; and
- raise awareness amongst staff in the education department of the definition of a complaint and when their complaints handling procedure should be used.

The council have taken the following actions:

- The Admissions policy and procedures have been reviewed.
- The Admissions Policy is now reviewed annually. The updated policy is then shared with relevant school staff to highlight any changes to processes.
- A record of the deferral application is now kept by the school/centre. On receipt of the application centrally, details are now logged by Pupil Placement and an email confirmation of receipt is sent to schools.
- The updated policy now clearly states the difference between deferment and a retained year and the application process for deferment and retained year applications are now separate proforma.
- An updated Complaints procedure was developed to ensure that accurate information about routes for resolution is provided at an early stage. This is now shared annually with relevant school staff.
- In addition to the amended Admissions Policy, we have a robust process in place, we now make sure all applications for deferral or retention are considered by a panel of early years professionals.

This panel includes the School Group Manager Early Years, the Quality Improvement Officer Early Learning and Childcare and the Principal Educational Psychologist or representative. If necessary further information may be requested from the Early Learning and Childcare setting or/and a visit may be made to the setting by the Quality Improvement Officer Early Learning and Childcare. Decisions regarding the outcome of an application are communicated by letter to the parents/carers within a specified timescale. The parent/carer has the right of appeal if they do not agree with the decision made.

4.0 Lessons to be Learnt

- 4.1** In addition to the specific issues addressed in section 3.3 above, it is concerning that half of the complaints were identified by SPSO as premature because the Council's complaints procedure had not been completed. Whilst the Council cannot prevent a complainant from submitting to SPSO before these procedures are complete, it would be worthwhile to review the Council's communication with complainants and known prospective complainants, such that they are made as fully aware as possible of the need to exhaust the Council's procedures; so that if the matter is referred on to SPSO, the complainant does not incur the inconvenience and delay of a decision by SPSO not to consider their complaint on the grounds of prematurity.

5.0 Report Implications

5.1 Resource

There are no direct resource implications arising from this report.

5.2 Risk

There is a risk that non-reporting of SPSPD decisions would fail to demonstrate the learning opportunities or potential implications of policy and practice. The proposed action at paragraph 4.1 above would reduce this risk.

5.3 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

5.4 Key Priorities within the Single Midlothian Plan

This report does not relate directly to the key priorities within the Single Midlothian Plan, however the proposed action supports the ongoing improvement agenda across a number of the thematic areas.

5.5 Impact on Performance and Outcomes

Close monitoring of complaints and feedback can highlight opportunities for operational improvements even where the service was initially delivered properly. There will be lessons to be learned where service failures are identified and remedial action can be taken to ensure that similar mistakes are avoided in the future.

5.6 Adopting a Preventative Approach

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

5.7 Involving Communities and Other Stakeholders

The Council is using SPSO evidence as another form of customer feedback to assist in its responsiveness of service and any necessary re-design for more effective service delivery.

5.8 Ensuring Equalities

There are no equalities issues with regard to this report, although any such matters raised by the SPSO are, and will be, addressed.

5.9 Supporting Sustainable Development

There are no sustainability issues with regard to this report.

5.10 IT Issues

There are no IT issues with regard to this report.

6.0 Recommendations

6.1 Performance Review and Scrutiny are recommended to:

- i) note the number of complaints about Midlothian Council services submitted to the Scottish Public Services Ombudsman in 2015/16, and the SPSO's decisions on those complaints;
- ii) note the SPSO decision report in relation to the one complaint against Midlothian Council which was partially upheld and the actions taken in respect of this.
- iii) note the action to ensure complainants are fully aware of the need to adhere to the Council's complaints handling procedures prior to submitting a complaint to the Scottish Public Services Ombudsman; and

Date: 22 February 2017

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TABLE 1
Complaints Received by Subject 2018-18

Subject Group	Mediathan Council	Rank	Complaints as % of total	Sector	Rank	Complaints as % of total	
Planning	8	1	40.0%	Total	423	24.6%	
Planning	5	2	23.0%		172	5	10.0%
Social Work	2	3	10.0%		231	2	11.4%
Building Control	2	3	10.0%		54	9	3.1%
Finance	1	5	3.0%		170	3	10.4%
Welfare Fund - Community Care Grants	1	5	3.0%		31	11	1.6%
Land & Property	1	5	3.0%		20	12	1.2%
Education	0	-	0.0%		173	4	10.0%
Environmental Health & Cleansing	0	-	0.0%		126	6	7.3%
Health & Transport	0	-	0.0%		120	7	7.0%
Legal & Admin	0	-	0.0%		61	8	3.1%
Recreation & Leisure	0	-	0.0%		32	10	1.8%
Other	0	-	0.0%		17	13	7.0%
Economic Development	0	-	0.0%		11	14	0.5%
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	0.2%
Valuation Joint Boards	0	-	0.0%		6	17	0.2%
Fire & Police Boards	0	-	0.0%		5	18	0.2%
Consumer Protection	0	-	0.0%		4	20	0.2%
Subject Unknown or Out Of Jurisdiction	0	-	0.0%		33	-	1.1%
Total	31	7.2%	100.0%	1722	100.0%	100.0%	

Complaints Received by Subject 2018-15

Subject Group	Mediathan Council	Rank	Complaints as % of total	Sector	Rank	Complaints as % of total	
Planning	7	1	22.8%	Total	217	3	11.6%
Housing	6	2	19.4%		468	1	24.0%
Social Work	4	3	12.9%		253	2	13.5%
Education	2	4	8.1%		174	4	9.3%
Finance	2	4	8.1%		174	4	9.3%
Environmental Health & Cleansing	2	4	8.1%		148	6	7.1%
Roads & Transport	2	4	8.1%		119	7	6.2%
Legal & Admin	1	8	3.2%		76	8	4.0%
Building Control	1	8	3.2%		61	9	3.2%
Land & Property	1	8	3.2%		29	10	1.3%
Other	1	8	3.2%		21	12	1.1%
Welfare Fund - Crisis Grants	1	8	3.2%		12	14	0.6%
Recreation & Leisure	0	-	0.0%		24	11	1.3%
Welfare Fund - Community Care Grants	0	-	0.0%		14	13	0.7%
Personnel	0	-	0.0%		10	15	0.5%
Economic Development	0	-	0.0%		8	18	0.4%
Consumer Protection	0	-	0.0%		6	18	0.4%
Valuation Joint Boards	0	-	0.0%		6	18	0.4%
Fire & Police Boards	0	-	0.0%		4	19	0.2%
National Park Authorities	0	-	0.0%		3	20	0.2%
Subject Unknown or Out Of Jurisdiction	1	-	0.0%		51	-	2.7%
Total	31	7.8%	100.0%	1722	100.0%	100.0%	

2015-16 Mediathan Council / Mediathan Council

TABLE 2
Local Authority Complaints Determined 2015-18

Stage Advice	Outcome Group	Mediathan Council	Sector	Total
	Not duty 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		608
	Resolved	0		0
	Total	11		940
Early Resolution 1	Not duty made or withdrawn	2		54
	Out of jurisdiction (discretionary)	1		104
	Out of jurisdiction (non-discretionary)	3		108
	Outcome not achievable	2		185
	Premature	1		50
	Resolved	0		29
	Total	9		628
Early Resolution 2	Fully upheld	0		27
	Some upheld	0		20
	Not upheld	0		37
	Not duty made or withdrawn	0		1
	Resolved	0		1
	Total	0		66
Investigation 1	Fully upheld	0		98
	Some upheld	0		23
	Not upheld	0		36
	Not duty made or withdrawn	0		40
	Resolved	0		4
	Total	0		101
Investigation 2	Fully upheld	0		107
	Some upheld	0		1
	Not upheld	0		0
	Total	0		108
Total Complaints		21		1794
Total Premature Complaints				
Premature Rate		47.5%	944	37.6%
For the SP-SD Team (ER2, Pm1 & Inv 2)				
Total Cases Upheld / Some Upheld		1	104	105
Upheld Rate (Total Upheld / Total for the SP-SD)		100.0%	53.3%	53.3%

2015-16 Mediathan Council / Mediathan Council

SPSO decision report



Case: 201400946, Midlothian Council
Sector: local government
Subject: primary school
Outcome: some upheld, recommendations

Summary

Mrs C complained about the council's decision not to allow her child to delay starting primary school. Mrs C was concerned that her original application for this had not been considered and that the council were unaware of this error until she raised it with them. Mrs C did not consider that the council had provided her with accurate information about delaying entry to primary one, or that they had shown that a proper assessment of her child's needs had been carried out. Mrs C also complained that the council had not followed their complaints handling procedure.

Following our investigation, we upheld Mrs C's complaint that the council had not dealt with her application properly and noted that they had already provided her with an apology for this. We found that there was no system in place to confirm that all applications submitted via schools had been logged at the council's central pupil placement department. We upheld Mrs C's complaint about the information she was provided with as we found that this was confusing and lacked clarity. The complaint about the handling of her concerns was also upheld. We found that the council had already acknowledged this failing and apologised to Mrs C.

After considering her concerns about the assessment of her child's needs, we found that there was evidence that this had taken place and, although this could have been better communicated to Mrs C by the council, we did not uphold this part of her complaint.

Recommendations

We recommended that the council:

- consider the introduction of a system to confirm with schools that all submitted applications have been logged by the pupil placement department;
- confirm that the difference between deferment and a retained year will be clearly explained in the next revision of their guidance;
- consider the benefits of separating the deferment and retained year application process to avoid confusion in future;
- ensure that accurate information about routes for resolution is provided at an early stage;
- ensure that the reasoning and final decisions reached on such applications are formally recorded; and
- raise awareness amongst staff in the education department of the definition of a complaint and when their complaints handling procedure should be used.

Dog Control and Dog Fouling

Report by Ian Johnson, Head of Communities & Economy (remitted from Cabinet on 28 February 2017)

1 Purpose of Report

- 1.1 To provide an update to Cabinet on the enforcement of legislation relating to out of control dogs and dog fouling, and to inform Members of the outcome of the review of the current arrangements for dog control.

2 Background

- 2.1 The Control of Dogs (Scotland) Act 2010 (The Act) concentrates on tackling irresponsible dog ownership. The Act came into force in 2010 to complement the dangerous dogs legislation which is enforced by the Police. It focuses on the "deed not the breed" approach and is designed to highlight the responsibilities of dog owners and those in charge of dogs, by identifying out of control dogs at an early juncture and providing measures to change the behaviour of such dogs and their owners, before the dogs become dangerous. The Act states it is an offence to fail to keep a dog under control so as to cause alarm or apprehensiveness to a reasonable person.
- 2.2 Dog fouling legislation makes it an offence to fail to immediately pick up and correctly dispose of dog fouling in public areas.
- 2.3 In addition to these specific matters there is also legislation relating to stray dogs, micro-chipping and animal welfare matters i.e. dog breeding or dog boarding at commercially designed premises and home boarding, on a smaller scale, at residential properties.
- 2.4 Members will recollect that on 12 January 2016 the Cabinet considered an update paper concerning the activities associated with dog control matters in Midlothian and agreed:
- to note progress made by the Environmental Health Service in addressing the issues of out of control dogs and dog fouling;
 - to endorse the approach of seeking to use preventative measures to ensure that all dog owners recognise dog fouling as socially unacceptable; and
 - to refer this report to the Performance, Review and Scrutiny Committee for information.
- 2.5 The report was considered by the Performance Review and Scrutiny Committee on 8 March 2016 who agreed:
- to continue with the zero tolerance approach;
 - that an update be brought back to the Performance, Review and Scrutiny Committee within 6 months on the progress of increasing the number of staff who have the authority to serve fixed penalty notices; and
 - to endorse the decisions of the Cabinet.

- 2.6 As a result Environmental Health, in conjunction with other services in the Authority, undertook a review of current enforcement arrangements and their fitness for purpose. Given the desire to provide robust findings the review required longer than anticipated to enable the matter to be reported back to both Cabinet and the Performance, Review and Scrutiny Committee.

3 Current Enforcement

- 3.1 Currently all Environmental Health staff (16 officers) across both the Food & Safety Team and the Public Health Team are trained and authorised to undertake the service of Fixed Penalty Notices under the Dog Fouling (Scotland) Act 2003. Within this number, the Environmental Wardens, (FTE 2), have specific duties to investigate and deal with dog fouling, including through the operation of covert and overt patrols. The remaining Environmental Health staff are authorised to enable them to respond if they witness events likely to constitute an offence under the dog fouling legislation.
- 3.2 In terms of the legislation as regards out of control dogs the local authority must appoint at least one “authorised officer” for the purposes of the Act and the Authority must satisfy themselves that such an officer is skilled in the control of dogs and has the capacity to instruct and advise others in matters relating to the control of dogs. In fulfilment of this requirement one of the above listed Environmental Wardens is an authorised officer under this Act.
- 3.3 Before authorisation of an officer to undertake enforcement duties can take place, suitable training must be undertaken that ensures officers are:
- fully conversant with the legislation;
 - trained in general legal principles including the collection of evidence, the cautioning of alleged offenders and the taking of statements; and
 - trained in the preparation of cases for the courts in line with the principles outlined in the document “Guidance for Non-police Reporting Agencies” and suitably experienced to attend court and present information if the situation arises.

4 Review of Current Enforcement Practices and Resources

- 4.1 In establishing the terms of the review it was determined that only those matters enforced by the Environmental Wardens were to be included i.e., dog fouling, out of control dogs, strays and microchipping with the licensing aspects of boarding and breeding of dogs excluded. The review undertook to establish:
- (i) whether an adjustment in the levels of enforcement resource is required and if so,
 - (ii) how such an adjustment could be delivered.
- 4.2 The current level of engagement with the service was reviewed.
- 4.2.1 Dog Fouling

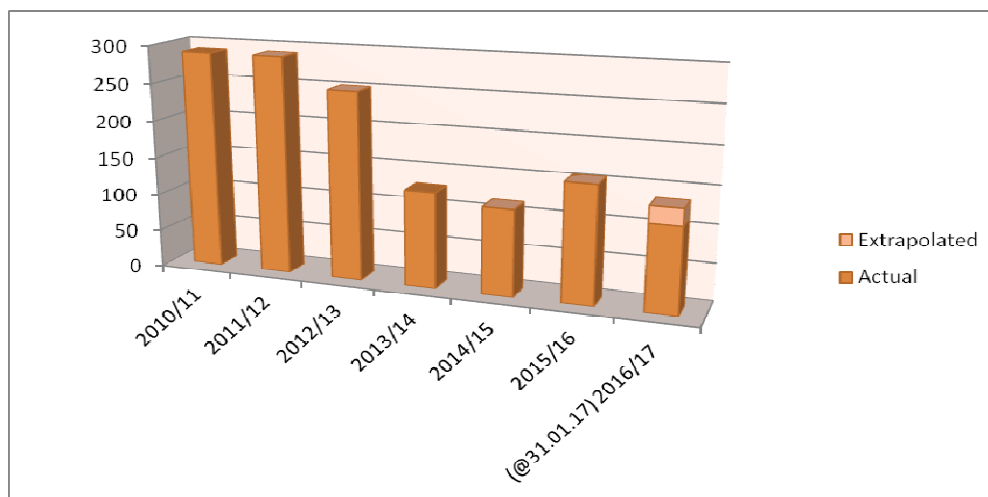
Since the adoption of the zero tolerance approach to fouling, and in conjunction with the Green Dog Walkers scheme and the provision and placement of bins at strategic locations, the number of complaints received regards dog fouling has declined.

Figure 1 below provides information on the trend in complaints from 2011/12 to date. During the four year period between 2011/12 and 2014/15 there was a steady decline with an overall 60% reduction in complaint numbers.

The overall decline in the number of reported incidents of dog fouling does not lead to complacency on behalf of the Environmental Health Service, which remains firmly committed to the education of the population, particularly early education and intervention to attain a shift in cultural behaviour. Community consultations conducted to date continue to raise concerns regards dog fouling on paths, footways and grassed areas and the public remain concerned for a variety of reasons including the unpleasantness of coming into contact with dog dirt and also the potential health risks associated with it.

The Service continues to seek and undertake all opportunities to continue with the zero tolerance approach.

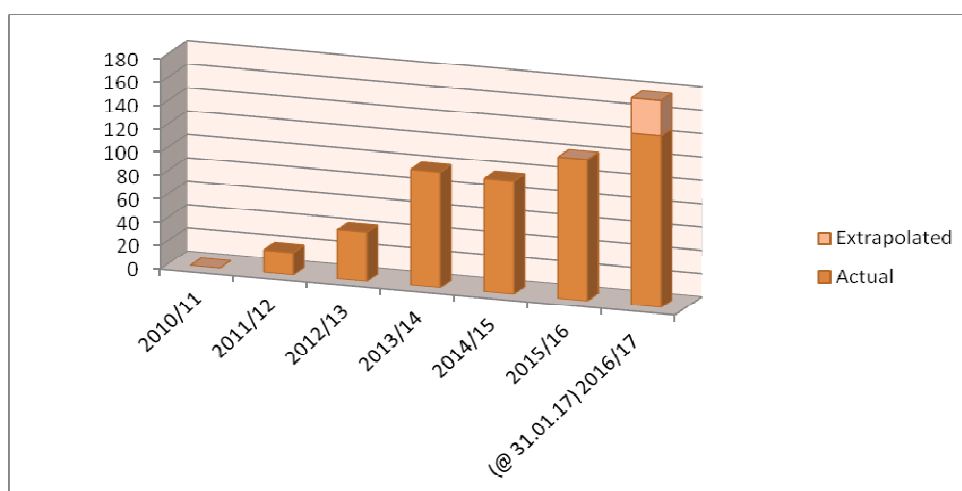
Figure 1: Dog Fouling Complaints (by Year)



4.2.2 Dog Control

Since the introduction of the dog control legislation in 2010 the recorded number of incidents in which out of control dogs have been reported to the local authority has increased significantly. Figure 2 below indicates the trend in complaints. Investigations into complaints as regards out of control dogs causing alarm or apprehensiveness can be complex and time consuming. A reported incident, inadequately investigated, could have serious repercussions in the case of a failure to identify a potentially out of control dog which enables its behaviour to decline such that it becomes a dangerous dog.

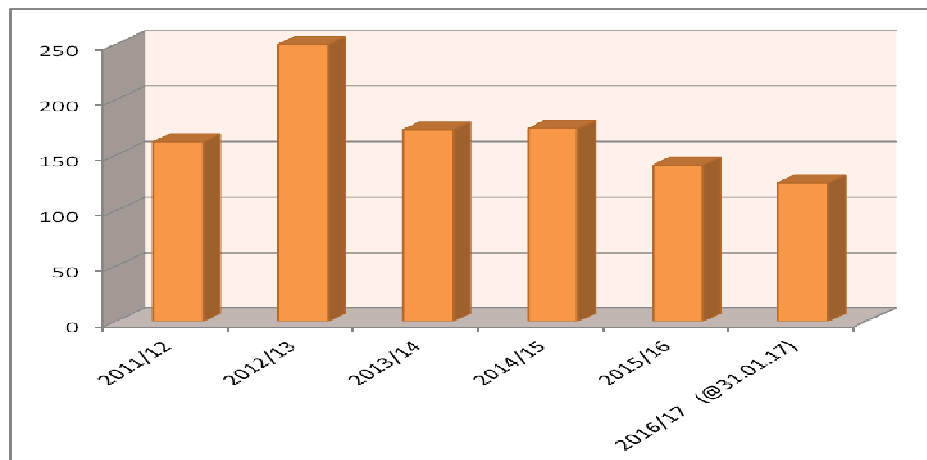
Figure 2: Out of Control Dog Reports (by Year)



4.2.3 Stray dogs

Reported incidents of stray dogs have fallen steadily over the past five years.

Figure 3: Stray Dog Reports (by Year)



Where repeat offenders are identified, steps are taken to educate so as to prevent recurrence.

4.2.4 Micro-chipping

Legislation requiring dogs to be micro-chipped was introduced in April 2016. Prior to the introduction, Midlothian Council, in conjunction with the Dogs Trust, undertook a very successful campaign which saw a significant number of dogs chipped. The day to day enforcement demands regards micro-chipping are not significant. The majority of cases of failure to microchip are identified during investigation of complaints as regards out of control dogs.

4.3 Staff Resource

Having identified the significant level of dog control matters that are raised with Midlothian Council the review undertook to establish which mechanisms are available to investigate these and to determine if appropriate response to protect public health and safety can be delivered in all incidents. It concluded that two officers who spend approximately 50% of their time on dog control and also undertake investigations into flytipping, pest control and littering, are significantly stretched.

4.4 As a result three principal mechanisms of increasing the numbers of authorised officers were identified, namely;

- i) officers employed elsewhere within the Authority to be authorised, in addition to their current roles, to undertake dog related enforcement roles,
- ii) the realignment of tasks within the Environmental Health service to divert resources to dog control matters or
- iii) the provision of additional staff to undertake dog control matters.

4.3.1 In reviewing the numbers of staff who could potentially be trained and authorised to issue fixed penalties and undertake the enforcement duties of the Dog Fouling (Scotland) Act it was necessary to identify Services across the Local Authority where their duties place them in locations where dog

fouling is known or likely to occur. The two services identified were Waste Management and Land and Countryside Services.

In the case of Waste Management Services it was concluded that given the enforcement nature of the role it would not be appropriate for all levels of staff within Waste Management Services to be trained to undertake such a role. In addition for those levels of staff where it may be considered appropriate there is potential for a significant detrimental effect on the performance of their primary roles in the delivery of an already tightly scheduled operation.

With regards to Land and Countryside Services a pilot study was conducted for a period of three months to determine the numbers of incidents where employees of the Land and Countryside Service witnessed incidents of dog fouling such that the service of a fixed penalty notice may have been possible. The study took place between April and August 2016 and recorded zero occasions where it was considered that dog fouling had been witnessed by Land and Countryside Services staff such that a fixed penalty could be served.

In addition to officers being unable to identify appropriate incidents the following matters were raised by both Services:

- i) Each service already has an extensive commitment and workload as regards their Service's core duties and there is no capacity to add additional duties for which training would be required.
- ii) The possibility of having to engage in potentially confrontational situations with members of the public and / or attend court to present evidence caused significant anxiety amongst certain tiers of staff such that the opinion was expressed that even if increased payment was to be awarded for work of this nature there would be reluctance to undertake such enforcement work.
- iii) It was established that due to the requirements of the Act in relation to the authorisation of officers to deal with out of control dogs that no alternative service within the Authority could offer assistance.

4.3.2 Option two proposed the realignment of tasks within the Environmental Health service to divert resources to dog control matters.

A review of Environmental Health staffing has concluded that the service is operating on the limit of the statutory duties and has no capacity to divert any additional resources to dog control matters without the potential for serious detriment.

4.3.3. The third identified option is to recruit suitably qualified staff to undertake dog control matters. Such an option could not be funded from within the existing Environmental Health resource and would require an increase in budget. Having regard to the Council's overall financial position this option, whilst costed, is not being recommended

5 Report Implications

5.1 Resource

At present the dog control activities, including the continued support and promotion of the Green Dog Walkers scheme, is being managed within the current Environmental Health resources.

5.2 Risk

In terms of dog fouling there is a risk that failure to continue with the current programme may allow the situation to deteriorate and thereby lead to an increased number of complaints, potential for exposure to pathogens by those coming into contact with fouling and the associated health implications

With regards to dog control matters a failure to adequately identify and undertake appropriate enforcement action regards an out of control dog could result in deterioration in behaviour of the animal such that it becomes dangerous.

5.3 Single Midlothian Plan and Business Transformation

Themes addressed in this report:

- X Community safety
- X Adult health, care and housing
- X Getting it right for every Midlothian child

5.4 Key Priorities within the Single Midlothian Plan

Continued commitment to the dog control programme plays a significant part in the quality of the local environment.

5.5 Impact on Performance and Outcomes

In 2011, at the commencement of the current campaign against dog fouling, the Council set out to change the mindset of dog owners and walkers in Midlothian from “everyone else leaves their dogs poop so why not me?” to ‘everyone else clears up and so will I’. The continued reduction in the overall numbers of complaints received as regards dog fouling evidences the positive impact of the campaign to date. The proposals in this paper would allow that position to be maintained.

5.6 Adopting a Preventative Approach

Environmental Health will continue with its schools education programme and promotion of the Green Dog Walkers Scheme as enforcement alone will never fully resolve the dog control issues; rather, early education for future prevention is the key.

In terms of dog control the ability to fully investigate and subsequently have frequent assessment of progress in response to the requirements of a dog control notice is anticipated as achieving a significant shift in the behaviour of an animal and often in the knowledge and ability of an owner thereby reducing the likelihood of dog attack.

5.7 Involving Communities and Other Stakeholders

There is ongoing engagement with all interested parties, particularly local communities. A number of community based groups has provided suggestions and ideas for how the service may be improved and where possible these have been incorporated. Where incorporation of the suggestions has not been possible, for legal or other reasons, that fact has been fed back. In terms of the Green Dog walkers a number of community groups are very active in promoting responsible ownership.

5.8 Ensuring Equalities

This report is not proposing any changes to strategy or policy and does not therefore need to be assessed for equalities impact.

5.9 Supporting Sustainable Development

The dog control programme is designed to ensure the well-being of our population and visitors and seeks to provide a better quality of life for people in Midlothian through improvement in environmental conditions.

5.10 IT Issues

Environmental Health staff are regularly subjected to significant verbal abuse or other threatening behaviour as a result of investigating dog control matters and other environmental offences. Progress is currently being made to secure the provision of personal security cameras, similar to those used by Police Scotland or traffic regulators, in conjunction with IT colleagues and the Data Protection Officer.

6. Summary

There is legislation in place providing local authorities with powers to enforce dog fouling and dog control. Data for Midlothian over the past five years shows a declining number of complaints over dog fouling, but a steady rise in reported cases of out of control / dangerous dogs. On both matters the Council needs to reaffirm its commitment to appropriate enforcement measures. Current staffing levels will enable enforcement to continue, with an increased emphasis on dog control, although the existing resource is fully occupied.

7 Recommendations

It is recommended that Cabinet,

- i) notes that the current number of officers authorised to issue fixed penalty notices under the Dog Fouling (Scotland) Act is being maintained;
- ii) notes the continued overall reduction in the numbers of complaints regards dog fouling received by Environmental Health and the increasing numbers of complaints regards out of control dogs;
- iii) notes the outcome of the review to examine the level of resource to provide the service; and
- iv) remits this report to the Performance, Review and Scrutiny Committee for information.

Date 09 February 2017

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