

Norse Road Care Home Service

Glasgow

Type of inspection:
Unannounced

Completed on:
22 February 2022

Service provided by:
Glasgow City Council

Service provider number:
SP2003003390

Service no:
CS2003001064

About the service

Norse Road Children's Unit provides care and accommodation for up to eight children and young people who are Looked After and Accommodated by Glasgow City Council. At the time of this inspection, the service was at full occupancy.

The service is located in the Scotstoun area of Glasgow, close to transport links into the city and further afield.

The service offers accommodation over two floors, with individual bedrooms and en-suite bathrooms for each resident. There are two sitting rooms, a large dining kitchen and separate laundry facility. There is an attractive enclosed garden.

The aims and objectives of the service include the following statements:

'We strive to provide an open, honest and safe environment for young people, giving them the opportunity to have experiences that will encourage them to develop and grow in to independent young adults.

All young people will be respected, valued and included in the decision making process.

All young people will be encouraged and supported to make informed choices about their own lives'.

What people told us

We spoke with some young people who told us that they liked all the staff who worked in the service and that they felt they had particularly good relationships with specific members of staff. Young people told us about their interests, showing us photos of their involvement. Some discussed their lives outwith the service and how opportunities to develop their skills were achieved through courses. Others commented about not having any friends in the service and that they were bored at times, when there was not enough staff on duty to take them to local clubs.

Some young people expressed dissatisfaction about decisions which had negatively impacted upon their life and others made it clear that they did not always feel listened to by adults involved in their care and support.

From this inspection we evaluated this service as:

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

How well do we support children and young people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate

How well is our care planned?	2 - Weak
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's wellbeing?

3 - Adequate

We evaluated this key question as adequate overall, meaning that strengths just outweighed weaknesses and key areas of performance needed to improve.

Staff advocated effectively for children and young people in order to ensure that their views were reflected, and their rights taken into account. A good example of this was when staff supported young people who believed they were not receiving sufficient teaching time to ensure that the situation was remedied.

Some young people were attending college, participating in chosen courses, while other young people were again considering further education and their future beyond the service. Younger children were attending school on bespoke timetables. Access to facilities, including the outdoor resource centre, also allowed children and young people to participate in alternative educational experiences. Here they learned skills of collaboration and negotiation with their peers, whilst taking part in adventure pursuits which promoted physical and mental wellbeing. A wide range of enrichment activities were now available and Birthday celebrations were more prominent and well planned.

To further support the health and wellbeing of children and young people, we found that mental health and other specialist services offered young people opportunities to explore and identify feelings and emotions, enabling them to communicate their needs and wishes more clearly. We found several clear examples of this working well in practice where young people had learned to take some personal responsibility for their actions.

Young people helped to prepare meals for themselves and others and were also given the opportunity to plan menus based on preferences. Three members of staff who helped to inform this inspection, still considered it was not part of their remit to help prepare nutritious meals when the cook was not available. Despite the cook being employed on a full time basis, this continued lack of flexibility was unsatisfactory as children and young people should benefit from a consistent approach to meeting their health and wellbeing needs.

Not all safety plans were robust. It was clear that where specialist supports identified in children and young people's plans, had been implemented, this had a positive influence on experiences for those children and young people. However, it was disappointing to see that some important decisions, that had been made through a range of collaborative processes, to keep young people safe, had not transferred to children and young people's plans and assessments, within their casefile. This meant that risks that had been identified were not always shared appropriately with relevant people.

Staff consciously placed a strong emphasis on rewarding positive behaviour and this was encouraging. However, we found a contract permitting the removal of a personal device which was not consistent with the overall trauma informed approaches promoted within the service.

The range of risk behaviours some young people displayed was concerning. Low staffing levels made it difficult to respond to this effectively and it was exacerbated where risk assessments were weak. It was evident from speaking to staff, external professionals and indeed young people themselves, that careful consideration had been given to the impact of new admissions, particularly the perceived impact on vulnerable younger children. However none of this was recorded and unfortunately, sometimes matching was not successful. Anti-social behaviours displayed by young people, both in the house and particularly in the community, had also adversely affected older people living locally, creating tension in the neighbourhood and significantly compromising the safety of children and young people .

Requirements

1. By 30 April 2022 the provider must ensure the safety and wellbeing of all children and young people.

To do this, the provider must at a minimum:

a) ensure that risk assessments and missing person profiles accurately reflect each young person's risk behaviours and needs and include any strategies required to combat risk.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I make informed choices and decisions about the risks I take in my daily life and am encouraged to take positive risks which enhance the quality of my life' (HSCS 2.24).

2. By 30 April 2022, the provider must ensure that the health and wellbeing of all children and young people is promoted consistently through a trauma informed approach to the benefits of positive mealtimes and healthy eating for children and young people where good nutrition is recognised as promoting healing and positive growth.

To do this, the provider must at a minimum:

a) clarify the responsibility of all care staff to provide nutritious meals for children and young people in the absence of the dedicated cook.

b) commit to making mealtimes more inclusive. This would contribute to young people feeling nurtured and instil a sense of belonging.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33), and 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS, 1.35).

Areas for improvement

1. To ensure all staff awareness of clear strategies for the prevention and management of risk, the provider should develop consistent approaches to analysis of incidents, particularly those impacting on the experiences and outcomes for children and young people most at risk. Through improved behavioural analysis, the provider will gain improved insight into the reasons for behaviours and will more easily develop strategies to reduce risk for children and young people.

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

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS, 2.25).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate meaning that strengths just outweighed weaknesses and key areas of performance needed to improve.

Staff morale had improved since the previous inspection. This was linked to better management practices including development of clearer roles and responsibilities. However, the service had been operating for some time without a full complement of senior staff and this meant that the capacity to embed these improvements remained limited. One limiting feature tended to be a compliance based, rather than a more qualitative approach to quality assurance, showing little evidence of utilising the views of children and young people.

External management involvement is a key component of responsive leadership. We found that there was regular informal support for the manager, with daily contact providing effective links between wider decision making and the service. However, the quality of external management oversight in respect of detailed monitoring of children and young people's experiences, was less well evidenced. The standard of auditing failed to identify poor quality records relating to children and young people's care, while the manager's formal supervision records, offered little clarity of reflecting on practice or support for the manager's professional competence and continuing professional development. We found similar weaknesses in relation to the supervision records of main grade staff.

The need for improved monitoring was also evidenced further to sampling of staff personal development plans. As acknowledged by the service, a personal development plan aims to ensure staff have the correct skills and knowledge to carry out their role effectively. Progress should be tracked regularly through the supervisory process. Most staff development records that we examined were very limited, with minimal detail regarding reflective practices and how learning had been implemented. Closer monitoring of such records would have identified the need for specific training, including child protection/adult support and protection for all relevant staff and would also have created the opportunity to assess staff learning and the impact on practice. Where it was clear that learning had been implemented, we found that, training specific to the needs of younger children, had encouraged staff to practice with playfulness to support positive interactions. We also recognised the influences of close working relationships with specialist services, who provided information and strategies to the staff team, in support of young people who could display potentially harmful behaviours.

Whilst we acknowledged the pressures on the service, brought to bear throughout the pandemic, we were pleased to see opportunities for staff to come together. Notes of team meetings generally reflected the basis of discussion and on occasion, staff provided insight into key initiatives aimed at improving outcomes for children and young people. We did note that there was management presence at all meetings, and this could have allowed for more detailed narrative of key discussion and decision making, to assist awareness for those staff unable to attend.

Children and young people were given the opportunity to express their views about the service through a questionnaire and their feedback was positive, particularly in relation to the role of keyworkers. However the service was unable to demonstrate that these positive results had been used to inform service development.

In terms of improvement planning, we were referred to the Local Authority Safeguarding Action Plan. This was an up to date and comprehensive corporate document which outlined the provider's expectations for all its children and young people across the city. In effect the plan was a statement of intent. It lacked targets which could be monitored and reviewed and was not specific to Norse Road. We were also given sight of a further document based on the Care Inspectorate framework, but again this could not be used to determine progress made or "distance travelled".

Despite the implementation of some quality assurance processes, it is difficult to see how the weaknesses we have identified above would not have had a negative impact on key aspects of service delivery and we believe that they did. While strengths still had a positive impact, the likelihood of achieving positive experiences and outcomes for children and young people was reduced significantly because key areas of performance need to improve. We would remind the service that continued performance at an adequate level is not acceptable and improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for children and young people.

Requirements

1. By 30 April 2022, the provider must implement robust quality assurance processes and practices (internal and external) to evidence the effectiveness of the service in meeting the needs of all children and young people.

To do this, the provider must at a minimum:

- a) ensure that internal and external management oversight is effective in identifying and remedying poor quality records relating to children and young people's care and support.
- b) ensure that all formal auditing accurately reflects the work of the service in conveying ways in which children and young people's care and support is delivered.

This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 5(2)(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS, 4.19) and 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Areas for improvement

1. To ensure that young people have confidence in the service providing their care and support, the provider should develop and implement a continuous improvement plan which fully incorporates the views of young people, the staff team and other partners. The provider should ensure these views inform improvements.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

2. In order to promote improved outcomes for children and young people, the provider should ensure that all care staff are supported to take sufficient responsibility for recording and implementing their learning, and this should include, but not be limited to, reflective practice discussion during formal supervision. Formal supervision should occur for all relevant staff in line with the provider's policy.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

3. In order to promote the safety of children and young people, the provider should ensure that all relevant staff have access to and complete training specific to Child/Adult Support and Protection.

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

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

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, meaning that strengths just outweighed weaknesses and key areas of performance needed to improve.

At Norse Road, we found that despite having a full complement of staff, absence within the team, at times due to Covid-19 but also for other reasons, meant that review and adjustment of staffing levels, remained problematic. For the most part, staffing was insufficient to meet the complex needs of children and young

people, as identified within their care plans.

General staffing levels, described by some staff as 'the worst it has ever been', conveyed the sentiment of staff who felt that there were insufficient staff to allow for the dedicated supports identified for children and young people, through formal review processes. It was clear that for much younger children, where security, stability, emotional support and age-appropriate activity were key to their wellbeing, there were generally insufficient staff on duty to provide a good standard of care at times. Nurturing approaches and continuity of relationships should have been more evident. Similarly, where other young people presented as being disengaged from a wide range of identified supports and where their care plan specified the need to build relationships to divert them from risk behaviours, positive outcomes were constrained.

Despite staffing difficulties, records of individual time spent with children and young people showed that staff were committed to discussing the needs and wishes of those in their care. In most instances, records evidenced supportive discussion and exploration of any issues that children and young people were experiencing. For others who did not yet, have well developed relationships with staff, we found that staff remained persistent, despite limited engagement.

Throughout the inspection process, we received feedback from children and young people who told us that some of their activities did not occur routinely, due to staffing shortages and these views were confirmed by a range of external partners, who mostly felt that staffing levels at Norse Road were insufficient.

The service is required to complete a 4 weekly assessment of staffing levels and deployment. For everyone living at the service, assessments must take account of physical, social, psychological and recreational needs and choices as to how children and young people's care will be delivered. These assessments were not being undertaken as intended. We highlighted difficulties with staffing arrangements at the last inspection, where gaps contributed to limited flexibility in responding to young people's opportunities and safety needs. Whilst at the time of this inspection, the service had a full complement of staff, significant absence impacted upon its ability to fully meet the needs of children and young people, in line with their care plans. This included mitigating known risk behaviours in some instances, where insufficient staffing levels prevented opportunities to carry out direct supports.

Requirements

1. By 30 April 2022, the provider must ensure that the skill mix, numbers and deployment of staff meet children and young people's needs, and, in addition, that there is an effective process for assessing how many staff or staff hours are required.

To do this, the provider must, at a minimum:

- a) ensure the service completes a four-weekly staffing assessment of physical, emotional, social, psychological and recreational needs and choices as to how they will deliver their care.
- b) ensure that at all times, there are safe and adequate numbers of staff on duty to meet the needs of children and young people in line with their care plans.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Matching Looked After Children and Young People: Admissions Guidance for Residential Services, January 2021.

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

'My needs are met by the right number of people' (HSCS 3.15) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, meaning that strengths just outweighed weaknesses and key areas of performance needed to improve.

Plans to support children and young people to spend time with family members were well organised, flexible, and effective. Such opportunities allowed children and young people to develop a sense of identity and belonging.

Some young people's involvement in the local community supported the development of independent skills, such as travel, education and maintaining friendships. We met with young people who viewed Norse Road as their home and who spoke of experiencing a sense of stability, that was provided through the strong relationships they had with staff. For younger children, opportunities to play with their peers at local clubs was supported where possible, while for others, active involvement with advocacy advice and signposting, helped them to navigate complex welfare processes, which was invaluable in supporting them with new cultures, language barriers and emotional trauma resulting from being separated from their families.

Recent events had produced complaints about young people, presenting as disruptive and vandalising local residents' property. The service had responded to these complaints, but views from residents were less favourable, than they had been for some time. We were also made aware of a recent serious incident which caused fear and alarm for children, young people and staff, impacting on their feelings of safety.

Young people told us that WiFi in the house continued to be inadequate for the purpose of supporting good access to internet and effective use of various devices. The service provided hubs to assist with connectivity issues, however the service confirmed that this remained unsatisfactory to young people. The persistent lack of reliable access to good WiFi technology is unhelpful to the development and growth of children and young people in today's society and to their connections with the wider world.

Requirements

1. From the date of publication of this report, the provider must protect the health, safety and welfare of all children and young people, both within Norse Road and while in the local community. In order to do this the service should make sustained effort to support children and young people to make meaningful links within the local community.

To do this, the provider must, at a minimum:

- a) staff and management within the service, should continue to act as role models in relation to being good citizens and neighbours. Children and young people should be helped to understand why this is important.
- b) children and young people should be encouraged by staff and management to make constructive links and connections with local community groups and positive relationships with peers should also be developed and promoted.
- c) ensure that children and young people's environment is safe and secure and free from intrusive events which place them at risk.

This is to comply with Regulation 4(1)(b) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My environment is safe and secure' (HSCS 5.17) and 'I experience care and support where all people are respected and valued' (HSCS, 4.3).

Areas for improvement

1. To improve experiences and opportunities for children and young people, the provider should continue to explore all avenues available, to secure improved technology connectivity for those living at the service.

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

'If I experience 24 hour care, I am connected, including access to a telephone, radio, TV and the internet (HSCS, 5.10).

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak, meaning that strengths identified were outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together substantially affected children and young people's experiences and outcomes.

Personal plans failed to identify key aspects of children and young people's care and support needs. There was insufficient attention to children and young people's strengths, interests or views. This meant that there was a clear lack of identified objectives for children and young people, to assist their growth and aspirations. There was very limited evidence of personal planning being used to explore and determine more about what mattered to them as individuals.

There was however good evidence of multi agency collaboration and assessment, informing wider care planning. Most young people attended their review meetings, which occurred within timescales. Where children and young people chose not to attend, staff and advocacy services ensured their views were shared. The 'My Plans' that emerged from these meetings were of good quality and through an inclusive approach, considerable efforts were made to try and involve young people to lead on their own care, to help improve their outcomes.

Despite the provider more recently developing an admission procedure, there was no formal impact assessment to inform the suitability of placing children and young people at the service. Evidence confirmed that decisions about children and young people's care, were in conflict with their wishes. For some this meant they perceived their wishes to be ignored. Additionally, where young people expressed concerns about sharing space with other young people, views which we acknowledged had been inconsistent, the likely negative impact of some decisions, were clearly expressed, by those who knew those young people best.

In summary, despite strong evidence of partnership working, including regular open communication and information sharing, a lack of qualitative quality assurance practices failed to determine that personal plans were not used to deliver care and support effectively. Plans did not reflect how the care needs or wishes of children and young people would be met, nor did they provide evidence that would allow children and young people see these as dynamic and meaningful, in helping them to reflect on their progress.

Requirements

1. By the 30 April 2022, the provider must ensure that personal plans set out how children and young people's health, welfare and safety needs are to be met.

To do this, the provider must, at a minimum:

- a) Ensure that goals identified within wider care plans are reflected in personal plans.
- b) Goals are SMART (specific, measurable, achievable, realistic and time-bound).
- c) Plans evidence how children and young people lead on their own care and support.

This is to comply with Regulation 4(1)(b) (Welfare of Users) and Regulation 5(2)(b) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

Areas for improvement

1. In order to evidence consideration of how all children and young people's needs will be met, the provider should ensure that impact assessments are carried out in each instance where children and young people are identified as being suitably placed at the service.

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

'My environment is secure and safe' (HSCS 5.17) and 'I experience high quality care and support because people have the necessary information and resources' (HSCS, 4.27).

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

We found that there were inconsistent views from staff regarding the option of providing enriching adventures for young people. Offers of activities to young people were restricted to single days and we felt that the service could have been more aspirational for young people, by exploring in greater detail, opportunities for them to take part in holidays, away from the service. We believed that there were clear benefits for young people, which had not been fully considered by the service. We asked that this be explored by everyone responsible for the care and wellbeing of young people and with young people who were living at the service.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'As a child, I can direct my own play and activities in a way that I choose, and freely access a range of experiences and resources suitable for my age and stage, which stimulate my natural curiosity, learning and creativity'. (HSCS, 2.27).

This area for improvement was made on 2 June 2020.

Action taken since then

Despite the constraints created by the pandemic, there were examples of enrichment activities, where staffing levels and risk assessment permitted.

Previous area for improvement 2

In relation to the level of disparity amongst staff working at the service regarding the role of staff in preparing healthy and nutritious meals for young people, we advised of the need for the provider to clarify their expectation of staff. We heard from a number of staff who believed that they did not feel that it was within the scope of their remit, to prepare meals, while others expressed that they did not perceive any problem with undertaking this task. Clearly, the important focus is to ensure that young people receive nutritious and varied food choices and that these are provided routinely, regardless of the circumstances.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS, 1.33).

This area for improvement was made on 2 June 2020.

Action taken since then

Although some staff had moved on from the service, there remained the view, for a few staff, that preparing nutritious meals for children and young people was not in their remit.

Previous area for improvement 3

The range and frequency of external management support should be identified in order to promote timely resolution of the significant issues impacting the service's capacity to improve and by seeking to resolve complex issues affecting staff relationships, morale and motivation, young people will benefit from an improved service performance.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes', and 'My care and support is consistent and stable because people work well together'. (HSCS, 4.19, 3.19).

This area for improvement was made on 2 June 2020.

Action taken since then

There was an increase in external management involvement, with more regular visits taking place. Some mediation was supported by the external manager, to assist with staff conflict.

Previous area for improvement 4

The provider should give consideration to the benefits of independent consultation and evaluation of how well the service is operating. Such involvement may help to identify supportive strategies and provide a means of exploring barriers to improvement.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes', (HSCS, 4.19).

This area for improvement was made on 2 June 2020.

Action taken since then

No independent consultation was conducted.

Previous area for improvement 5

Given the nature of poor relationships between some members of the team and the potential for this to impact more overtly on young people, we advised that it would be supportive of improvement to consider ways in which team building could be promoted. This area for improvement could be undertaken alongside the tasks highlighted under quality indicator 2.2 of this report. It is essential that staff are able to work together to optimise the experiences for young people in their care.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'My care and support is consistent and stable because people work well together', (HSCS, 3.19).

This area for improvement was made on 2 June 2020.

Action taken since then

The composition of the staff team had changed and most relationship issues had been addressed through this change.

Previous area for improvement 6

Although we were aware of the provider's ongoing recruitment processes, aimed at securing the correct number of skilled residential workers across the city, we found that there continued to be gaps which we considered, in part, contributed to limited flexibility in responding to young people's opportunities and safety. Managers continued to be optimistic that the impact of 'peripatetic' staff would resolve some of these concerns. We asked that managers continue to be creative and resourceful in their efforts to ensure that young people's care and support is optimised.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'My needs are met by the right number of people', (HSCS, 3.15).

This area for improvement was made on 2 June 2020.

Action taken since then

There remained significant issues regarding staffing levels.

Previous area for improvement 7

There was a need for all staff to complete food hygiene training. This will help to ensure that young people are protected from potential poor health arising from infection as a result of cross contamination.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'My environment is secure and safe', (HSCS, 5.17).

This area for improvement was made on 2 June 2020.

Action taken since then

Almost all staff had completed food hygiene training.

Previous area for improvement 8

The service should continue to develop SMART personal plans with young people, by listening to and fully involving them in decisions affecting their care and support. This will help to ensure that young people have a clear understanding of their goals and aspirations.

This is to ensure that care and support is consistent with Health and Social Care Standards that state, 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices', (HSCS, 1.15).

This area for improvement was made on 2 June 2020.

Action taken since then

Despite use of a clear template, personal plans did not adequately depict how the needs, choice and views of children and young people were supported by the service.

Complaints

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

Detailed evaluations

How well do we support children and young people's wellbeing?	3 - Adequate
1.1 Children and young people experience compassion, dignity and respect	3 - Adequate
1.2 Children and young people get the most out of life	3 - Adequate
1.3 Children and young people's health benefits from their care and support they experience	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.3 Children and young people can be connected with and involved in the wider community	3 - Adequate
How well is our care planned?	2 - Weak
5.1 Assessment and care planning reflects children and young people's needs and wishes	2 - Weak

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

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