

Clackmannanshire Adoption Service Adoption Service

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Service provided by:
Clackmannanshire Council

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CS2004083967

About the service

Clackmannanshire Adoption Service recruits and supports carers in the Clackmannanshire local authority area.

The recruitment, assessment, development and support of adoptive families is undertaken by the same group of staff working with foster carers. This team is known as the Family Placement Team and they are also responsible for the assessment of Adult placement carers for the purpose of Continuing Care. Inspections of these services took place at the same time and separate reports have been completed.

About the inspection

This was a short notice inspection which took place from 20 September to 7 October 2022. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we had six responses from children to our survey and visited four children with caregiver families. We spoke with two adopters, staff within the service and social workers from the children and families social work team.

Key messages

The service has committed carers and staff with knowledge and skill.

Collaborative work with Educational Psychology had been supportive to carers.

Permanence outcomes for children and young people have improved.

The service needs to improve the relationship between carers and the service.

Significant issues in safeguarding practice have been identified and need to be addressed.

The capacity of the service had impacted negatively on outcomes.

Robust quality assurance processes are required to improve consistency of practice.

From this inspection we evaluated this service as:

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

How well do we support people's wellbeing?	1 - Unsatisfactory
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We have graded this key question as unsatisfactory with major weaknesses in critical aspects of performance that require immediate remedial action to improve experiences and outcomes for people.

Children in the service experienced nurturing care from committed care givers and were treated with dignity and respect. Children benefitted from access to advocacy services and a wider participation review was underway to support children to become more involved in their care planning and promote positive outcomes. We saw that children were able to be active members of their communities and were meaningfully engaged in education.

There were examples of positive collaboration within the authority between the educational psychology service and the family placement team to deliver training and consultancy to foster carers. We would like to

see this being provided to adoptive care givers in order to support their understanding of trauma informed practice.

Staffing issues and workload pressures had impacted on the quality of support provided to adoptive families, which in turn impacted on the quality of care provided to children. Adopters were not benefiting from contact with the service. We saw no evidence of adoption support groups or ongoing relationships and proactive engagement with adoptive families. We were unsure how families were made aware of how to access support. Limited contact with adoptive families meant there was no regular review of post adoption support plans or adoption allowances.

Relationships between the care givers and the service were fractured. We heard from staff that at the time of the inspection Clackmannanshire Adoption service is not in a position to provide support to adoptive families. The service needs to address the concerns of care givers to build supportive relationships. This will form a requirement. (See requirement 1).

Support to carers was crisis driven and dual approved adopters were not supported via routine supervision. This meant it was difficult for the service to anticipate need and identify support or learning needs for care givers which impacted on outcomes for children. Care giver training was resource led rather than needs led and adopters did not have individual training plans to meet learning needs. Improvements are needed in the quality of support provided to adopters and this will form a requirement. (See requirement 2).

Children's safety was at times compromised due to issues in how child protection issues were investigated and recorded. There were instances where child protection concerns were not investigated and a lack of follow up with carers when child protection concerns had been identified. Internal monitoring of child protection issues was inadequate, and information was not clearly recorded and documented in carer chronologies. This has the potential to lead to significant harm for children and weaknesses in practice need to be urgently addressed. This will form a requirement. (See requirement 3).

Due to staffing issues within both the family placement team and the children's social work team, children were not being routinely visited at home by social work professionals. This reduced monitoring of outcomes and the ability to identify potential safeguarding concerns.

Whilst there were positive examples of children living together with brothers and sisters, there were some children who had siblings they did not know about. In some cases where children were living separately from brothers and sisters, we did not see examples of evidence-based sibling assessments to evaluate the quality of these relationships to inform future planning and there were delays in reuniting siblings who had been placed separately. The service should review how sibling relationships are assessed and promoted, this will form a requirement. (See requirement 4).

Staff had been trained in life story work and we saw an excellent example of life story work being completed but this was not consistent for all children in the service which meant that some children did not have a full understanding of their life history. The service should improve consistency of life story work to ensure all children have a full understanding of their identity. This will form an area for improvement. (See area for improvement 1).

The service had made improvements in practice in relation to children in need of permanent substitute care. Increased capacity in legal services had meant that legal orders had been submitted when these had been agreed as part of permanence plans to reduce further drift for children. A new permanence team had been created within children and families social work and new processes implemented to drive improvement in permanence practice. A comprehensive permanence policy had not yet been implemented and this forms an

area for improvement. (See area for improvement 2). Some children still experienced drift in permanence planning and further work is needed to track their experiences, this will form an area for improvement in key question 2.2.

Requirements

1. By 31.01.23 the provider must improve the quality of support offered to caregiver families in the service. To do this the provider must as a minimum:

- a) Undertake work to repair working relationships and restore the confidence of caregiver families in the service.
- b) Ensure that caregiver families receive a responsive service that includes regular home visits to support them in their caring role.

This is to comply with Regulation 4(1)(a) and (d) (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 care and support meets my needs and is right for me" (HSCS 1.19)

2. By 31/01/23 the provider must ensure the early identification of vulnerabilities within caring households and timeous implementation of supports in order to mitigate risks which contribute to poor outcomes. To do this the provider must as a minimum:

- a) Review the support needs of adoptive families.
- b) Establish regular supervision of dual approved adopters.
- c) Establish regular adopter support provision.

This is to comply with Regulation 24 (6)(a) 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 which state that: 'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17); and 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.' (HSCS 3.18).

3. By 31.01.23 the provider must ensure that child protection is robust to ensure that children are kept safe. To do this the provider must as a minimum:

- a) Implement learning from internal Child Protection review.
- b) Ensure robust recording and internal quality assurance systems are in place when child protection incidents occur.
- c) Notify the Care Inspectorate appropriately when child protection incidents occur.

This is to comply with Regulation 4(1)(a) and (d) (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 am protected from harm, neglect and abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20)

4. By 31.01.23 the provider must ensure that sibling relationships are thoroughly assessed, in particular if they are placed with separate caregiver families. To do this the provider must as a minimum:

- a) Review practice in relation to sibling assessments and identify knowledge gaps amongst staff.
- b) Ensure that sibling assessments are evidence based and undertaken according to best practice guidance.
- c) Review the quality of relationships between sibling groups who live apart to with the aim of promoting positive relationships where this is assessed as in the child's interest.

This is to comply with Regulation 4(1)(a) and (d) (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 am supported to manage my relationships with my family, friends, or partner in a way that suits my wellbeing" (HSCS 2.18).

Areas for improvement

1. To ensure all children have a clear understanding of their past the provider should improve its approach to life story work. This should include but is not limited to, implementing a consistent approach to gathering and storing important life story information and providing specific training to staff and carers about how life story work should be approached.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity'. (HSCS 1.29)

2. To ensure that children in need of permanent substitute care do not experience delay in planning, the service should ensure that all staff understand their role in supporting positive outcomes. This should include but is not limited to, embedding clear policies in relation to permanence across the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "As a child or young person needing permanent alternative care, I experience this without unnecessary delay" (HSCS 1.16)

How good is our leadership?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we have made requirements.

The service had undertaken a thorough internal review and a safeguarding review since the last inspection

with the aim of improving practice which were positive initiatives, however, it was not clear how either of these reviews had led to systematic change or practice development.

Some quality assurance measures were in place to support positive outcomes for children, a new file audit template was in use and a tracker was in place to monitor carer reviews within the service. A new experienced independent panel chair had been appointed since the last inspection and panel benefitted from a committed and experienced membership. Improvements to permanence processes such as the creation of a dedicated permanence team within children's social work and new Permanence Advice meetings ensured practice in relation to permanence was reviewed at an early stage to reduce drift and delay.

The service had a development plan which had evolved through the work of previous service managers and was a very large document with a high number of action points. To ensure that improvement can be effectively targeted, a more focused SMART (Specific, Measurable, Realistic, Time-bound) plan should be devised. This will form an area for improvement. (See area for improvement 1).

Weaknesses in quality assurance processes had the potential to impact on the consistency of practice and outcomes for children in the service. The service did not routinely undertake unplanned ending meetings for children not within permanent care arrangements. The service had no mechanism for tracking unplanned moves for children with interim carers or any ability to take learning from these to improve practice. We noted that some children had experienced high numbers of moves and the service had no overview of the reasons for this. Unplanned endings that did take place did not identify clear learning points for the service overall. The service should improve how it learns from any unplanned endings this will form a requirement (See requirement 1).

The service had no systems in place for monitoring the consistency of practice and support for carers and ensuring key elements of practice to safeguard welfare were undertaken, for example carer checks, unannounced visits and carer supervision. Quality assurance systems should be made more robust to ensure consistency of practice and improve outcomes, this will form a requirement. (See requirement 2). Deficits in quality assurance processes also meant that the service was not complying with its statutory duty to notify the Care Inspectorate of key events. This has been noted in two previous inspection reports as a practice issue and will form a requirement. (See requirement 3).

We have noted improvements in individual outcomes for children in need of permanent substitute care but to further drive improvement, the service needs to improve its tracking and monitoring of all children to identify where any drift and delay is occurring in permanence processes so this can be addressed via changes in practice delivery. This will form an area for improvement. (See area for improvement 2).

Requirements

1. By 31.01.23, the provider must ensure that there is reflection and clear learning points identified if an unplanned ending occurs within the service. To do this the service the provider must as a minimum:

a) Hold reflective meetings in all cases when children are moved between caregiver families on an unplanned basis. These meetings should identify clear learning points for the service to improve future outcomes.

b) Undertake an audit of practice where children using the service have experienced multiple moves. Use this information to drive improvement and improve stability children experience in caregiver families.

This is to comply with Regulation 4(1)(a) and (d) (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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

2. By 31.01.23 the provider must ensure that there are robust quality assurance measures in place to support positive outcomes for children in caregiver families. To do this the provider must as a minimum:

a) Embed quality assurance systems across the service to ensure carers receive a consistent service. b) Ensure statutory checks are completed within timescales.

c) Effectively track recruitment timescales for families applying to be assessed as caregiver families.

This is to comply with Regulation 4(1)(a) and (d) (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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

3. By 31 January 2023, the provider must ensure that all notifiable incidents are appropriately reported to the Care Inspectorate. To do this the provider must as a minimum comply fully with statutory requirements in accordance with "Records that all registered services (except childminding) must keep and guidance on notification reporting".

This is to comply with Regulation 4(1)(a) and (d) (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 use a service and organisation that are well led and managed" (HSCS 4.23).

Areas for improvement

1. To promote positive change within the organisation, the service should review its current development plan in line with SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) principles. This should include but is not limited to a review of the current development plan to create a more streamlined document to make it easier to evaluate progress toward outcomes.

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).

2. To promote positive outcomes for children in need of permanent substitute care, the service should improve its analysis of children's journey's to achieving permanence. This should include but is not limited to developing more robust tracking of timescales for all children to identify where any drift and delay is occurring.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "As a child or young person needing permanent alternative care, I experience this without unnecessary delay" (HSCS 1.16).

How good is our staff team?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we have made requirements.

Staff in the service were experienced and were knowledgeable about trauma informed practice. Staff had regular informal supervision and support to manage work tasks, but these were often crisis driven and there were deficits in the quality of regular formal supervision. Where specific training had been invested in, staff were not confident there would be opportunities to fully implement their learning due to competing work pressures. Staff had limited ability to engage in team development and reflection of practice. One staff member told us "Due to poor staffing levels it is difficult to make time for development and to attend meetings or to provide the best care for our children and young people" The service should create a supportive learning culture to promote positive practice. This will form an area for improvement. (See area for improvement 1).

At the time of the inspection, the service was experiencing staffing issues with staff absence. These were linked in part to the impact of covid-19 which created additional pressures for the service. This compounded issues with what staff described as an unmanageable workload within the service due to pressures of duty tasks and family finding for children in need of resources external to Clackmannanshire Council provision. Staff reported that they were working excessive hours and were on a daily basis being directed to undertake the most urgent tasks. One staff member told us "Everyone is driven to provide high standards of care, but systemic issues are cause for staffing issues. There is real unrest which is impacting on drift and outcomes for children." The service should undertake an audit of the workload of the family support team and review staffing capacity and this will form a requirement. (See requirement 1).

1. By 31 January 2023, the provider must ensure caregivers and young people are kept safe and that the quality of support offered improved by undertaking an audit of staff capacity to review the ability of the team to ensure that each service is able to fulfil their legal responsibilities and complete the core functions of the service. These will include but is not limited to recruitment and assessment of care givers, supervision of care givers and training of care givers.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14); and 'My needs are met by the right number of people' (HSCS 3.15).

1. To support care giver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and enabled to develop a team culture. This should include, but is not limited to:

- a) Provision of regular opportunities for good quality supervision in line with their policy.
- b) Ensure that staff have opportunities for team reflection and support through regular team meetings.
- c) Implementation of systems of staff appraisal for all staff.

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

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

How well is our care and support planned?

2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we have made requirements.

Children had access to advocacy services and were able to become involved in care planning. The service is developing a participation strategy with funding from "The Promise" to further promote the engagement of children in their care planning and service improvement.

Staff in the service advocated for positive outcomes for children in the service and we saw an example of issues relating to a child's care being raised with the child's social worker to improve outcomes.

Carers had family policies in place which outlined their approach to safer caring within their households. The service should develop its approach to safer caring through the use of individual safer caring plans and risk assessments to ensure that support needs are documented and there is shared understanding between carers and the service in relation to the management of risk. This will form a requirement. (See requirement 1).

We had concerns that when reviewing documentation, we found that there was limited evidence of families having individual support plans which outlined the need for post adoption support. There is a lack of clarity about services available and no apparent assessment of individual needs for families. From the sample we reviewed we saw that the child's plan does evidence some post adoption support needs, however, these are not specific or individualised.

The service should adhere to adoption legislation and best practice guidance in which adoptive families meet with the service to identify supports when an adoption is legally granted. We would then expect that families meet with the service at set timescales to review needs. This will ensure that children and adoptive families receive appropriate support when they need it. The lack of adoption support plans led us to conclude that children and their families were not receiving responsive, tailored and timely interventions. This will now form a requirement. (See requirement 2).

We saw no management overview relating to areas such as the management of birth family time, letterbox contact and provision of later life letters. There were no clear mechanisms for the service to track and

monitor this practice which increases the risk that important information is lost which will impact on children's life experience. This will form a requirement. (See requirement 3).

Requirements

1. By 31 January 2023, the provider must ensure that robust plans are in place to support children in dual approved caregiver families. To do this the provider must as a minimum:

- a) Ensure that individual safer caring plans are in place for all children.
- b) Ensure that risk assessments are in place and that these are regularly reviewed when circumstances change.

This is to comply with Regulation 4(1)(a) and (d) (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 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 choices and wishes" (HSCS 1.15).

2. By 31.01.23 the provider must adopt a strategic approach to providing post adoption support services. To do this, the provider must as a minimum ensure:

- a) All adoptive families have an adoption support plan in place and that this is reviewed in line with legislation and good practice guidance.
- b) Ensure that staff are fully aware of their roles and adopters are aware of their rights in relation to the development of adoption support plans.

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

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

3. By 31 January 2023, the provider must adopt a strategic approach to ensuring families are supported. To do this, the provider must as a minimum ensure:

- a) Families are supported with birth family time.
- b) Letterbox contact is robustly co-ordinated and monitored.
- c) The provision of later life letters is prioritised.

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

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards

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

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

Requirements

Requirement 1

Clackmannanshire Council must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the agency must ensure that: - staff are supported and feel confident in planning permanency - reports are of a good quality - reports are submitted on time - tracking systems identify where there are gaps and these are addressed.

This is necessary in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) - Welfare of Users. In making this requirement cognisance has been taken of the Health and Social Care Standards, which state that 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay.' (HSCS 1.16).

This requirement was made on 14 August 2019.

Action taken on previous requirement

During this inspection we found that whilst there had been some recent efforts to progress young people's plans and address drift and delays, there remained concerns about the lack of robust tracking systems which would support this work.

Not met

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

To promote and achieve best outcomes for children and young people, the service should build on early progress to ensure that staff are fully aware of their roles and adopters are aware of their rights in relation to the development of adoption support plans.

This is to ensure that the quality of care and support is consistent with Health and Social Care Standards, which state that 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14), 'I am supported to understand and uphold my rights.' (HSCS 2.3) 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)

This area for improvement was made on 14 August 2019.

Action taken since then

We found that due to staffing levels and changes the service had made limited progress in this area. Those support plans we did see lacked detail and for some young people there were no support plans.

Previous area for improvement 2

To ensure children and young people can have confidence in the service and benefit from a culture of continuous improvement, the service must have robust quality assurance processes in place.

This is in accordance with the Health and Social Care Standards, which state that '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 14 August 2019.

Action taken since then

We found that there continue to be concerns about the quality assurance processes in place and that the lack of these were meaning that there was a lack of oversight of key parts of the service and the inability to analyse information to develop the service.

Previous area for improvement 3

To ensure that children, young people and adopters can benefit from the development and improvement of key areas of practice the service should produce a service specific plan. This will be SMART and aim to take forward and fully implement the initiatives and ideas we heard about during the inspection.

This is in accordance with the Health and Social Care Standards, which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and '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 14 August 2019.

Action taken since then

We saw that the service did have a service development plan, however, this was extensive, and we found it difficult to navigate through due to this. The service has advised they are aware of the need to streamline this and will use the findings of this inspection to further develop a SMART plan.

Previous area for improvement 4

To ensure that achieving permanence for children and young people is not adversely affected by delays in completing assessments or providing relevant support, the service and the provider should continue to push for improved multi-agency involvement.

This is in accordance with the Health and Social Care Standards, which state that 'If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity.' (HSCS 4.17) and 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.' (HSCS 4.18).

This area for improvement was made on 14 August 2019.

Action taken since then

We saw some evidence of multi-agency working and the newly developed Permanence team was working to progress young people's permanence plans and addresses delays.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	1 - Unsatisfactory
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	1 - Unsatisfactory
1.2 Children, young people and adults get the most out of life	1 - Unsatisfactory
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	2 - Weak
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

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