

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE 29th JUNE 2022

REPORT ON: EXTERNAL INSPECTION REPORT FOR DRUMMOND HOUSE

REPORT BY: EXECUTIVE DIRECTOR OF CHILDREN AND FAMILIES SERVICE

REPORT NO: 189-2022

1.0 PURPOSE OF REPORT

- 1.1 To provide a summary of a recent external inspection carried out by the Care Inspectorate on the young people's home Drummond House, which took place on 30th March 2022. The inspection focused on 5 Quality Themes: supporting children and young people's wellbeing, leadership, staffing, setting, care and support planning.

2.0 RECOMMENDATIONS

It is recommended that members:

- 2.1 Note the attached summary of the inspection report on Drummond House, which over 5 categories of inspection received grades of 1 Adequate and 4 Good.
- 2.2 Remit the Executive Director of Children and Families to ensure that the areas for improvement are acted upon.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

- 4.1 Drummond House is a care home service for up to nine young people aged between 11 and 20 years. The service is made up of two adjoining houses, Forester's House, with accommodation for up to four young people and Drummond House, with accommodation for up to five young people.

- 4.2 This summary report provides an outline of the recent inspection, which followed revised methodology to comply with public health requirements. It identified many positives, showing a marked improvement in grades awarded from the previous inspection report in January 2020. It also shows that previous areas for improvement had been acted upon.

At the time of the inspection, Drummond House was providing care and support to some particularly vulnerable young people presenting with high levels of trauma but the report notes that young people received very respectful, sensitive and nurturing care from staff, who knew them well. It concluded that relationships were a key strength.

Whilst no formal 'Requirements' were made, the inspection did identify 6 Areas for Improvement relating to admissions processes, safety, incident analysis, staffing based on levels of risk, plans and complaints. The areas for improvement are listed below and are being actioned by the service.

In the context of the challenges presented by the pandemic the team has been required to apply a range of public health measures to minimise risk of infection whilst maintaining a homely environment and providing good care. The impact of the pandemic on staffing was noted but seen not to have had an adverse effect due to contingency measures.

4.3 Copies of the inspection report have been passed to the Lord Provost, Group Leaders and Councillor Murray.

5.0 POLICY IMPLICATIONS

5.1 This Report has been subject to an assessment of any impact on equality and diversity, fairness, poverty, environment and corporate risk. There are no major issues.

6.0 CONSULTATIONS

6.1 The Council Leadership Team have been were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

7.1 Drummond House Inspection Report

Audrey May
Executive Director

Mark MacAulay
Service Manager

June 2020

Quality Theme	Grading History, based on previous inspection framework quality themes		
	Nov 2018	Oct 2017	Dec 2016
Quality of care and support	5 Very Good	4 Good	4 Good
Quality of environment	3 Adequate	Not Assessed	Not Assessed
Quality of staffing	Not Assessed	5 Very Good	Not Assessed
Quality of management and leadership	Not Assessed	Not Assessed	4 Good

Theme	Latest Grades Awarded based on new Revised Inspection Framework Quality Themes	
	Grades: Jan 2020	Grade: March 2022
How well do we support children and young people's wellbeing?	3 - Adequate	3 - Adequate
How good is our leadership?	3 - Adequate	4 - Good
How good is our staffing?	3 - Adequate	4 - Good
How good is our setting?	4 - Good	4 - Good
How well is our care and support planned?	3 - Adequate	4 - Good

For context, for this inspection, it is worth noting below the detailed breakdown of Quality Indicators for the Grade 3 Adequate for the quality theme - **How well do we support children and young people's wellbeing?**

Noting that the care inspectorate apply a summary score in this category and set the lowest finding grade as the final grade.

Quality Indicators - How well do we support children and young people's wellbeing?	Detailed breakdown of Grades March 2022
1.1 Children and young people experience compassion, dignity and respect	5 – Very Good
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	4 - good

Summary

The inspection of Drummond House was completed on 30 March 2022. During the inspection the Inspector obtained the views of 3 young people in the form of a questionnaire, face to face discussions with 4 other young people. They also spoke with 3 family members whose views indicated a high level of satisfaction with the service overall.

What The Service Does Well

In terms of the quality theme - **How well do we support children and young people's wellbeing** and Grade of Adequate, it is important to note the contextual table of grades above and that the Inspector evaluated this key question as Adequate overall. However, they still found important

strengths of Very Good and Good in other areas of this category.

The Inspectors noted that young people received very respectful, sensitive and nurturing care from staff who knew them well. They clearly took pleasure in young people's successes. The Inspectors concluded that relationships between young people and staff were one of the service's key strengths. Some of those who had left still had enduring and supportive relationships with staff. Staff cared about and did their best for them; staff were 'the best thing here', that they 'really liked them' and could talk to them. An external professional described a young person being loved unconditionally.

They found young people had lots of encouragement and support to express their views and take part in decision making. It was clear that staff made real efforts to find a balance between keeping young people safe and promoting greater autonomy. They had access to the support of an independent advocacy organisation to share their views and make suggestions.

The service provided good information about what they could expect at Drummond House and what to do if they were unhappy about anything. Managers tried hard to resolve issues and complaints to improve their experiences. In one instance, the external manager met with them to listen to their views, showing that they took them seriously.

Young people exercised a lot of choice. They had support to maintain friendships, including welcoming friends to the house. Most kept in touch with family members to promote a sense of belonging and worth. All had free access to leisure services and staff also arranged activities to provide fun and promote creativity and relaxation. Most had some form of education provision and staff supported attendance and liaised with educational professionals to find suitable, individualised arrangements. They had also supported young people to attend university: this was a significant achievement for all concerned.

Overall, the inspector was satisfied with the service's management of child protection concerns. Staff worked in partnership with other agencies to reduce the risk of abuse and other harm. Young people received support to keep in good health, receiving primary and specialist care, including sexual health advice. Positive outcomes included a reduction in self-harming behaviours by some young people as well as improved personal hygiene and development of better communication skills. Staff had a good understanding of young people's particular vulnerabilities and adopted an individualised approach to managing risk. Records of incidents or significant events involving young people demonstrated staff generally implementing appropriate strategies for responding to episodes of distress, anger and frustration.

Regarding **How good is our Leadership**, the Grade 4 given for this reflects an improvement in performance since the last inspection. The Inspectors found the service was making progress with the improvement plan they had developed to address the findings of the last inspection, though the pandemic had caused some understandable delays. The action they had taken had brought about positive change in a number of areas and is reflected in improved grades in other quality indicators in this report.

The Inspectors also found staff consistently used the service's framework of care, which they were clearly committed to and felt had helped them to make a significant improvement to the quality of care and support. This consisted of a 'strengths-based' approach to promoting wellbeing and supporting young people who had experienced trauma, as well as implementation of the Health and Social Care Standards and The Promise (a national programme of change following the Scottish Independent Care Review).

It was noted that the service used a range of quality assurance activities to monitor quality, including audits of medication and staff supervision. These allowed them to identify areas where improvement was needed. Managers had also identified core and mandatory training for all levels of staff. The external manager maintained regular contact with the service and was well informed about developments and young people's needs. He played a key role in monitoring their experiences and had responded to some of the issues raised by them.

In terms of **How good is our staff team** and the Grade 4 Good, the Inspectors found a number of important strengths which, taken together, clearly outweighed areas for improvement. This also represented an improvement since the last inspection. A new system had recently been introduced looking at assessing staffing levels and matching this to the needs of the young people and that the records demonstrated good attention to planning ahead for young people for the coming week.

Inspectors noted that most staff felt very well supported by their colleagues and senior staff and described effective and constructive team working to meet young people's needs. Morale was generally positive despite some significant challenges and the upheaval caused by recent refurbishment of parts of the home.

Regarding **How good is our setting**, the inspectors evaluated this as Grade 4 Good, again with a number of important strengths which, taken together, clearly outweighed areas for improvement.

Drummond House' location meant that with some exceptions, young people were close to many of their family and friends. The house was near to public transport so they could get out and about more independently and they had free bus rides within Dundee. It was also within a short distance of the city centre, which had a wide variety of facilities and amenities. The young people received very good support to keep in touch with people who were important to them and in most instances to spend time with peers. Where possible staff also welcomed friends and family members to the house and maintained good communication for consistency of approach. Young people had access to the internet and other forms of communication.

Most young people particularly liked spending one-to-one time doing things with staff they were closer to. However, there were also opportunities for activities in smaller groups such as watching TV or doing arts and crafts. They had larger communal areas and smaller rooms offering more privacy for visitors, as well as their own rooms. The house also had a large garden for use in better weather. Staff had kept in touch with and continued to provide a level of support to a number of young people who had left Drummond House.

Regarding **How well is our care and support planned?** Evaluated as Grade 4 Good, this also represented an improvement since last inspection.

Inspectors noted the service success in ensuring the voice of the young people was heard, a good understanding of the individual young people and their families, the service regularly reviewed plans, encouraging and supporting young people to be involved in their plans and decision making about their lives.

What the Service Could do Better

Within this inspection the Inspectors also outlined 6 Areas for Improvement across all of the quality themes, these are noted below along with the actions that are/will be implemented by the service.

Within the key theme **How well we support children and young people's wellbeing**.

Whilst the Inspectors noted many positives, they also recognised that a very recent admission of another young person to the house had an impact on the well-being of others in the existing group of young people. Some of whom felt distressed or threatened by incidents of behaviour, disruptive noise levels and seeing their home environment damaged, negatively affecting their feelings of security. Inspectors noted though that staff and managers had recognised and acknowledged their concerns and were trying very hard to make things better, also noting the external senior management team maintained regular contact with the service, was well informed about young people's needs, played a key role in monitoring their experiences and had personally responded to some of the issues raised by them. However, the Inspectors also felt there was a need for more robust assessment and planning to address these issues.

The young people affected by this disruption clearly exercised their right to complain and have their views heard through our existing complaints process to the House Manager who responded accordingly. However, the Care Inspectorate felt that should the young people not accept the outcome of managers intervention then the young people should also be signposted to other advocacy services, including the Care Inspectorate themselves.

Area for improvement 1

In order to meet the needs of the individual young people affected by the issues detailed in this report, the provider should regularly and formally evaluate the impact on their wellbeing and make appropriate plans to ensure their feelings of safety and security are not compromised. The provider should consider their views and the views of family members and external professionals and consider the need for the provision of advocacy services.

Action 1

We have since amended our complaints procedure to ensure that advocacy services and the Care Inspectorate contact details are clearly displayed on the Complaints form template and the manager will ensure the young people are made aware of this and are supported to contact them.

Within this quality theme another Area for Improvement was also set. This was despite the Inspectors being informed that the most recent young person admitted to Drummond House did so at almost immediate short notice on an emergency and crisis basis. They still felt there was scope for improving the service's admissions and matching process when considering requests and assessing the suitability of the service. This should include staffing arrangements, the likely impact on other young people and how the service will meet identified needs.

Area for improvement 2

In order to ensure young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.

Action 2

To reflect the above, the service is reviewing our electronic recording system MOSAIC to ensure the Record of Accommodation and Decision work-step evidences clear decision making and the matching process is agreed by the senior management team, thereafter triggering the ongoing planning process accordingly. We are working closely with Practice Managers in the service to ensure the implementation of this.

Within the key theme **How good is our Leadership?**

The Inspector did note that the service used a range of quality assurance activities to monitor quality, including audits to identify areas where improvement was needed, and that managers had also maintained an overview of incidents up to a few months ago. However, the Inspectors felt there was potential for more in-depth analysis to allow the service to better identify learning to prevent recurrence and meet young people's needs.

Area for improvement 3

To support effective learning and meet young people's needs, the provide should further develop periodic analysis of incidents.

Action 3

Alongside our colleagues in Health and Safety we are reviewing our Behaviour of Concern incident reporting and analysis procedures, as well as liaising with and learning from external residential agencies to develop a debrief framework that will allow for prompt analysis and learning from incidents, involving the key stakeholders and thereafter take necessary supportive action.

Linked to the incident analysis above, and within the same key theme, the Inspectors noted managers had not consistently submitted notifications to the Care Inspectorate when significant events had taken place. This was due to the high frequency of repeated incidents at that time, so there were some notifications that had not yet been processed at time of inspection.

Area for improvement 4

To support effective scrutiny of the service, the provider should ensure that managers submit notifications of significant events in accordance with guidance.

Action 4

The Senior Manager for this service will ensure that the House Manager complete these timeously and accordingly. The Care Inspectorate Notification Guidance has been shared and discussed with all house managers and in future, when there are high levels of repeated incidents, the notification of incidents will be delegated to another independent house manager to ensure timeous notification to Care Inspectorate.

Within the quality theme **how good is our staff team.**

Again, the inspectors noted improvements since the last inspection, however they felt that the process used by managers to assess staffing levels needed further development to ensure it explicitly identifies the numbers and skills mix of the staff needed for young people, considering individual and group needs. They noted however that the records from this inspection demonstrated good attention to planning ahead for young people for the coming week.

Area for improvement 5

In order to meet young people's needs, the provider should implement an effective system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day.

Action 5

We have implemented a template for staff planning and deployment ensuring it is in line with the young people's needs and diary appointments. Each week, the house manager is expected to assess the needs of young people in the house and their activity schedule to inform decisions on the required staffing level and skill mix. Management of the house will have daily oversight of this system.

Within the quality theme **How well is our care and support planned**

The Inspector found a wealth of useful information relating to the young people's plans, ensuring their voice was heard, preferences and routines agreed, demonstrated a good understanding of the young people, reflected family relationships and shared decision making in the lives of the young people. They felt some plans were not holistic enough, needed to be SMARTer and have a clearer focus on meeting needs and achieving agreed outcomes. The Inspector was also aware that we were in the early stages of developing a new approach to care planning since 1st March 2022 and felt it was too early to evaluate the impact.

Area for improvement 6

In order that young people have the best possible outcomes and experiences, the provider should ensure that the service develops high-quality, effective plans.

Action 6

Building on developments across the wider service in relation to assessments, plans and chronologies, which have been commended in the Inspection for Children and Young People at Risk of Harm, a Practice Manager has been working closely with the houses and the Care Inspectorate to develop a Residential Plan template called 'My House Plan'. The team have now been trained in the use of this and it has been live on 1st March 2022. This aligns with locality team plans, permanence plans and review processes. A new quality assurance audit tool is also being developed to promote quarterly oversight of the plans and identify any areas for improvement.

This page is intentionally left blank

Drummond House Care Home Service

317 South Road
Dundee
DD2 2RT

Telephone: 01382 436 730

Type of inspection:
Unannounced

Completed on:
30 March 2022

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Service no:
CS2003034640

This page is intentionally left blank

About the service

Drummond House is a care home service for up to nine young people aged between 11 and 20 (though following a recent variation to conditions of registration, it can accommodate up to 11 young people in total until 28 February 2023). The premises consist of a single-storey building situated about three miles from Dundee city centre, located close to bus routes, shops and other amenities. The service is made up of two adjoining houses, Foresters House, with accommodation for up to four (currently five) young people, and Drummond House, with accommodation for up to five (currently six) young people. All young people have their own bedroom with an ensuite shower. Each house also has an open plan sitting-dining room, kitchen, laundry room, bathroom and other smaller communal rooms, with a garden to the rear.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed revised methodology for conducting inspections in these circumstances.

What people told us

We received three responses to a survey forwarded to all young people before the inspection. We also spoke with four young people during our visits, with one of these being a very brief chat. Some young people did not wish to speak with us to share their views. We had a range of responses, with some feeling unhappy about some aspects of life at Drummond House and the impact of group living, but there was also a number of very positive comments, more particularly about their relationships with staff.

We also spoke with three family members, whose views indicated a high level of satisfaction with the service overall.

We have taken these into account in evaluating the service's performance.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care planned?	4 - Good

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 in light of concerns about some young people's experiences. However, we still found important strengths in other areas. This is reflected in a range of grades for each of the three quality indicators.

Young people received very respectful, sensitive and nurturing care from staff who knew them well. They clearly took pleasure in young people's successes. We concluded that relationships between most young people and staff were one of the service's key strengths. Staff also persisted in trying to engage with young people who were more resistant to spending time with them. Some of those who had left Drummond House still had enduring and supportive relationships with staff. Those who described some difficult experiences recently still felt that staff cared about and did their best for them: they told us that staff were 'the best thing here', that they 'really liked them' and could talk to them. An external professional described a young person being loved unconditionally.

Young people had lots of encouragement and support to express their views and take part in decision-making. It was clear that staff made real efforts to find a balance between keeping young people safe and promoting greater autonomy. They had access to the support of an independent advocacy organisation to share their views and make suggestions.

The service provided good information about what they could expect at Drummond House and what to do if they were unhappy about anything. Managers tried hard to resolve issues and complaints to improve their experiences. In one instance, the external manager met with them to listen to their views, showing that they took them seriously. We felt though that the service could make it clearer to young people what options they had if they still felt unhappy with the outcome of a complaint.

Young people exercised a lot of choice. Whilst there were some restrictions for reasons of safety, staff tried hard to negotiate and compromise where they could. Young people had support to maintain friendships, including welcoming friends to the house. Most kept in touch with family members to promote a sense of belonging and worth. All had free access to leisure services though most chose not to take up these opportunities. Staff also arranged activities to provide fun and promote creativity and relaxation, though managers told us that young people sometimes chose not to take part.

Attendance at and engagement in education was a challenge for some young people, some of whom had experienced longstanding difficulties. Nevertheless, most had some form of provision and staff supported attendance and liaised with educational professionals to find suitable, individualised arrangements. They had also supported young people to attend university: this was a significant achievement for all concerned.

Staff worked in partnership with other agencies to reduce the risk of abuse and other harm. They had a good understanding of young people's particular vulnerabilities and adopted an individualised approach to managing risk. However, some young people had recently felt threatened by incidents of behaviour, including disruptive noise levels and seeing their home environment being damaged. They had also been distressed when witnessing staff they cared about experiencing violent and threatening behaviour. This had negatively affected their feelings of security. Staff and managers had recognised and acknowledged their concerns and were trying very hard to make things better. Nevertheless, we felt there was a need for more robust assessment and planning to address these issues. **(See area for improvement 1)**

Staff consistently described to us the service's framework of care, which they were clearly committed to and felt had helped them to make a significant improvement to the quality of care and support. This consisted of a 'strengths-based' approach to promoting wellbeing and supporting young people who had experienced trauma, as well as implementation of the Health and Social Care Standards and the Promise (a national programme of change following the Scottish Independent Care Review).

Records of incidents or significant events involving young people (including occasional use of physical restraint as a last resort) demonstrated staff generally implementing appropriate strategies for responding to episodes of distress, anger and frustration. Some external professionals felt staff might benefit from more in-depth training to manage these extremely challenging situations. Nevertheless, staff told us they had opportunities for support and reflection to promote learning. With some earlier exceptions, staff also supported young people to reflect on what had happened and repair relationships. Whilst staff had discussed young people's risk assessments with other professionals, they should include this in the records.

Young people received support to keep in good health, receiving primary and specialist care, including sexual health advice. Positive outcomes included a reduction in self-harming behaviours by some young people as well as improved personal hygiene and development of better communication skills. Staff received advice on care and support of young people from specialist external professionals, which they described as supportive and beneficial. They managed medication well overall, with action taken when there were issues with practice. Whilst the frequency of young people being reported missing was quite high, staff worked closely with local police and other agencies under their partnership agreement to reduce risk.

Whilst inspectors were not able to share meals with staff and young people during pandemic restrictions, we saw meals were varied. Staff encouraged young people to join the group for meals for positive social experiences. Whilst some were now doing this more often, staff respected their choices to eat separately. They were familiar with young people's food preferences and provided meals they enjoyed whilst aiming for a balanced diet. Some young people took part in meal preparation and were developing these important skills.

There was scope for improving the service's admissions and matching process when considering requests and assessing the suitability of the service. This should include staffing arrangements, the likely impact on other young people and how the service will meet identified needs. We have signposted the service to our guidance. **(See area for improvement 2)**

Areas for improvement

1. In order to meet the needs of the individual young people affected by the issues detailed in this report, the provider should regularly and formally evaluate the impact on their wellbeing and make appropriate plans to ensure their feelings of safety and security are not compromised. The provider should take into account their views and the views of family members and external professionals and consider the need for the provision of advocacy services.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23)

2. In order to ensure young people have the service that is right for them, the provider should ensure that decisions about admissions are fully informed by a robust, clearly evidenced assessment and matching process.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I am in the right place to experience the care and support I need and want' (HSCS 1.20)

How good is our leadership?

4 - Good

We evaluated this key question as good, which meant there were a number of important strengths which, taken together, clearly outweighed areas for improvement. This grade reflects an improvement in performance since the last inspection.

The service was making progress with the improvement plan they had developed to address the findings of the last inspection, though the pandemic had caused some understandable delays. The action they had taken had brought about positive change in a number of areas and is reflected in improved grades in other quality indicators in this report. Managers should now consider developing a systematic process of self-evaluation to generate ongoing improvement, including seeking the views of people connected with the service.

The service used a range of quality assurance activities to monitor quality, including audits of medication and staff supervision. These allowed them to identify areas where improvement was needed. Managers had also identified core and mandatory training for all levels of staff. Whilst we were unable to review staff training and supervision records at this inspection, we were informed that completion of learning and development activities was now discussed and monitored during staff supervision. Managers had also maintained an overview of incidents up to a few months ago. However, there was potential for more in-depth analysis to allow the service to better identify learning to prevent recurrence and meet young people's needs. **(See area for improvement 1)**

The external manager maintained regular contact with the service and was well informed about developments and young people's needs. He played a key role in monitoring their experiences and had responded to some of the issues raised by them.

Managers had not consistently submitted notifications to the Care Inspectorate when significant events had taken place: this had been a recurring issue. **(See area for improvement 2)**

Areas for improvement

1. To support effective learning and meet young people's needs, the provide should further develop periodic analysis of incidents.

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 support effective scrutiny of the service, the provider should ensure that managers submit notifications of significant events in accordance with guidance.

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)

This is to ensure that practice is consistent with 'Records that all registered children and young people's care services must keep and guidance on notification reporting'. (Care Inspectorate, January 2022)

How good is our staff team?

4 - Good

We evaluated this key question as good, which meant there were a number of important strengths which, taken together, clearly outweighed areas for improvement. This represented an improvement since the last inspection.

The process used by managers to assess staffing levels needed further development to ensure it explicitly identifies the numbers and skills mix of the staff needed for young people, taking into account individual and group needs. **(See area for improvement 1)** We noted however, that the records demonstrated good attention to planning ahead for young people for the coming week.

Staff turnover had been relatively low though there had been a number of pressures on staffing as a result of the Covid pandemic, sickness absence and vacancies (though recruitment was underway). These, along with a need to increase staffing levels to meet the diversity of young people's needs, had led to a reliance on sessional and agency staff to bolster the core staff group. Whilst young people were gradually becoming more familiar with these staff, for some it had still meant forming a number of new relationships, which they found difficult and unsettling. Some pressures remained, more particularly at weekends. Nevertheless, most staff did not feel this was having any significant impact on young people, though it required careful planning on their part. Family members and external professionals described recent improvements but some told us about previous staffing pressures that had caused some disruption. A small number of young people referred to there not always being enough staff and had raised concerns about the service being unable to provide their planned one-to-one activities. However, managers assured us that following this feedback they had taken action to ensure these could go ahead. The commitment shown by staff in often very difficult circumstances and the positive and meaningful relationships they had developed with young people was clear.

Most staff felt very well supported by their colleagues and senior staff and described effective and constructive team working to meet young people's needs. Morale was generally positive despite some significant challenges and the upheaval caused by recent refurbishment of parts of the home.

Areas for improvement

1. In order to meet young people's needs, the provider should implement an effective system for assessing the staffing levels, skills and deployment that are required in all parts of the service throughout the day.

This is in order to comply with the Health and Social Care Standards, which state that: 'My needs are met by the right number of people.' (HSCS 3.15)

How good is our setting?**4 - Good**

We evaluated this key question as good, which meant there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

The home's location meant that with some exceptions, young people were close to many of their family and friends. The house was near to public transport so they could get out and about more independently and they had free bus rides within Dundee. It was also within a short distance of the city centre, which had a wide variety of facilities and amenities. They received very good support to keep in touch with people who were important to them and in most instances to spend time with peers. Where possible staff also welcomed friends and family members to the house and maintained good communication for consistency of approach. Young people had access to the internet and other forms of communication.

Most young people particularly liked spending one-to-one time doing things with staff they were closer to. However, there were also opportunities for activities in smaller groups such as watching TV or doing arts and crafts. They had larger communal areas and smaller rooms offering more privacy for visitors, as well as their own rooms. The house also had a large garden for use in better weather. Staff had kept in touch with and continued to provide a level of support to a number of young people who had left Drummond House.

Some young people attended local schools and colleges and accessed health and other services locally, which can support development of helpful networks. Most had more limited involvement with community or organised groups, though one young person had expressed an interest in these and was confident that staff would provide the support they needed to get involved.

How well is our care and support planned?**4 - Good**

We evaluated this key question as good, which meant there were a number of important strengths which, taken together, clearly outweighed areas for improvement. This represented an improvement since the last inspection.

The service had been successful in ensuring the voice of young people was much more clearly reflected in plans and related documents. The latter contained lots of very helpful information on their routines, preferences and family relationships to guide staff in providing the right care and support. They demonstrated a very good understanding of young people as individuals and showed they had also taken information provided by families into account. The service regularly reviewed plans and staff encouraged and supported young people to take part in meetings and share their views with the people making decisions about their lives.

However, some plans were not holistic. Whilst the service used national wellbeing outcomes, they also needed to be SMARTer (specific, measurable, achievable, relevant and time-based), with a clearer focus on meeting needs and achieving agreed outcomes in a range of developmental areas. As a result of this, the quality of evaluation could have been more effective. We understand that the local authority was in the early stages of developing a new approach to care planning, though it was too early to evaluate the impact. We signposted managers to new Care Inspectorate guidance in this area. **(See area for improvement 1)**

Areas for improvement

1. In order that young people have the best possible outcomes and experiences, the provider should ensure that the service develops high-quality, effective plans.

This is in order to comply with the Health and Social Care Standards, 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)

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

The provider should, following discussion with staff and other relevant professionals, ensure that agreed strategies are implemented for responding to all young people's behavioural needs, including managing aggressive behaviour.

This is in order that care and support is consistent with the Health and Social Care Standards which state that 'My care and support meets my needs and is right for me'. (HSCS 1.19)

This area for improvement was made on 19 February 2020.

Action taken since then

We concluded that the service had made progress in this area, though meeting all young people's needs in a group environment continued to present real challenges and had had an impact on some. See key question 1 for further detail.

Previous area for improvement 2

In order to ensure the best possible outcomes and experiences for young people, the provider should review procedures for the admission of young people to residential care.

This is in order that care and support is consistent with the Health and Social Care Standards which state that 'I am in the right place to experience the care and support i need and want' (HSCS 1.20) and 'If I experience care and support in a group, the overall size and composition of that group is right for me'. (HSCS 1.8)

This area for improvement was made on 19 February 2020.

Action taken since then

This needed further development (see key question 1).

Previous area for improvement 3

In order to ensure high-quality, positive outcomes and experiences for young people and to address the issues detailed in this report, the provider should develop an improvement action plan, clearly identifying the next steps, including timescales.

This is to ensure care and support is consistent 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)

This area for improvement was made on 19 February 2020.

Action taken since then

The service had developed an improvement plan and made progress in a number of areas.

Previous area for improvement 4

In order to ensure that staff practice is monitored, that plans are reviewed as appropriate and that any learning is implemented for the benefit of young people, the provider should ensure that managers and senior staff carry out and document prompt analysis of incidents as they occur and periodically in the service as a whole.

This is to ensure care and support is consistent 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 19 February 2020.

Action taken since then

Staff and managers had improved the quality of reflection and learning from incidents as they occurred. However, there was scope to improve periodic analysis of incidents. This should allow the service to better identify any patterns that might allow them to make adjustments to the care they provide to young people.

Previous area for improvement 5

In order to meet young people's needs and reduce risk, the provider should:

- (i) implement an effective system for assessing the staffing levels and skills required throughout the day, and maintain records of any shortfalls
- (ii) review staff training needs, specifically in relation to mandatory training.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state '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)

This area for improvement was made on 19 February 2020.

Action taken since then

We have noted the need for further development of the staffing needs assessment in key question 3.

Managers had identified mandatory and additional training for staff at all levels.

Previous area for improvement 6

In order that staff receive appropriate levels of support, have opportunities for reflection and have their learning and development identified, the provider should ensure they have regular supervision.

This is to ensure that care and support is consistent with the Health and Social Care Standards, which state '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) and with the Scottish Social Services Council

Code of Practice for Employers of Social Service Workers, which state that they will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice'. (3.5)

This area for improvement was made on 19 February 2020.

Action taken since then

Most of the staff who gave feedback felt that supervision was of good quality and met their needs.

Previous area for improvement 7

The provider should improve the quality of personal plans in order to more effectively meet young people's needs.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

This area for improvement was made on 19 February 2020.

Action taken since then

We have included an area for improvement in key question 5 though concluded that the service had made some improvements in this area.

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	5 - Very Good
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	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.3 Children and young people can be connected with and involved in the wider community	4 - Good
How well is our care planned?	4 - Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

This page is intentionally left blank