

Inverclyde Council Continuing Care Service Adult Placement Service

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Announced (short notice)

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Service provided by:
Inverclyde Council

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About the service

Inverclyde's Continuing Care Service was registered with the Care Inspectorate in 2018. The service is provided to young adults age 18 years or over and allows young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The service recognises the council's continuing responsibility to support care experienced young people leaving foster care. Support is provided to the young person by their social worker or after care worker and the fostering service continues to support the carer.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

This report should be read in conjunction with the inspection report for Inverclyde Council Fostering Service, which was inspected alongside this inspection.

About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 17 May 2024. The inspection was carried out by two 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:

Spoke with three continuing care carers and two responded to our survey.

Spoke with two young people using the service and two responded to our survey.

Spoke with eight staff and management and nine responded to our survey.

Observed practice and daily life.

Reviewed documents.

Spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Key messages

- There was a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result.
- Young people developed meaningful, affectionate and secure relationships with their caregiver families.
- Young people did not always benefit from caregivers having up to date knowledge and training.
- With the support of their caregiver families, at the right time, young people developed a wide range of life skills.
- Young people's support from the provider was led by the young people and in line with their needs and wishes.
- We encouraged the service to develop a service development plan specifically for continuing care.

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?	4 - Good
How good is our leadership?	4 - Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people developed meaningful, affectionate and secure relationships with their caregiver families. Relationships were based on empathy, compassion, love and fun. Young people in the fostering and continuing care services told us about feeling part of the family and feeling secure that they would be part of the family for a long time. There was a clear ethos in the local authority that young people were encouraged to stay and those carers providing continuing care were approved at panel to do so.

There was some uncertainty in the team regarding when carers approval should be changed to continuing care and we asked the service to ensure all staff have an understanding of the legislation in relation to this.

Young people living within caregiver families routinely exercised a high degree of choice in all aspects of their day-to-day lives and young people were supported to have time with their birth family. There were nice examples of carers developing relationships with birth families to support young people with their understanding of their identity and life story.

Young people did not always benefit from caregivers having up to date knowledge and training. While the service offered some training and some caregivers carried out their own research, many caregivers had not completed any training for a significant period of time. A structured and recorded approach to supervision and reflective discussions with carers would also enable the service to know that key knowledge on adult protection, attachment, trauma or loss was embedded and confidently being used. (Area for improvement 1)

With the support of their caregiver families, at the right time and pace, young people developed a wide range of life skills. These promoted confidence and help them to get the most out of life.

Caregiver families supported the young people to be well-informed about how to lead a healthy lifestyle. They were enabled and encouraged to make informed health and lifestyle choices by adults who were positive role models.

Young people's support from the provider was led by the young people. This sometimes meant there was infrequent involvement. We asked the service to ensure that regular supervision of the caregivers took place to provide a safeguard and clear communication with the provider if the young people's circumstances changed.

Areas for improvement

1. For children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers.

The training for adult placement caregivers should include 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 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 leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

There was a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result.

There were some systems in place to monitor aspects of service delivery however these had not been in use for some time and did not provide an assurance of quality within the service. We encouraged the service to develop a service development plan specifically for continuing care that includes a clear learning and development plan for caregivers transitioning to this role.

There was no evidence of audits or appraisals and there was very sporadic formal supervision of staff that did not monitor performance. Leaders were not aware of the quality of the supervision records or recordings written by staff and although they had a sense of the issues that required to be addressed such as carer training there was no Specific Measurable Achievable Realistic Timebound plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed. (Area For improvement 1)

We had some concerns about the capacity to support improvement activities. However, leaders were responsive to feedback throughout the inspection and there were some plans in place to improve the capacity of the service. We looked forward to seeing the impact of this at the next inspection.

Areas for improvement

1. To promote positive outcomes for young people and their caregivers the service should ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

This should include but is not limited to:

- a) Implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

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;

"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) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated this key question as very good.

Young people in continuing care had recent reviews of their plans and the levels of support were in line with their needs and wishes. Young people were supported to communicate what their outcomes should be and their voice was captured in the plans. We encouraged the service to be pro-active in ensuring that their plans continue to be reviewed timeously to ensure young people always know how to access support.

The Going Forward reports written for the young people in continuing care were good and provided a good level of risk assessment. We encouraged the provider to enhance these by being explicit that they include the Welfare Assessment.

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?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

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