

Continuing Care Eilean Siar Adult Placement Service

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Type of inspection:
Announced (short notice)

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Service provided by:
Comhairle Nan Eilean Siar

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About the service

Continuing Care - Eilean Siar is a local authority adult placement service that provides continuing care to young people, enabling them to continue to live with their foster carers past the age of 18. The service is located in Stornoway, with families residing across the Western Isles.

The service is delivered by a manager and a supervising social worker, who work across the fostering, continuing care and adoption services. Inspections of the three services were undertaken at the same time. Separate reports are available for each of the services. This report should be read alongside the fostering report.

As the findings of this inspection are based on a sample of children and young people, inspectors cannot assure the quality of experience for every service user.

About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 16 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 caregivers
- Spoke with two members of staff and management
- Spoke with two external professionals
- Spoke to young people
- Spoke to an independent panel chair and Agency Decision Maker
- Reviewed documentation
- Reviewed survey responses from continuing caregivers, staff, external professionals, and young people.

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

- Young people had strong relationships with their caregivers. Caregivers were committed to young people remaining in their care until they were ready to leave.
- Young people had positive educational outcomes and had been supported to develop invaluable skills for their adulthood.
- An unclear approach to continuing care meant that young people were not well-informed about their rights.
- Delays in planning and assessment for young people created uncertainty.
- Improvements are required to ensure caregivers are suitably trained and assessed to provide continuing care to young people.
- There was limited structured support for continuing care families, with support primarily being delivered in response to crisis.
- Quality assurance by external management and a clear development plan must be developed to drive improvements and ensure good practice.
- The service should improve its assessment and oversight of risk within continuing care households.

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?	2 - Weak
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?

2 - Weak

We have evaluated this key question as weak. Whilst we identified some strengths, these were compromised by significant weaknesses.

Young people had committed and loving relationships with their continuing care caregivers. Young people were valued as individuals and had a clear sense of being part of family life. Enduring and meaningful relationships allowed young people to have a sense of security which allowed them to develop and thrive.

Caregivers had positive relationships with staff within the service, and appreciated their skills, responsiveness and caring approach. Despite this, there was a lack of planned or continual support to families to promote reflective practice. Visits to continuing care households were very infrequent and there was no consistent approach to the supervision of caregivers. This meant that the service did not have a clear oversight of need and risk within continuing care households, which had the potential to impact on people's safety. (See requirement 1).

Young people were respected and valued as part of their continuing care families. Caregivers were powerful advocates in supporting young people and challenging any discrimination. Advocacy services were available, but the service should aim to strengthen the link with services to support young people using the continuing care service.

Young people did not have clear information about their rights in relation to continuing care. There was no clear policy or approach, and we were concerned that the service had only provided short-term assurances in relation to young people's ongoing care and support. This meant that young people were not empowered in decision-making. (See area for improvement 1).

Young people had meaningful relationships with members of their birth family. Caregivers were incredibly committed to supporting young people to find safe and sensitive ways to have ongoing relationships with birth family. This helped young people feel secure in their identity.

Caregivers worked hard to support young people to develop important skills for their future. Young people were helped to develop independence in areas such as budgeting, cooking, relationships and keeping safe. Caregivers were skilled in changing their approach as young people grew older, helping to build and sustain trust and respect. Young people were confident and well prepared for adulthood.

Educationally, young people were achieving through close collaboration between caregivers, young people and school. Young people and their caregivers were involved in clear planning to find suitable pathways. This had led to very positive outcomes for young people, including going on to study at university and maintaining paid employment. Young people had optimism and excitement in relation to their future career plans.

A therapeutic approach to care was promoted within the service, however this was not consolidated through regular learning and development opportunities for caregivers. The expectations for caregivers' training were unclear, there was no plan for future training, and some caregivers had not attended training for many years. Staff and caregivers were not trained in adult protection, which would help safeguard young adults using the service. We were concerned about the potential for care to not reflect best practice. (See requirement 2).

Whilst caregivers were committed to providing continuing care, the service did not have a clear approach to assessing and reviewing caregivers for young adults. Caregivers of over 18s were not approved as continuing carers. The lack of reassessment of caregivers at this juncture meant that caregivers had not been supported by staff to adjust to the role of caring for young adults. This meant that the service could not be confident that caregivers had the required skills and knowledge. (See requirement 3).

Requirements

1. By 31st July 2024, to ensure a consistent approach to supporting caregivers and ensure comprehensive oversight of needs and risks within continuing care households, the Provider must at a minimum:

- a) Develop a policy for minimum frequency of visits to continuing care households.
- b) Ensure caregivers have high-quality, regular, and recorded supervision.

This is to comply with Regulation 4(1)(a) (welfare of users) 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 experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

2. By 31st October 2024, to ensure the safety and wellbeing of young people, the Provider must carry out an assessment of caregivers' training needs and develop a training plan with timescales to ensure that caregivers' learning and development needs are met. At a minimum, the Provider must:

- a) Clarify the expectations of caregivers in relation to mandatory training.
- b) Provide training to all caregivers and staff in relation to adult protection.
- c) Provide training specific to individual caregivers' needs, as identified in the training needs assessment
- d) Ensure tracking of caregivers' training and learning and development.
- e) Ensure supervision and review documentation records caregivers' learning and development needs.

This is to comply with Regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards which state that: "I am protected from harm abuse, neglect, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and; "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 3.24).

3. By 31 October 2024, the Provider must ensure that all young people over the age of 18 are being cared for by caregivers who are assessed and approved to do so. To do this the Provider must as a minimum:

- a) Ensure that the processes regarding continuing care are clear and concise.
- b) Assess and approve caregivers looking after this age group as adult placement carers.

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 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).

Areas for improvement

1. The service should develop a continuing care policy to set out its responsibilities to provide continuing care to young people and how it will ensure that young people are aware of their right to continuing care up to the age of 21.

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 I feel valued, loved and secure' (HSCS 3.5), and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

How good is our leadership?

2 - Weak

We have made an evaluation of weak for this key question as the strengths identified were outweighed by significant weaknesses. The areas of weakness require necessary action for improvement, therefore requirements have been made.

Senior leaders did not have sufficient oversight of the service to drive improvements. The service had no statement of its aims and objectives. Policies and procedures were outdated and did not reflect the Promise or Health and Social Care Standards. The service did not have an improvement plan and lacked vision for how it would ensure a high standard of care for caregivers and young people. As a result, we had little confidence in the service's capacity to drive change. (See requirement 1).

The service had not carried out self-evaluation activity to feed into improvement planning. Caregivers were asked for their views in line with carer reviews and felt listened to by staff within the service. However, they did not have confidence in senior leaders making improvements. One caregiver told us, "Things get bounced back and then it doesn't go any further", and another told us, "There's a lot of empathy but then no strength in decision-making". Caregivers also told us they were not kept updated with changes in the wider service. This impacted on the morale of caregivers.

A lack of quality assurance within the service meant that key areas of work were not always carried out. Senior leaders had no oversight of this, making them less effective in providing additional safeguards and assurances. This had potential to impact on the quality of care being provided to young people. (See requirement 2).

The fostering service benefitted from an experienced panel, who provided sufficient challenge and rigour to assessments. However, no panel had been delegated the responsibility for considering continuing care approvals and reviews. We were also concerned at the lack of support, appraisal, and learning opportunities provided to panel members to help guide their practice. Panel member recruitment had also been an area of challenge, contributing to difficulties in arranging panel when required. (See requirement 3).

Requirements

1. By 31st October 2024, to ensure a clear commitment to continuous improvement, the Provider must at a minimum:

- a) Set out its aims and objectives.
- b) Develop an improvement plan with clear actions and timescales.
- c) Use self-evaluation, including the views of carers and young people using the service, to inform and guide these documents.

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

2. By 31st July 2024, the Provider must ensure quality assurance systems are robust and promote best practice. This should include, but not be limited to:

- a) Developing tracking systems to ensure key areas of work are carried out in a timeous way. This should include, but not be limited to, carer supervision, background checks, health and safety checks.
- b) Ensuring caregiver reviews take place within statutory timeframes.

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

3. 3. By 31st October 2024, to ensure the Panel is sufficiently able to provide timely and robust recommendations based upon best practice, the Provider must at a minimum:

- a) Ensure there is a suitably skilled and trained panel to support the reassessment and review of caregivers of young people receiving continuing care.
- b) Demonstrate efforts to recruit new panel members.
- c) Provide support and appraisals to panel members.
- d) Provide learning and development opportunities to all panel members.

This is to comply with Regulation 4(1)(a) (welfare of users) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19), and "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

How good is our staff team?

2 - Weak

Whilst there were some strengths in relation to this key question, these were compromised by significant weaknesses which impacted on service delivery. We have therefore evaluated this key question as weak.

Staff within the service were skilled and experienced which helped them build trusting relationships with caregivers. Staff had access to training and were part of national practice forums. However, the capacity for staff to provide effective interventions to families was limited. The lack of resilience within the service meant that support was continually driven by crisis scenarios or time-specific pieces of work. The wider needs of people being supported by the service were not prioritised. We were concerned that staffing arrangements did not fully reflect the needs of the service. (See requirement 1).

Whilst caregiver families felt staff were responsive towards them, caregivers often carried the responsibility for getting in touch to ask for support. The lack of regular supervision of caregivers compromised the service's assessment of need and risk within continuing care households. The lack of provision for regular and planned support for those using the service was unsafe and compromised the quality of care being received. (See requirement 1).

Senior leaders were not aware of the limitations in service delivery due to a lack of oversight of the service. There was no evidence of regular and meaningful communication between the continuing care service and senior leaders. Staff supervision and team meetings did not routinely take place. We were concerned that ineffective communication compromised the delivery of high-quality care and support for young people and caregivers, and increased the risk of poor outcomes. (see requirement 1).

1. By 31st October 2024, the Provider must ensure there are adequate numbers of skilled staff equipped to carry out all tasks, responsibilities, and improvement work associated with the service. Staff should be adequately supervised to ensure any gaps in service delivery are identified and actioned. To do this, the provider must, as a minimum:

- a) Ensure there are sufficient numbers of suitably skilled and qualified staff working in the service through undertaking a staffing needs assessment.
- b) Ensure that formal and recorded supervision of all staff takes place in a timely manner and occurs in line with the provider's policy, for all staff, including leaders.

This is to comply with Regulation 7 of The Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "People have time to support and care for me and to speak with me" (HSCS 3.15), and "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 3.24).

How well is our care and support planned?**2 - Weak**

We have evaluated this key question as weak. Whilst there were some areas of strength, these strengths were outweighed by significant weaknesses.

Young people were supported to make future plans and had the confidence to do so due to having secure and committed relationships with their caregivers. Young people's views and preferences helped to inform care planning and a respectful approach was taken to information-sharing for young adults.

Assessment and planning for those using the continuing care service was not carried out in a proactive or timeous way to promote young people's smooth journey into continuing care. Whilst a multi-agency approach was taken, plans were not SMART (Specific, Measurable, Achievable, Relevant, Timebound), and care reviews were not carried out in line with legislative requirements. The lack of regular planning and review of young people's needs had the potential to create uncertainty and concern for those using the service.

Young people did not have completed welfare assessments or pathway plans in advance of turning 18. Welfare assessments are a legal right for young people to inform their future care and support needs. The impact of inadequate planning was offset to some extent by young people being given personal assurances by their caregivers. However, positive outcomes could not be assured for all young people using the service. (See requirement 1).

The service did not have sufficient overview of risk or need within continuing care placements. There were no individualised risk assessments to detail young people's needs, and no clear mechanism to review risk or safer caring within continuing care households. The service should develop a clear approach to risk management to help ensure care is delivered effectively, with oversight and support from the service. (See area for improvement 1).

Skilled and experienced caregivers helped young people adapt to changing responsibilities post 18. However, the service had not included young people in developing agreements for their care and support. This would help young people to feel empowered in making decisions about their care, and ensure caregivers are clear about their role, responsibilities and expectations from the service. (See area for improvement 2).

Requirements

1. The Provider must ensure that welfare assessments are carried out timeously for young people who are eligible for continuing care.

This is to comply with Regulation 4(1)(a) (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 (HCSC) which state that: "My future care and support needs are anticipated as part of my assessment" (HSCS 1.14) and "My human rights are central to the organisations that support and care for me" (HSCS 4.1).

Areas for improvement

1. In order for young people's safety, health and wellbeing to be robustly prioritised and confidently responded to by their caregivers, the service should ensure individual risk assessments are in place and are

reviewed and updated regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11), and "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm" (HSCS 3.21).

2. To ensure young people are drivers in planning their care and support, and to clarify roles and expectations within continuing care placements, continuing care agreements should be developed. These should be created in conjunction with young people, their caregivers and the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that, "I am empowered and enabled to be as independent and as in control of my life as I want and can be" (HSCS 2.2), and "I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice" (HSCS 2.6).

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?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
1.2 Children, young people and adults get the most out of life	3 - Adequate
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
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
3.3 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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