

Cunningham Place Action Plan – August 2024

Area for Improvement: Requirement 1		
By 30 August 2024, the provider must ensure that all staff have had relevant training. This is to ensure young people receive safe and consistent care.		
High Level Action	Specific Action	Evidence
1.01 Ensure all staff have undertaken up-to-date child and adult protection training.	1.01.1 Full audit of team training was undertaken and completed on 07/08/2024.	Full service training matrix has been collated and will be consistently monitored, which shows level of training as well as outstanding training needs for all staff.
	1.01.2 Child/Adult protection training and refresher dates to be set. Training dates to address gaps were circulated to relevant staff members as per attached emails.	Dates set and training undertaken by all staff at the relevant level for both CP and ASP. The Training Matrix will allow

		ongoing oversight and compliance.
	1.01.3 Ongoing monitoring of effectiveness of training ensuring it is embedded in practice.	Training, learning, culture and practice are standing agenda items for team meetings and Supervision sessions now. Both templates have been revised.
1.02 Ensure all staff have undertaken training in relation to trauma-informed practice.	1.02.1 Full audit of team training completed 08/08/2024.	Attendance and requirements have been recorded and additional top-up sessions have been arranged for those who need it.

	<p>1.02.2</p> <p>Trauma Informed training dates set for 06/08/24 and a mop-up session on 20/08/2024. This will be in the format of a Trauma Informed Training Workshop.</p>	<p>Attendance is prioritised for all staff and is monitored. Impact is being assessed through team meetings, supervision and additional sessions with Angie P who also uses an evaluation to understand impact.</p>
	<p>1.02.3</p> <p>Ongoing monitoring of effectiveness of training to ensure it is embedded in practice, will happen through Team Meetings and by working in partnership locally to initiate the process described in the Improvement Service's National Learning Report 2024:</p> <ul style="list-style-type: none"> • Understanding where we are now • Leadership, organisational culture and readiness • Staff care, wellbeing and support • Workforce capability and capacity • Strengthening policies, systems and services • Long-term improvement and sustainability 	<p>The revised Supervision and Team Meeting templates will ensure practice and the embedding of training are discussed regularly and any issues addressed quickly.</p>

1.03		
Ensure all staff have undertaken training in relation to children's rights	<p>1.03.2</p> <p>Dawn Parker delivered UNCRC training, along with Promise training on 23rd of July and 30th of July, at County Buildings, Ayr.</p>	<p>Training was delivered to all staff and Dawn ensured all staff received the same information. The sessions were evaluated and additional inputs are planned in the house with support from the Champion's Board.</p>
	<p>Ongoing monitoring of effectiveness of training to ensure it is embedded in practice will happen through Team Meetings, Supervision, and direct feedback from young people about their experiences through session(s) with the Champions Board.</p>	<p>Team Meetings, Supervision and input from the Champions' Board along with evaluation of training sessions will</p>

		<p>increase understanding of effectiveness of training.</p>
<p>1.04</p> <p>Develop a plan detailing how the service plans to embed a trauma-informed model of care within its ethos and culture.</p>	<p>1.04.1</p> <p>All staff will undertake training and, as a part of that, will complete a self-reflection tool which will provide insight to understanding and capacity to apply what has been taught.</p> <p>ANGIE WALKTHROUGH AND POWERPOINT</p> <p>Training and practice will be part of Team Meeting agendas and will also form part of Supervision discussions.</p>	<p>Sessions led by Angie P were consistent in content and evaluated by those present.</p> <p>Feedback from Angie, along with a focus in Team Meetings and Supervision will ensure increased clarity on the impact on practice and culture in the house.</p>

<p>1.05</p> <p>Develop a plan detailing how the service plans to embed a children's rights based approach within its ethos and culture</p>	<p>1.05.1</p> <p>Staff will take part in a development day which is delivered by the Champions Board looking at embedding a UNCRC approach in the ethos and culture of the House.</p> <p>This will be revisited as often as required, based on feedback from young people and the Champions Board.</p> <p>Additionally, SAC have developed a Child Friendly Complaints Procedure, which will be the approach taken to any complaints raised by our young people.</p>	<p>Sessions delivered by Dawn along with input from Champions' Board.</p> <p>Young people will use the new child friendly complaints process as and when that is needed and we will seek feedback around whether that is an improvement for them or not.</p>
--	--	--

<p>1.06</p> <p>Identify effective and clear strategies to support children and young people.</p>	<p>1.06.1</p> <p>SMART-er processes in care planning, (Appropriate Language, Communication, written and verbal between staff to staff, and staff to YP, staff to management and vice versa)</p> <p>SMARTER RAs need to be developed to ensure all salient and pertinent information is captured.</p> <p>Keeping safe documents, (Appropriate language to be used)</p> <p>Risk Assessments (RA's) will be written in a manner that ensures all relevant information is contained within, specific issues are addressed and supported and all people, including young people are able to be part of and understand the importance of RAs.</p> <p>RAs will be aligned across the 2 houses to ensure consistency. New RA formats will be developed and in place by 30th August 2024.</p> <p>Risk Assessment meetings to be scheduled within each house on a monthly basis, or earlier in response to a crisis.</p> <p>This will be convened by the house manager or deputised to a senior within the house.</p> <p>Plan for Team Building / Development Day</p>	<p>Clarity and consistency has been given to Seniors regarding expectations and processes around RAs, Care Planning and the scrutiny of these. The importance of embedding Care Based Language has been reiterated and an information document has been shared to help with this. Revised RAs are now being used and a flowchart for the RA process has been developed and shared. This will be an ongoing and</p>
--	--	---

		<p>organic process, which will be subject to regular review, to ensure the most effective tool is being used consistently. This area will also be a standing item in Supervision sessions.</p>
--	--	---

Area for Improvement: Requirement 2		
By 30 August 2024, the provider must ensure that there is effective leadership to provide structure and support to the staff team. This is to ensure young people's needs are met and they are kept safe.		
<p>2.01</p> <p>Ensure there is an experienced manager present within the service to prioritise the needs of the young people.</p>	<p>2.01.1</p> <p>Ian Scott, House Manager and Martin McAdam, service manager have ensured managerial availability within Cunningham Place every day since Inspection. Ruth Daggart has now returned and will be continuing to ensure this level of presence with support from Ian and Martin.</p> <p>Interim depute manager post for Sundrum View to ensure managerial cover across both houses. Position commenced on 05/08/2024.</p>	<p>Management availability every day split between Ian Scott, House Manager and Martin McAdam, Service Manager – commenced 15th July 2024</p>

<p>2.02</p> <p>Develop and implement the service's improvement plan to address the culture within the service to create a supportive and open learning culture within the team.</p>	<p>2.01.2</p> <p>This is ongoing to be developed between senior management, service manager and registered house managers.</p>	<p>Senior Manager has met with the team and then written to them all outlining expectations and standards required. An Improvement Plan has been written and will be added to as progress is made.</p>
<p>2.03</p> <p>Ensure that staff benefit from regular advice and guidance.</p>	<p>2.03.1</p> <p>Supervision dates and Team Meetings have been set 6 months in advance and these will be logged on CareFirst.</p> <p>Team Meetings will be minuted and minutes stored by Business Support.</p>	<p>Dates have been set and communication with staff that supervision is a priority. Templates for Supervision and Team meetings have been updated to ensure important areas aren't</p>

		<p>missed and minutes of meetings will be shared.</p>
<p>2.04</p> <p>Ensure that information is shared effectively within the team.</p>	<p>2.04.1</p> <p>Team Meeting dates set and staff aware. Meetings scheduled fortnightly.</p> <p>Regular standing items regarding practice in the House, as well as Corporate communications and opportunities for staff to raise any issues, concerns or points for celebration.</p>	<p>HSCP and other information emails are shared with the team at team meetings and standards and expectations around professional practice in communication have been laid out to the team by the Senior Manager.</p>

	<p>2.04.1</p> <p>New changeover sheets have now been implemented with managers and the service manager having access to information regarding young people, daily.</p>	<p>A new changeover sheet has been developed and distributed to staff and is now in use.</p>
<p>2.05</p> <p>Ensure that incident recording includes important detail and is accurately recorded.</p>	<p>2.05.1</p> <p>Significant event forms to be checked and commented on by manager. This is to ensure the report is accurate and complete and the actions taken were based on good practice. This also ensures that the manager has an overview of the event/incident.</p> <p>Significant Events are completed in house, they are recorded, printed off as hard copies and stored within the YP file. Seniors or Manager will add narrative to Sig Event form, to ensure managerial oversight.</p> <p>Evidence is QA by House Manager and Service Manager prior to sending SI Notifications.</p> <p>01/08/2024. CI confirmation that access is granted for QA to start for allocated service and house managers.</p> <p>Email sent out on 01/08/2024 to inform of new notifications process.</p>	<p>New proformas have been developed and communicated to staff.</p>

<p>2.06</p> <p>Ensure that staff are debriefed following an incident to support staff to reflect on their practice and how to best support the young people.</p>	<p>2.06.1</p> <p>Both Houses must look at how the debrief process is carried out. This is in terms of “Hot debrief” and “Cold debrief”, (In time debrief and later on reflective debrief). New approach has been designed, agreed and shared with staff.</p>	<p>New debrief process and templates have been developed and shared. Debrief will also form part of the Team Meeting agenda where appropriate as well as Supervision sessions.</p>
--	--	---

<p>2.07</p> <p>Ensure that staff receive regular and effective supervision to reflect on their practice and identify areas of practice for further development.</p>	<p>2.07.1</p> <p>Service Manager to oversee supervision with seniors in the interim period. This will be documented and logged on Carefirst. Ian to carry out informal supervision in the form of catch ups.</p> <p>Seniors to supervise their relevant staff and log on CareFirst.</p> <p>Dates for the next 12 months to be put in diary.</p> <p>Informal supervisions to be recorded.</p> <p>Supervision frequency and quality audited quarterly by Practice Improvement and reported to SW Governance Board.</p>	<p>Supervision dates have been sent out and agreed. New Supervision Template has been circulated and is in use. Quantity and quality is audited externally, quarterly.</p>
---	--	---

Area for Improvement: Requirement 3		
With immediate effect, the provider must ensure that to support effective scrutiny of the service, notifications are submitted in accordance with guidance, and that sufficient detail is added to accurately reflect the incident and provide assurance to the Care Inspectorate that the service is responding appropriately.		
<p>3.01</p> <p>With immediate effect, the provider must ensure that to support effective scrutiny of the service, notifications are submitted in accordance with guidance, and that sufficient detail is added to accurately reflect the incident and provide assurance to the Care Inspectorate that the service is responding appropriately.</p> <p>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).</p> <p>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).</p>	<p>3.01.1</p> <p>Notification training provided to seniors on 16/07/2024.</p> <p>Notifications will be quality assured by House Manager or Service Manager, prior to submission to Care Inspectorate. This is to ensure appropriate information is submitted.</p> <p>Managerial oversight will ensure consistency.</p>	<p>Notification training delivered to all Seniors and revised paperwork has been implemented. QA will be applied to every submission by Service Manager or House Manager.</p>

<p>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).</p>	<p>2.08.2</p> <p>Handouts to be provided to seniors for reference. Handouts were sent on 18/07/2024.</p>	
	<p>2.08.3</p> <p>Going forward, managers and service manager will review the notifications that have been posted and a further narrative and update given by them.</p> <p>RA will be reviewed and updated following any notification incident.</p> <p>A skills and registration audit is now completed and we have established that 100% of the teams are fully qualified and SSSC registered.</p> <p>An interim measure has been introduced whereby any new notifications written by seniors will be quality assured by manager or service manager prior to submission to the Care Inspectorate.</p>	<p>RA process and paperwork agreed and circulated. Expectations and standards were communicated to Staff.</p>

Area for Improvement: Requirement 4		
<p>By 30 August 2024, the provider must ensure that there is the correct number of suitably qualified and competent staff on shift. This is in order to comply with section 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: "My needs are met by the right number of people" (HSCS 3.15).</p>		
4.01	<p>4.01.1</p> <p>Qualification, skills and training audit will be carried out to explore the training needs of staff.</p> <p>100% of staff fully qualified (SVQ3 and HNC for residential staff or SVQ4 for senior staff). Admin staff record information and access to training log.</p>	<p>Spreadsheet database of all staff with qualifications and training is now held with Admin and will be regularly reviewed by House Manager and Service Manager.</p>

	<p>4.01.2</p> <p>Night shift numbers and gender make up to be looked at and changes made. This will also spread the load over the two-night shift teams and reduce the impact on days.</p> <p>Night shift teams have been changed over as of week beginning 29/07/2024</p> <p>Change of shift team and gender equality in place.</p>	<p>Night shift teams were changed in response to issues raised. New rota was circulated.</p>
--	--	---

Area for Improvement 1		
<p>To promote high quality care and support for all young people within a culture of continuous improvement, the provider should ensure that robust quality assurance processes are in place to promote improved outcomes for young people.</p> <p>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).</p>		
High Level Action	Specific Action	Evidence
<p>1.01</p> <p>Continuous Auditing and monitoring of training needs of staff team and logging system</p> <p>Robust Plan of training continuation and quality assurance in applying the training</p>	<p>1.01.1</p> <p>From September to December 2024, the SM will review training logs weekly. This will move to monthly reviews in January 2025</p>	<p>SM to review weekly at CP</p>
	<p>1.01.2</p> <p>From September to December 2024, the SM will review the QA process with training partners. SM to have monthly contact with training partners. Reviews will become quarterly from January 2025</p>	<p>Dates and review information</p>
	<p>1.01.3</p> <p>Quality Assurance tool updates from YP and Staff</p>	<p>Information from QA tool</p>
	<p>1.01.4</p> <p>Regular Team Meetings. Information sharing, training discussions, In-house events, and cultural views and YP updates.</p>	<p>Minutes from Tuesday team meetings</p>

Area for Improvement 2		
<p>Previous area for improvement 1 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 (HSCS), which state that: "My care and support meets my needs and is right for</p> <p>Action taken since then. The service supported young people's transitions to and from Cunningham Place, this included convening consideration meetings to ensure young people's support was planned. It was pleasing to see that the service had developed impact assessments since the last inspection, however these had not yet been implemented in practice. Not all elements of this have been met.</p> <p>This area for improvement has not been met.</p>		
High Level Action	Specific Action	Evidence
2.01 Robust Considerations meeting process is in place. Evidence of this to be made available to the CI.	2.01.1 Considerations meeting will take place with relevant partners with robust exploration and action notes and decisions taken from meeting available	Action Note / Minute
	2.01.2 Impact Assessments will be undertaken for all new arrivals and existing young people living at CP	Impact Assessment Paperwork

Impact assessment paperwork to be used for all new young people coming into Cunningham Place.	2.01.3 Weekly review of Briefs and De-briefs by SM. Information relating to B&DBs will be provided through the team meeting template agenda	Team meeting minutes Supervision
---	--	---