



SCOTTISH EXECUTIVE

Inspection of Care Arrangements and Education in:

Secure Accommodation
St Mary's Kenmure
Bishopbriggs



Joint report by

Social Work Services Inspectorate & HM Inspectorate of Education
assisted by the Scottish Executive Health Department and the
Scottish Commission for the Regulation of Care

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SOCIAL WORK SERVICES INSPECTORATE

Purposes and responsibilities

To work with others to continually improve social work services so that:

- they genuinely meet people's needs; and
- the public has confidence in them.

HM INSPECTORATE OF EDUCATION

Purpose and responsibilities

HM Inspectors undertake first-hand, independent evaluations of the quality of education. Their inspections and reviews monitor how well schools, colleges and other providers of education are performing, and promote improvements in standards, quality and attainment in education.

SCOTTISH EXECUTIVE HEALTH DEPARTMENT

Purpose and responsibilities

To work with NHS Scotland to improve health and health services for the people of Scotland:

- to improve, protect and monitor the health of the people of Scotland;
- to develop and deliver modern, person-centred primary care and community care services;
- to provide modern, high quality, responsible hospital and specialist services.

SCOTTISH COMMISSION FOR REGULATION OF CARE

Purpose and responsibilities

The Care Commission was established under the Regulation of Care (Scotland) Act 2001. The Act introduced National Care Standards for a range of services. The Care Commission has the statutory responsibility for ensuring that providers for care services are suitable and that they continue to comply with the statutory regulations and the National Care Standards.

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SUMMARY

1. St. Mary's Kenmure provides 31 secure beds and 6 open beds for boys and girls. It is managed by an independent Board of Managers, and is a member of the CORA Foundation, a registered charity committed to Christian social care and education.
2. This inspection of accommodation, care and education arrangements was carried out by the Social Work Services Inspectorate (SWSI) and HM Inspectorate of Education (HMIE), assisted by the Scottish Executive Health Department (SEHD) and the Scottish Commission for the Regulation of Care (Care Commission). The purpose of the joint inspection was to assess whether Scottish Ministers should give approval to secure accommodation at St Mary's Kenmure under Regulation 10(3) of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.
3. Since the last approval inspection visit in September 1999 by HMIE and SWSI, the school had made progress in relation to a number of previous recommendations, most notably in establishing a programmes team and providing specific input to meet the assessed needs of the young people. There was excellent access to health and healthcare services, with good communication between health and care staff.
4. The establishment was heavily used by authorities in West and Central Scotland. And there had been a significant increase in the proportion of young women admitted.
5. Young people could expect a thorough assessment, (with certain specific weaknesses) and a range of programmes to address their needs and needs, in addition to good personal care. If they had experienced significant trauma, they could expect to be treated with sensitivity.
6. The inspection of educational provision covered key aspects at all stages. HM Inspectors evaluated the quality of learning, teaching and achievement, examined students' work and interviewed staff and students. There was a particular focus on English, mathematics, computing, practical craft skills, art and design, and personal and social education. HM Inspectors also evaluated the quality of support for students, including the use of individualised educational programmes (IEPs). In evaluating how well educational provision was managed, HM Inspectors examined the processes for self-evaluation and development planning.
7. Internal management had been subject to a significant degree of unplanned change since the last inspection, and at the time of this inspection was under resourced. Commendably the Board had planned to commission a consultant to review the situation. Attention also needed to be paid to establishing and reviewing the quality development plan, informed by accurate internal reporting mechanisms.
8. At the time of the inspection 31 young people were in residence. They were aged from 13 to 17 years. Prior to admission, many had been absent from school for considerable periods of time through non-attendance or exclusion. Some had presented challenging behaviours and, in addition, a small group had significant learning difficulties.

9. It is recommended that secure accommodation at St. Mary's be approved under Regulation 10(3) of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

INTRODUCTION

10. St. Mary's was jointly inspected in November 2003. The inspection team included Tim Warren, Social Work Inspector; Ian Bashford, Senior Medical Officer, Scottish Executive Health Department; HM Inspectors, Frank O'Hagan, Christine Knight and Bill Geddes; and Tanko Akpo, Care Commission Officer, Scottish Commission for the Regulation of Care.

11. The appraisal focused on the needs and circumstances of young people; the establishment and its operation; the quality of life, including health provision; the effectiveness of educational provision and management, leadership and quality assurance.

12. Within the secure building, there were 5 living units and a reception suite providing a total of 31 secure beds for boys and girls, an education unit, a recreation unit (including a swimming pool and sports hall), and an area above the recreation unit, now dedicated to the delivery of structured programmes, administrative offices and a courtyard (with leisure and recreational areas). There was also an open unit with 6 beds and a staff training facility outwith the secure perimeter. These were not included in the inspection.

PROGRESS SINCE PREVIOUS REPORT

13. The last joint inspection by SWSI and HMIE assisted by Scottish Executive Health Department was completed in November 2000.

14. At the time of that inspection progress had been achieved in a number of key areas, notably:

- the introduction of a range of programmes;
- the development of the psychological service, which was shared across other CORA establishments; and
- the review of the operation of the control room.

15. Further progress needed to be achieved in relation to a number of outstanding recommendations from the previous report. These included:

- the production of a wider and more targeted range of leaflets tailored to the specific needs of parents, young people and social workers;
- dealing with some outstanding snagging problems, notably drainage of water from a number of the en-suite showers in bedrooms; and
- establishing an effective and systematic approach to quality assurance.

16. Since the last inspection, the education unit had maintained its high standard of accommodation and resources. However, some features of education had important weaknesses. The initial educational assessment of students after arrival in the school was limited. A general shortage of teaching staff, through departure from the school or illness, had hindered the development and effective implementation of aspects of the curriculum. There was considerable variability in provision of national certification in different subjects. Collaborative links among care and education staff had not been sufficiently developed.

THE ESTABLISHMENT AND ITS OPERATION

Accommodation and Resources

17. The secure unit was well designed, with unobtrusive security provided by the outer wall, and a controlled, safe and secure environment. Doors were opened by means of a programmable key fob, which made for unobtrusive but very effective security. A current unit manager described the building design as “a huge aid to doing the job.” All bedrooms have en-suite facilities and have been personalised by young people. The five living units each had specific functions (see paragraph 50) and operate with a degree of autonomy, leading to separate and distinctive qualities.

18. Overall, the accommodation and facilities for education were of a high standard. The education unit had suitable facilities and resources for learning and teaching in a wide range of subjects. Commendably, the unit had established a library since the last inspection. However, some aspects of accommodation required further attention.

- Storage and drying space in the art and design room should be improved.
- Further development of the very good potential in the area for practical craft skills was required.
- The wooden surround of the outdoor football pitch needed to be painted, the gate hinges mended, and protective pads fitted in the goal areas.
- Health and safety features relating to the store room for the physical education hall should be reviewed and appropriate improvements made.

19. The recreation unit included a swimming pool and a sports hall. There was a courtyard with an all weather pitch and which provided good leisure and recreational opportunities.

20. In the last report it was suggested that the new layout of the building might create a sense of isolation for staff and young people, linking them to their units rather than the wider St. Mary’s community. This was intentional, in that senior staff wanted to encourage links within units, rather than across the school. One example of this was staff key fobs precluding visits to other units. The concern about this sense of isolation has now been confirmed. Senior management did not see value in mutual support between units. Such support might include, learning from experience, relief from stress and a wider perspective, in contrast to the inward focus that is common to small residential units.

21. Three years on the building was generally in good condition and had stood up well to the rigours of use. However, the staff workstations were too intrusive, and far bigger than they needed to be to fulfil their function. They should be reduced in size if significant refurbishment is considered at some point in the future.

22. The designated visiting rooms in the administration block were re-decorated frequently, but remained unwelcoming and should be made less austere. A member of staff should have identified responsibility for the decoration, furnishing and maintenance of the visiting rooms, with access to a budget, as applied to the unit lounges, which were kept in very good condition.

23. Poor drainage from some of the en-suite showers left puddles in the doorway to the room. This was referred to in the last report, and still had not been satisfactorily resolved,

although the planned maintenance programme included re-screading. A timescale for this should now be shared with SWSI and the Care Commission and progress monitored through routine inspection.

24. Each bedroom had an intercom, enabling young people to converse with the staff outside. This was particularly important at night when it was the sole means of immediate communication with night care staff. However, a number of the intercoms did not work and, when they did, the set volume was too loud to allow for any confidentiality and the noise also disturbed other young people. Immediate action was required.

25. The upper games room has now become a dedicated area for the delivery of programmes. This was an appropriate use of the space.

26. Some young people said that the preoccupation with football excluded other sporting activities, because staff cover was finite. Active consideration should be given to providing a wider range of activities. For instance, there should be female only sessions for using the swimming and gym facilities, given the high proportion of young women now coming into the school. (See paragraph 38 and 39)

Staffing

27. The overall staff establishment was good. The total staff group at St. Mary's exceeded 135 full-time equivalents. Typically staffing for a living unit included a unit manager, an assistant unit manager, ten day and one night care staff. Effective staffing levels were sometimes eroded by a combination of leave, training and absence. Day care staff often had the opportunity to work overtime, although overtime had recently been capped at 75 hours per month per worker. Senior management need to ensure that the ratio of care staff to young people does not fall below the minimum standard set out in "A Secure Remedy" (1996). Commendably there were plans to increase the day care provision to 11 staff.

28. The sessional bank of covering staff, established at the time of the last report had enabled them to become well acquainted with the young people. This was good.

29. At the time of the inspection, the staffing complement for teachers was 12.4 full-time equivalents (FTE), including the depute principal (education). In addition there was only one other promoted member of the teaching staff, who was employed at principal teacher level. The overall number of teaching posts available in the school permitted a very good ratio of teachers to pupils. However, difficulties related to long-term absence, recruitment of teachers, and availability of supply cover, had a considerable impact on the day-to-day staffing in the education unit. These factors had resulted in problems regarding the continuity of students' learning and the general deployment of staff. The school needed to review how best to make the most effective use of teaching staff in the event of these circumstances continuing or re-occurring.

30. Local Authorities, parents, social workers and the young people expressed dissatisfaction with the uncertainty regarding education, particularly regarding the unpredictability of the start time of each school day.

31. Surprisingly a staff manual of procedures did not exist as one accessible document, but consisted of specific procedures attached to the logs to which they referred. They did not have a common structure or format. These should be formatted in a consistent clear style,

and with a date and version number appended. They should also be available in one volume, in addition to being appended to logs. A member of staff should have identified responsibility for ensuring that policies and procedures are replaced with updated versions. (See paragraph 129).

Security, health and safety

32. The size and design of St. Mary's enabled care, education and secure functions to be separated. This continues to serve St. Mary's well. The control room staff had operational responsibility for:

- security, including admission and exit;
- use of CCTV to monitor activity; and
- programming the electronic fobs.

The control room staff were observed being welcoming and helpful.

33. An appropriately qualified operations manager was appointed in February 2000 with lead responsibility for security and safety. He attended senior management meetings, ensuring the integration of security, health and safety on the corporate agenda. This new arrangement worked well.

34. In addition, each living unit had a designated duty officer who was responsible for the development, implementation and monitoring of health and safety issues in his or her unit. They reported to the operations manager. Commendably he was seeking to standardise practice by introducing health and safety documentation entitled *Beacons of Examples in Stress Reduction* (2003).

35. A small number of young people, mainly young women, had self-harmed, for example by cutting themselves. Training for staff in dealing with self-harming behaviours, in collaboration with other specialists, would be helpful.

Use and Users

36. In the year ending October 26th 2003, the average occupancy level was close to 100%, with demand for places exceeding supply. Some bed days were lost through minor refurbishment of bedrooms.

37. Weekly charges of £3442 per week (an increase of 25% since 2000) placed St. Mary's at the higher end of the scale for secure units in Scotland. The higher rate reflected the capital costs incurred through re-building.

38. In the year ending October 26th 2003, there were 59 admissions, including 39 boys and 20 girls. This represented a significant increase in the proportion of girls from 9% at the time of the last inspection to 34%.

39. The average age at admission was just over 15 years for girls, ranging from 12 to 16 years. For boys, the average age at admission was the same, with the youngest being just 12, the oldest just over 17. At admission 63% of the young people were from the Children's Hearing system and 37 % were from the courts, remanded or sentenced. This overall figure

masked a strong gender difference, with 80% of girls coming through the panel system, as against 50% of the boys. Similar gender differences applied to remand, which accounted for 31% of boys, but only 5% of girls.

40. Over the same period, 18 local authorities placed young people at St. Mary's. The West of Scotland continued to account for most admissions (64%), with Glasgow contributing 27% of all admissions. A significant proportion (24%) were also placed from the East, including Edinburgh, the Lothians and Fife. In addition, some came from Highland and the Islands.

41. In the same period, there were 34 discharges, including 11 girls (32%) and 23 boys (68%). The length of stay was, on average, 150 days which was unchanged from the last inspection. Again this masked a distinct gender difference. The average for boys was 158 days, whereas for girls it was 35 days. Seven out of the eleven young women were placed in St Mary's for a month or less. At discharge, the average age was 15 for both boys and girls.

42. During the week of the visit, 31 young people were in residence including 24 boys and 7 girls. The boys ranged in age from 13 to 17, the girls from 13 to nearly 16. They presented a wide range of social and emotional difficulties. Young people referred by the Children's Hearing system accounted for half of the placements in St Mary's, a significant increase on previous years.

St. Mary's and the Community

43. Fourteen authorities responded to the request for information regarding their use of St. Mary's. Generally they were upbeat, for example: "St. Mary's is considered a very positive placement (with) excellent communication good access to appropriate resources and (with) targeted interventions with identified outcomes."

44. However there were some significant criticisms. The glossy brochure produced by St. Mary's left some stakeholders, including six authorities, dissatisfied with the quantity, appropriateness and usefulness of the information they had received. The authorities requested more comprehensive information. One suggested the provision of a "pack" which should be available in an up-to-the-minute form, on the web as well as in hard copy, and which should include detailed "information about the programmes, aims and objectives, (and) summaries of key outcomes." Others felt that available leaflets were not effective at communicating with their target audiences. Specifically the leaflet for young people was not child-friendly and should be revised and submitted to the Plain English Society for crystal marking.

45. Most social workers were very positive about their contacts with St Mary's, but a minority reported that they felt they had not been kept abreast of developments and serious incidents in relation to their young people. Care should be taken to ensure that communication is more consistent.

46. Authorities were also asked if they had been appropriately involved in the development and implementation of policies and procedures at St. Mary's. One authority commented that "St. Mary's has tended to pursue the development of its services with little reference to potential partners." Another wrote "There is currently no formal mechanisms for consultation in relation to the development and implementation of policies and procedures"

and that such a development would be welcomed. Appropriate mechanisms should be established by St Mary's in conjunction with main users, for instance through the establishment of a user group.

47. The education unit was in the process of extending its links with the school's wider community. Staff had taken steps to involve parents or carers more in the life of the school. However, progress reports on young people did not always provide information on all subjects. The education unit had prepared materials to explain its work to service users. It should review this documentation and ensure that it is accurate and up-to-date.

48. Senior managers had started to develop closer links with East Dunbartonshire Council and were appreciative of the support received. Staff now needed to establish more effective partnerships with promoted staff and subject departments in mainstream secondary schools to enhance management strategies and curricular developments. A new initiative was underway to form better links between the education unit and the psychological service.

QUALITY OF LIFE

Individuality and development

49. St. Mary's statement of functions, aims and objectives clearly set out what the school offered, being "A controlled, safe and secure environment for the care and education of young people."

50. Care was provided in 5 units, which held some support and senior management functions in common, but retained a great deal of autonomy. The units were dedicated to the provision of different services, meeting the needs and deeds of particular groups of young people in a targeted way. Each unit had contributed a section to the overall statement of functions, aims and objectives reflecting this targeted approach. Contributions were inconsistent in terms of style and content.

- Unit one accommodated sentenced young people long-term. It was well run and stable, which reflected the characteristics of the young people and the expertise of the staff.
- Unit two was a multi-purpose unit accommodating young people on a range of different orders. It had been less settled, for instance, the excessive use of control had been reported, but at the time of the inspection the young people and staff said there had been significant improvement.
- Unit three was the gateway to St. Mary's for most young people. It was responsible for reception, assessment and risk analysis. The approach was rigorous, clear and well thought out. Unfortunately, full case histories on young people and their families were missing in half the cases. Placing local authorities and other agencies should ensure that all information on young people is supplied to St Mary's within two days of admission. (See National Standards for Youth Justice Services).
- Units four and five had the same unit manager and benefited from the input of external consultants (see paragraphs 81-83). Unit four worked with "traumatised" young people and unit five with "sexually harmful" young people. Commendably, these units provided a safe, warm and caring environment for this very troubled and troublesome group.

Throughcare

51. The school's throughcare policy should now be finalised in conjunction with Who Cares? Scotland and user authorities. The implementation of the policy should be included in the quality development plan. Where appropriate, parallel effort should go into the aftercare preparation for those young people who are sentenced rather than looked after, in consultation with the Scottish Executive Justice Department.

Rights

52. Most young people were given leaflets on rules, rights and complaints on arrival. All young people interviewed were clear about how to contact external support where necessary. The main conduit for this information was word of mouth and staff rather than the leaflet, which some young people stated they had not received.

53. Appropriate use had been made of bedrooms to separate young people (single separation) to prevent them harming themselves, others or property. Sometimes this had required the use of a restraint technique (restraint). Most young people interviewed felt that they had been treated fairly. Some staff expressed concern about the premature use of measures of control (restraint and single separation). (See paragraph 84) Recording of the use of restraint and of single separation was generally adequate, but there were some specific problems:

- there was no consistent recording system, with some units placing the report on the young person's file, and others keeping a separate log;
- it was not always clear when restraint had been used;
- the young person's comments, or refusal to do so, were not noted consistently;
- there was no evidence of senior management monitoring;
- there was no evidence that the placing agency had been notified; and
- it was unclear in a number of cases whether or not staff had been de-briefed.

54. There were few serious incidents. However some, mainly where restraint had taken place, resulted in injuries to young people and/or staff. These incidents should be reviewed with the restraint training provider.

55. The number of complaints was low. Some were grumbles but a small number were potentially more serious. The complaints leaflet given to young people was helpful, but the procedure itself and the recording of complaints were unsatisfactory and did not correspond well to the leaflet. For example, different complaints procedures operated in different units. The scrutiny of complaints and administration of the procedures should take place at a more senior level within St. Mary's. (See paragraph 129)

Good personal care

56. Commendably, almost all young people interviewed said that they felt safe, secure and well cared for, in spite of their fears on arrival. The very clear boundaries on behaviour with consistent enforcement gave young people the predictable environment they needed. The “light touch” approach to the management of challenging behaviour adopted by staff in units 4 and 5 was impressive. Their intervention was individually tailored to the needs of the young person, and combined with the appropriate use of humour gave clear direction without being demeaning.

57. Key workers (or their equivalents) were highly valued by the young people, “He’s sound.....I can talk to him and he listens, and he’s a good laugh.” The relationships between the young people and their “key workers” provided the foundation for the work which followed. One positive illustration of such relationships was the collaboration between young people and key workers in completing the structured self-assessment workbook.

58. The care of the young people was also supported by good team work, both within units and between care staff and specialists. This was evident in units 4 and 5 where it was crucial in enabling the young people to address their needs.

59. Young people who had been in other secure establishments were particularly appreciative of the swimming pool and other recreational activities and the quality of their bedrooms. Their main concerns were about smoking and food.

60. Extensive use was made of computer games and videotapes, which were popular with the young people. In addition, interest in music was well supported. However, the overall range of recreational activities was narrow. Priority should be given to developing a wider recreational programme. A designated member of staff in each unit should be responsible for developing and maintaining this programme.

Food

61. Overall, the standard of food and cooking was acceptable. However, food remained an issue for both staff and young people. Further progress could be achieved by:

- a daily system of ordering for the young people;
- a reinstatement of the food committee, with a carer and pupil from each unit taking the lead to identify changes, choice and flexibility;
- a formal system of monitoring and feedback to audit the uptake of the diet;
- increased opportunities for young people to be involved in the preparation of meals on a regular basis as a way of normalising their experiences and developing social skills;
- an improvement in the presentation of the food dispensed from the trolley in the units;
- an increase in the number of theme nights;
- a review of the potential for integration between the diet of the young people, health promotion/education within the school, and the care components; and
- a later time for the evening meal.

62. The inspection occurred at the point where a new head chef was being appointed. A subsequent visit to St. Mary’s showed that matters had moved on significantly, with improvement on the above lines. Progress needed to be maintained.

Health

63. A very good primary health service was provided by the local health practice, with a clinic at the school each week. The contact between the school and the local practice for the provision of health services would benefit from review. There was good access to acute out of hours primary care and specialist services.

64. The school nurse was responsible for screening young people for visual acuity and gross visual abnormality. She referred appropriately to a local optician. The ophthalmic community service was of high quality.

65. The community dental service provided a clinic at the school once a fortnight. There was a high take up of this excellent service and young people who refused were encouraged to see the dentist.

66. There was appropriate access to other health services including chiropody, physiotherapy and speech and language therapy. However, a protocol was required with the audiology screening service from Greater Glasgow Health Board (GGHB) to assist the school nurse in making referrals.

67. Only 18% of young people had a comprehensive immunisation status recorded. The school nurse and GP carried out routine booster programme. The community paediatric service provided other inoculations.

68. The programme team took the lead with young people referred for alcohol and drug problems. They consulted appropriately with the school nurse, education and care colleagues, regarding individual management and wider health promotion/education. The GP took the lead in relation to physiological detoxification.

69. Overall the provision and standard of healthcare services was excellent. There was, however, a number of specific recommendations, relating to health. Senior managers should:

- arrange a slightly more comprehensive history and clinical examination recording at the admission medical;
- set up a regular clinic time with the GP; and
- strengthen the health committee/forum with an identified health lead in each unit, perhaps integrating this with the food committee.

The role of the school nurse

70. The school nurse was appropriately qualified and worked full-time. She undertook some routine school nurse roles, for instance, new patients were seen on the day of admission given an introductory assessment and, if necessary referred immediately to the GP. In addition, she was a qualified first aider and first aid trainer. Sufficient staff were also first aid trained for a first aider to be on duty in each unit on every shift. Each unit also had a first aid kit. Arrangements for the storage, use and monitoring of these kits were satisfactory. Prescribed dangerous drugs were held separately in suitable security. However, they were being stored for long periods following the discharge of young people and arrangements needed to be made for these drugs to be returned to the pharmacy for destruction. The school nurse had good working relationships with senior managers and care staff, for instance, she

routinely attended assessment and planning meetings. The job description, accountability, grading and arrangements for providing the school nurse with professional support needed to be clarified.

Health Promotion/ Education

71. The lead in health education and promotion was taken by the school nurse and included working with individual pupils and small groups. At the time of the inspection there had been programmes addressing weight and exercise, diet, healthy eating, smoking and alcohol, drugs, immunisation, risky behaviour and access to health and healthcare services. However, there were concerns that the sexual health programme needed to be adjusted to reflect more appropriately the needs of the current population, including the increasing number of young women. The school nurse also led a multidisciplinary health committee, whose role should be extended to integrate health into all aspects of school life.

Smoking

72. St Mary's had made commendable progress in implementing a no smoking policy. Associated programmes were well integrated in care, education and health. This policy created problems for young people who had long-established smoking habits. A number of them cited not being able to smoke as their greatest dislike of the school. They also complained that staff continued to take regular cigarette breaks and returned to duty smelling of tobacco smoke. Staff needed to provide young people with an appropriate role model. Consequently further steps should be taken to support staff in giving up smoking, including;

- banning smoking on the campus;
- training for the staff in behaviour change models that address addictive behaviours;
- occupational health support; and
- rewards for staff (and young people) when they stay cigarette free for periods of time.

Specialist services

Programme work

73. Since the last inspection St. Mary's had more fully embraced a "programmes" approach to work with young people. These could be delivered either on an individual or group basis. The adoption of a programmes approach fitted in well with developments in community-based youth justice work. To deliver programmes, St. Mary's has established a programmes team. This team consisted of a programmes manager, 3.5 (WTE) programme workers, a drugs/alcohol worker, a throughcare worker and a 0.5 (WTE) psychologist. The range of programmes on offer included:

- cognitive skills;
- offending behaviour;
- anger management;
- victim empathy;
- assertiveness;
- throughcare/life-skills;

- parenting skills;
- sexual health; and
- car offending.

74. We welcomed the decision to set up the programme team and subsequently to evaluate programmes. However there are constraints in a secure setting. Normally a programme of intervention on cognitive behavioural lines would include “homework”, giving students the opportunity to rehearse their developing skills in their ordinary lives. This cannot be replicated in secure care, except when young people go on home leave. However it is possible for the young peoples’ lives in the care units to stand in lieu of this experience and for feedback on their behaviour to be recorded and fed back to the programme staff. Such third party observation and recording by care staff was being systematically established at St Mary’s. The recording of young people’s behaviour was already a duty for care staff, and information and communications technology (ICT) should be used to minimise duplicate recording. This may require some additional training and support. (See paragraph 129).

75. Another issue relating to the use of a dedicated team was the potential for deskilling the care workers by taking the interesting, demanding and rewarding task of delivering programmes from them. This issue was raised in interviews with care staff, who were nevertheless positive and supportive of the introduction of the dedicated programmes team. St Mary’s had sought to deal with this by a number of means including

- a weekly meeting with care staff;
- the inclusion of care staff in the delivery of programmes as a support and aid to the young people; and
- a day with the team as part of induction for new members of staff.

This arrangement should be kept under review, bearing in mind developments in other secure units.

76. Programme delivery within St. Mary’s should articulate with programmes which the young people may have received prior to coming into secure care, in other secure units or will receive on leaving. The exit plan should assume continuity of programme work where this is required. As one authority wrote, “There appears to be limited involvement of fieldwork staff and parents in the system of programmes being used at St. Mary’s. The role of parents and fieldwork staff in building upon the progress which young people achieve in secure care is vital. It is crucial therefore that parents, social workers, and others are included in the system from an early stage.”

77. The increasing proportion of young women in St. Mary’s raised the issue of gender specific inputs. There is a range of programmes specifically for young women. These programmes should be strongly considered for inclusion in the range on offer at St. Mary’s.

78. In St. Mary’s, under the guidance of the psychologist on the team, programmes were tailored to the individual learning styles and limitations of the young people. They attempted to deliver interventions at the right time, for example, when the young person was developmentally able and motivated to change. Additionally, those young people in units 4 and 5 were only included in programmes when they were judged to have developed the emotional intelligence necessary for them to benefit from programmes. We welcome these adaptations.

Psychiatric and psychological services.

79. St. Mary's had a retired consultant forensic psychiatrist undertaking assessments on a routine basis. Access to acute psychiatric care (outpatient and inpatient) had been adequate until the time of the inspection. However, it is now recommended that the role, remit and responsibility of this consultant post be reviewed in terms of its integration with the Greater Glasgow Health Board forensic psychiatric service provision.

80. Since the last appraisal the psychological services within St. Mary's had been expanded. However the psychological team based at St. Mary's provided a service across CORA facilities. The team included a principal psychologist, two senior psychologists and two basic grade psychologists, all of whom had a specific input into St. Mary's. The service aimed to establish clear pathways for the young people that encompassed assessment, intervention and evaluation. At the time of the visit, the team were profiling the needs of the young people, using the Youth Level of Service inventory (YLS) assessment tool. Commendably they were also finalising a standard psychological report for young people.

External consultants

81. The work undertaken in units 4 and 5 shared the same working model. External consultants were engaged to support "trauma" based work. They were line managed by the unit manager. The theoretical foundation for this work was that early trauma led to a range of symptoms, including anger, anxiety, depression, dissociation and sexual preoccupation. Change was achieved by working with the young people to reduce the effect of these symptoms, as measured by the Trauma Symptoms Checklist.

82. Feedback from young people, care staff, parents and young people's social workers was uniformly very positive about the consultants, who worked as an integrated team with the care staff. The required timescale to establish the effectiveness or otherwise of this intervention in reducing the likelihood of sexually-harmful re-offending is several years. Consequently it would be premature to evaluate its final effectiveness. Nevertheless, the positive impact on the day-to-day living of the young people, and their enhanced ability to join in school and programme-based work, were good interim indicators.

83. The inputs of the consultants who supported units 4 and 5 and of the psychological team were appropriate, but the link between their respective contributions remains unclear. A coherent plan for the delivery of mental health services should be included in the quality development plan.

Partnership with parents

84. Most parents were very positive about their child's placement at St. Mary's and relieved that their child was safe and well cared for by committed staff who kept them well informed. However a minority voiced various concerns about:

- not always being treated as partners in the care of their children;
- finding staff abrupt and rude at times on the phone;
- their child retreating to their room due to bullying;
- not being informed of all serious incidents or concerns about their children;

- a lack of privacy on their visits, with their time being disrupted by incoming telephone calls;
- not being able to communicate with their child via email;
- the lack of privacy when their children made telephone calls from the open area adjacent to the “visiting room” in each unit; and
- not being given sufficient information about St. Mary’s.

Consideration should be given to these concerns, to ensure that parents receive a consistently high quality of service.

Child-centred collaboration

Co-operation with social workers.

85. Twenty eight social workers provided feedback on their experience of St. Mary’s. Eighteen were very positive. Comments included:

- “firm and fair” handling of a parent to “the benefit of the young person”;
- the “positive and committed staff, (who were) appreciated by the young person”; and
- the “well trained, child centred approach to dealing with high risk young offenders.”

Others were less happy and made a number of criticisms which included:

- not being kept fully informed regarding the young people;
- families being kept waiting too long on pre-arranged visits;
- unhappiness with St Mary’s judgement that young people no longer met secure criteria. Two suggested that their knowledge of the young person was not given due weight in the decision-making process; and
- a rigid atmosphere, unsuited to the needs of those who were in St. Mary’s through vulnerability, specifically young women.

Co-operation between care and education staff

86. Unit managers deployed care staff to attend school with identified young people, to assist them as “education support people” and this was appropriate. However, care staff felt that this positive development had not always worked as planned, for example:

- they had been left in charge of classes; or
- they “hung about at the back of classes without contributing”; and
- in some instances, their presence inappropriately caused teaching staff to rely on them to keep order.

A feeling of safety

87. Young people felt safe and secure at St. Mary’s. Immediately prior to the inspection a young person at St Mary’s took their own life. This was subsequently the subject of a Fatal Accident Inquiry (FAI). The Sheriff was satisfied that the systems in place were comprehensive and adequate, and staff and management carried out their duties appropriately. He also found that the young person had been treated with care, kindness and compassion and commended them.

88. At the time of the inspection, the young person's death was still very recent. The grief of the staff acted as testimony to their attachment and commitment to this young person in particular and to the young people in general. The care of the young people and the staff had been well handled. This had included additional staff cover, increased input from the unit consultants, the appropriate involvement of the young people in simple rituals, including the planting of a tree, and the counselling of staff.

EFFECTIVENESS OF EDUCATIONAL PROVISION

Overall quality of achievement

89. The overall quality of attainment and achievement had some important weaknesses. Students were developing relevant skills in coursework and extending aspects of their knowledge and understanding in curricular areas. Those with significant learning difficulties generally responded well in lessons but, at times, required further assistance in working towards specific targets. At S3 to S5, most students were making good progress when provided with opportunities to gain National Qualifications (NQ) units. However, young people's achievements were variable across curricular areas and, in some subjects, there was insufficient attention given to enabling them to gain appropriate national certification.

Structure of the curriculum

90. The structure of the curriculum was fair overall. Students had a shorter time in formal lessons than their peers in mainstream secondary schools and this factor limited the breadth and balance of their learning activities. At the time of the inspection, aspects of the curriculum were restricted further due to staff absence. In particular, the educational input to the introductory programme was insufficient and there were no lessons in modern studies and science. Curricular links across subjects were not sufficiently well integrated. Timetabling arrangements, constrained by staffing difficulties, did not allow for coherent planning of a balanced curriculum which could be shared with pupils.

English

Achievement

91. Overall, the quality of achievement in English was fair. A small number of students worked well on their coursework and made some progress. With support, they could talk about a text they were reading. Many had difficulty in listening to the views of others. Some had produced pieces of personal writing and poems of a good standard. Those at S3/S5 were working towards NQ awards, though there had been a recent drop in the numbers and levels of awards achieved.

Courses

92. The courses in English had some important weaknesses. At S1/S2, there was not a well-focused programme of work based on national guidelines. The S3/S5 programme was based on learning outcomes required for national certification. The teacher of English had made good attempts to use texts and writing activities which would interest students. However, there remained insufficient breadth and variety. Programmes of study should give

more attention to punctuation, spelling and presentation, linked to appropriate writing activities. The school did not have a sufficiently well-planned programme for meeting the needs of students with severe difficulties in literacy.

Mathematics

Achievement

93. The overall quality of achievement in mathematics was good. Students generally responded positively to classroom activities and performed well in the tasks which were set for them. At S1/S2, they were gaining a worthwhile knowledge and understanding of mathematical processes and acquiring relevant numerical skills. At S3 to S5, they were making good progress in undertaking NQ units at different levels from Access 2 to Intermediate 2. In 2002-03, many students had gained national certification at Access 3 and Intermediate 1 levels.

Courses

94. Courses in mathematics were good. At S1/S2, young people undertook mathematical activities relating to the 5-14 programme. Good attention was given to meeting their individual needs and encouraging success. At S3 to S5, the programme provided students with relevant experiences for using mathematics in everyday situations. They had good opportunities to undertake a wide range of NQ units.

Computing

Achievement

95. Students were developing good knowledge, understanding and practical skills in information and communications technology (ICT). They were learning how to make use of a broad range of computer applications, including text processing, spreadsheets and graphics. Most achieved good standards in their coursework tasks. Most performed well, at appropriate levels, in NQ units and courses which were well matched to their needs.

Courses

96. The courses in computing were good. They provided students with a worthwhile range of experiences through which they were developing very useful skills in ICT. The programme for younger students was based on a published scheme which developed useful knowledge and skills. The teacher of computing managed the programme well. She added particular activities where these had been identified as meeting specific needs, such as updating tasks by including appropriately judged and carefully supervised use of the Internet. For older students, the programme drew from an appropriate range of NQ units and courses. They were well chosen to provide an important variety of skills and worthwhile qualifications.

Practical craft skills

Achievement

97. Students were developing useful woodworking skills through undertaking a range of basic projects. Most could measure accurately and cut and shape wood using different tools and machines. Standards of craft work were not always high enough. The majority of students who were presented for NQ units at Access and Intermediate levels were successful. There now needed to be a stronger focus on raising students' expectations concerning their achievements in craft work and the levels of NQ units they could undertake. Overall, the standard of achievement was fair.

Courses

98. The programme in practical craft skills was fair overall. Strengths included useful provision of NQ units for older students, which covered a range of woodworking skills and experiences in the use of a variety of equipment. However, tasks did not always provide sufficient challenge in terms of the standards of craft work which could be expected. The programme for younger students also was based on NQ units at Access levels. It needed to be improved to include more tasks which interested students and also developed their knowledge and skills more progressively.

Art and design

Achievement

99. Students' achievement in art and design was good overall. Most were making good progress in their coursework though there was some variation in standards across classes. Motivated students displayed good abilities and skills in using pattern and colour. They were able to express their ideas and were developing their knowledge and understanding in the use of design and aspects of the design process. At S3 to S5, students were gaining worthwhile certification in NQ units at Access and Intermediate levels.

Courses

100. The courses in art and design were good overall and very good in some aspects. Most students showed an interest in art and design and applied themselves well when undertaking coursework. Lessons enabled them to develop useful skills and techniques in painting, including fabric painting. Strengths included working with materials and exploring visual images. At S3 to S5, students had good opportunities to develop their understanding and skills through completing NQ units from Access 2 to Intermediate 2 levels.

Personal and social education

Achievement

101. The overall quality of students' achievement during lessons in personal and social education had some important weaknesses. Some students were undertaking individual projects which they found interesting. Others were not sufficiently well engaged while undertaking set tasks. Classroom activities needed to provide better motivation and more

appropriate challenges to stimulate students' interests. Targets for achievement in personal and social development often were too vague for measuring success. Students did not have sufficient opportunities for gaining national certification through undertaking a range of relevant NQ units.

Courses

102. The courses in personal and social education in the education unit were fair. They were not well matched to the interests and needs of the students and were largely based on books and worksheets. They were not sufficiently well integrated with other aspects of related work being undertaken in the specialised programmes which the school was implementing for designated students. The team of professionals involved in the organisation and implementation of these programmes addressed identified needs, such as anger management and offending behaviour. A substantial number of students had undertaken these programmes and had found them to be very helpful. The school should take steps to develop a more co-ordinated and integrated approach, including relevant contributions from the education unit, when planning to meet students' personal, social and vocational needs.

Learning and teaching

103. Although the quality of lessons was variable, the standard of learning and teaching was good overall. Eight per cent of the lessons observed were very good, 65% were good and 27% were fair. None of the lessons was unsatisfactory.

104. The following were features of learning and teaching in the lessons observed.

- The teaching process was usually good. However, at times, teaching staff needed to adjust the pace of lessons and the level of set tasks to motivate pupils more successfully.
- Staff did not always provide students with sufficiently challenging activities, particularly with regard to the higher-achieving students. On occasions, for example in English, practical craft skills and personal and social education, the tasks set for students were not well matched to their educational needs.
- The school's homework policy had some important weaknesses. The implementation of homework procedures should be reviewed to facilitate collaboration among education and care staff.
- The overall quality of students' learning was good but varied across subjects. When well motivated, young people responded positively and constructively to their programmes of study while, in other lessons, they were unmotivated and disinterested.
- Arrangements for assessing students' educational needs, following admission, were limited. The education unit needed to make more appropriate use of assessment, recording and reporting strategies for monitoring students' progress.

Pastoral care

105. Teaching staff demonstrated sensitivity and thoughtfulness with regard to students' pastoral needs. They were good at listening to the opinions and views of students and tried hard to assist students in controlling their emotional feelings and behaviour during challenging situations. The member of staff, who had been appointed to help manage

movement between classes and support teachers in dealing with volatile and inappropriate behaviours, provided a valuable role in attending to the general care and welfare of students. Procedures for care staff to support students during the school day had been recently changed and there was some concern among teachers about how well the new system was operating. Additionally, the education unit's arrangements for rewarding students' efforts were not used in a consistent manner. Senior managers should review both behaviour support and the rewards system with the aim of ensuring that all staff are confident that these procedures operate effectively in promoting positive behaviour.

106. Overall, the climate and relationships among teaching staff and young people in the education unit were good. Staff actively promoted equality and fairness. They were alert to changes in students' circumstances and motivational levels. However, teachers indicated that staff absence had adversely affected morale. Although students' behaviour, as observed during lessons, was good overall, teachers expressed concerns about the general management of disruptive behaviours. Staff's expectations and skills in promoting achievement were variable across subject areas. The education unit should consider ways of promoting students' motivation and achievement, such as through the identification of good role models and the more active celebration of success when providing daily reports on students' performances.

Support for learning

107. Teachers used a range of approaches, including tutorial assistance, to support students' learning. However, for students who were reluctant to attend class, there needed to be more effective arrangements to support their learning. Due partly to staff absence, the unit did not have appropriate assessment arrangements in place to assist in identifying the key strengths and educational needs of new arrivals. The quality of targets in students' individualised educational programmes (IEPs) was very variable. The education unit needed to review procedures for setting long-term and short-term targets within IEPs so that they are more specific for measuring success and well matched to coursework. Arrangements for managing Records of Needs and Future Needs Assessments had been unsatisfactory. The education unit should ensure that its recently revised procedures are carefully monitored. It also should ensure that it makes every reasonable effort to obtain up-to-date Records of Needs for those students who have them and that reviews and Future Needs Assessments take place, as and when appropriate.

MANAGEMENT, LEADERSHIP AND QUALITY ASSURANCE

Overall management and leadership

Internal management

108. The management team had seen a series of unplanned changes, by death and temporary re-deployment since the last inspection. At the time of the inspection, the depute principal was acting up as principal. Consequently where previously there had been three senior members of staff "working co-operatively as a team", there were now two trying to cover all the circumstances of care and education. They had been under extreme pressure, dealing with the day-to-day running of the establishment, the development agenda and the rapid expansion of specialist services. They had been overstretched by this wide and

demanding range of tasks. One senior manager regarded the issue of management capacity as the “most significant and pressing problem facing St. Mary’s.” (See paragraph 114)

109. The acting principal was well regarded by his staff team. He was cited as being supportive and enabling. He had succeeded in establishing a positive, caring and safe environment. There were, however, some significant weaknesses in the overall approach to management. (See paragraphs 115, 118, and 126-129)

110. The quality of leadership regarding the education unit was fair overall. The unit had been without a permanently appointed deputy principal (education), who also had the role of head of education, for a considerable period of time until about five months prior to the inspection. The new deputy principal (education) had taken steps to develop aspects of management and to extend links with parents and the wider community. However, he required further time to establish an effective management system. Along with the principal teacher, he worked hard to ensure that timetables were organised on a day-to-day basis but staff absence had resulted in changes in the organisation of classes and a restricted curriculum for students.

111. The education unit had an appropriate set of aims and had developed a range of policies covering various aspects of its work. However, there needed to be further consideration given to improving or implementing policies, including policies on accessibility, support for students and curriculum areas. In particular, the deputy principal (education), together with teaching staff, required to take further steps to monitor and extend achievement, evaluate the quality of learning and teaching, and co-ordinate development planning across subjects. The education unit also should review the structure for promoted staff, including the remit of the principal teacher.

112. The leadership provided by the unit managers and assistant unit managers in units 1, 3 and 4/5 was good. Some weaknesses emerged in unit 2, regarding staff supervision and the inconsistent care of young people, which had caused concern to the young people and staff.

External management

113. The Chair of the Board of Managers visited St. Mary’s frequently, speaking with and listening to the young people. Each month Board members also undertook a “tour of inspection”, as was recommended in the last inspection.

114. The Board were well aware of the pressing issue of the membership of the senior management team and its capacity, for example, the need to obtain a mentor for the deputy principal (education), and to provide support for the establishment and implementation of the school development plan. The Chair of the Board reported that a consultant was to be brought in to review the membership and responsibilities of the senior management team. This initiative was required and its outcomes should be carefully considered by the Board of Managers, with a view to implementing improvements.

School development and planning

115. “Each secure unit should draw up a quality development plan for introducing a range of improvements. It should review its plan every three months.” (A Secure Remedy, recommendation 23). At the time of the inspection the acting principal had embarked on re-

drafting the school development plan, so that it followed the structure of the relevant National Care Standards rather than A Secure Remedy. This was a pressing priority.

116. The quality of development planning in the education unit also had some important weaknesses. The development plan for 2001-2004 indicated features for development, such as aiming for higher achievements, improving the effectiveness of learning and teaching for all students, and enhancing the ethos of the education unit. However, it did not give sufficient attention to quality indicators in auditing and identifying areas for improvement. It needed to provide more details on aspects such as targets, measures of success, resources and staff development requirements, and evaluation procedures.

117. The depute principal (education) was aware of the need to further develop the education unit's approaches to evaluating and improving the quality of educational provision. Teaching staff had good opportunities to meet to discuss matters of concern and to consider how improvements could be made. The unit had not yet introduced the formal evaluation of learning and teaching within classes and should now take steps to decide how best to implement such a process to support teachers' contributions. It also should adopt a more systematic approach to self-evaluation, including a robust analysis of students' achievements in curriculum areas, to identify where improvements are most required.

118. An integrated whole establishment quality development plan, drawing on collated information from St. Mary's, with clear measurable targets, should be developed and used consistently to set explicit priorities for the improvement of this secure service within specified timetables. Copies of the finalised plan should be forwarded to SWSI and the Care Commission within three months of the publication of this report.

Staff development and review

119. One element of the draft development plan was a commitment to supervision of care staff no less than three times each six months. In addition each member of staff was to have a professional development plan, detailing his or her training and development needs. In some units the pattern of supervision exceeded this standard, being highly structured and diaried at six weekly intervals. A clear and appropriate model of staff supervision had been agreed, and had been in place for nine months. Such regular supervision had enabled staff to reflect on their practice. However, some staff in other units expressed dissatisfaction with their personal development plans, which they said were not comprehensive or robust, and others were concerned about the quality and frequency of supervision. In addition, there was no effective senior management monitoring of the frequency of supervision (see paragraph 126 to 129). In practice, staff worked well as teams and benefited from mutual support. Arrangements for the monitoring the provision of supervision should be established.

120. The staff were included in the integrated health promotion/education framework for the school. The school nurse provided informal advice and treatment for minor illnesses amongst staff, monitored chronic disease and undertook a health promotion/ education role for staff. A decision regarding the appropriateness of her undertaking this role should be taken and there should be a specific occupational health strategy available for all staff. In addition, staff were provided with support on a confidential basis by the psychological team.

121. There was a dedicated night care team. They were isolated from the rest of the care staff, for example, there were concerns regarding communication. Arrangements for the

supervision of night care staff by unit managers were not effective. Consideration should be given to the supervision of the night care staff by the night care manager.

122. The education unit had recently introduced new procedures for professional review and development. The depute principal (education) and the principal teacher jointly shared responsibilities for supervision arrangements. At the time of the inspection, not all teaching staff had been fully engaged in the new process of identifying their professional needs and preparing a personal development plan. Senior managers should monitor the implementation of this new initiative to ensure that reviews are held at appropriate times and lead to improvements in the work of the unit as a whole. In planning further professional development, consideration should be given to the evaluation of learning and teaching, planning for improvement in curricular areas, and the effective use of IEPs.

123. The training budget had been reduced marginally since the last inspection from 5% to 4% of the staffing budget. Senior management were satisfied that St Mary's would meet the Scottish Social Services Council registration requirements by April 2005. However, consideration needed to be given to strengthening the overall approach to human resources at St. Mary's, specifically by investing in a human resource service.

Case files and other records

124. In general terms, case files and other records were adequate. There was some difference in the quality of records (including case files and logs) both within and between units. Unit three, as the assessment unit, had exemplary record keeping. Here records were seen as working tools, which had to be "accessible, clear and purposeful, as opposed to files from which information cannot be accessed, which are in turn confused and from which mistakes may emanate, which may harm young people." By contrast the recording was less meticulous in units 1, 2, 4 and 5. This was most apparent where young people had been admitted directly to these units. In these cases an explicit assessment had not always been completed. Standards of recording evident in unit 3 should be generalised and quality assured by senior management.

Health records

125. Arrangements for holding health information were unhelpful. At the time of the visit individual health records were held in the medical room whilst other health records were dispersed across several locations. These included information about past medical history, immunisation to date, sexual health, public health issues, clinical examination, drug and alcohol usage, screening and ongoing nurse intervention. A comprehensive medical file on each young person should be created and held within each unit.

Information management

126. A more fundamental problem affecting a number of areas of St. Mary's functioning was the inability to appropriately collate and use management information.

127. Whilst individual files and other records were generally adequate, it was not possible to draw from these information about the population or activities as a whole. For instance, senior management should have access to reports on the frequency of staff supervision, complaints, serious incidents, the use of restraint, and the use of single separation. They also

should have ready access to a needs profile of the young people, drawing on an analysis of the individual assessments.

128. All such information should be collated to assist in service planning and to support a more systematic approach to quality assurance. One way of achieving this would be through the use of spreadsheets.

129. The use made of the existing information and communications technology (ICT) was limited. It had the potential to provide:

- more effective links between staff;
- access to the latest practice knowledge;
- support the capture, collation and analysis of performance information; and
- a single point of access for up-to-date policies and procedures.

Consideration should be given to the use of a consultant to aid this development.

KEY STRENGTHS

- Young people's sense of safety and security.
- The commitment and expertise of the care staff.
- The quality of personal care and relationships in general, and specifically in units 4 and 5.
- The excellent health care provision.
- The process of initial assessment.
- The development of the programmes team.
- The re-organised control room arrangements.
- The high standard of accommodation and facilities.
- The general climate and quality of relationships in the education unit,
- The quality of students' learning in some curriculum areas.
- The efforts of many pupils in making good use of opportunities to gain national certification.

MAIN POINTS FOR ACTION

Action is required on the following main recommendations

St. Mary's Kenmure (Board of Managers and senior management)

1. Previous recommendations

- A number of the recommendations from previous reports have either not been fully implemented or require fresh attention. (Previous recommendations 1, 2, 4, 9, 10 and 11)

2. The establishment and its operation

- Senior management should address snagging problems and wear and tear. (Paragraphs 18, 19, 22, 23 and 24)

3. Use and users

- The regime at St Mary's should be reviewed to ensure that it appropriately meets the needs and deeds of young women. (Paragraphs 26, 35, 38, 71, 77 and 85)

4. Engagement with Stakeholders

- Formal mechanisms for the involvement of user authorities in the development and implementation of policies and procedures should be established. (Paragraphs 48 and 51)
- The leaflets for young people, parents, and social workers should be revised and re-issued. (Paragraphs 15, 44 and 52)
- A full and up-to-date information pack on current activities and new developments, such as programmes and other specialist inputs, should be made available to local authorities and other stakeholders. (Paragraphs 44, 84 and 76)
- The throughcare policy should be finalised. (Paragraphs 51 and 73)

5. Rights

- The complaints procedure and its operation should be reviewed. (Paragraphs 55 and 127)

6. Internal management

- Senior management should seek to identify and build on good practice by making appropriate use of ICT and by adopting a systematic approach to quality assurance. (Paragraphs 74, 119, 122, and 124 to 129).
- An integrated whole establishment quality development plan, drawing on collated information from across St Mary's, with clear measurable targets, should be developed and used consistently to set explicit priorities for improvement of the service. (Paragraphs 7, 15, 51, 83, and 115 to 119) Copies of the plan should be sent to the Scottish Executive and the Care Commission within three months of this report being published.

7. Health

- An integrated health file on each young person should be established (Paragraph 125)
- Attention should be given to the young people's diet and its integration within health education/promotion. (Paragraph 61)
- The health committee/forum should be strengthened, with an identified health lead in each unit. (Paragraphs 61, 69 and 71)
- Smoking should not be permitted on the campus. (Paragraph 72).
- There should be a clear and coherent plan for the delivery of all specialist services, which should be included in the development plan. The contribution of the consultant forensic psychiatrist should be reviewed in the context of mainstream forensic psychiatric input. (Paragraph 70, 80 and 83)

8. Education

- The education unit should address features of accommodation, staffing and links with the wider community, as indicated in this report. (Paragraphs 16,18, 29,47 and 48)
- Teaching staff should improve arrangements for assessment, recording and reporting, including the initial assessment procedures for students following admission. (Paragraphs 16, 104 and 107)
- The education unit should improve the structure of the curriculum and programmes of study, as outlined in this report. It should take steps to ensure that students have more opportunities to undertake NQ units across a wider range of curriculum areas. (Paragraphs 89 to 104)
- Senior managers and staff should improve arrangements for supporting students who are experiencing significant learning or behavioural difficulties. Teaching staff should develop the use of individualised educational programmes and ensure that they contain more specific targets for measuring success. (Paragraphs 104 to 107)
- Senior managers, in conjunction with education authorities, should ensure that Records of Needs and Future Needs Assessments are managed effectively. (Paragraph 107)
- The education unit should adopt a more robust approach to self-evaluation, development planning and quality assurance. (Paragraphs 110,111,116,117 and 122).

First Minister

9. Approval

- Scottish Ministers should give approval to St Mary's Kenmure under Regulation 10(3) of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

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Should you wish to comment on or make a complaint about any aspect of the inspection or this report, you should write in the first instance to Angus Skinner, Chief Inspector, whose address is given below. If you are unhappy with the response you will be told in writing what further steps you may take.

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