

28 Cunningham Place Care Home Service

28 Cunningham Place
Ayr
KA7 3HZ

Telephone: 01292 287691

Type of inspection: Unannounced
Inspection completed on: 6 February 2018

Service provided by:
South Ayrshire Council

Service provider number:
SP2003003269

Care service number:
CS2013316915

About the service

This service registered with the Care Inspectorate on 9 January 2014.

28 Cunningham Place is a care home for children and young people who are looked after and accommodated. The service is provided by South Ayrshire Council and is situated in the town of Ayr. The house is an attractive two storey new build premises which blends in well with neighbouring properties. The service can accommodate up to six young people. Staffing is provided over 24 hours, seven days a week. At the time of inspection there were five young people in residence.

What people told us

We spoke with four young people. Young people told us that they liked Cunningham Place and that they thought the staff team were nice. Rules were described as fair. All young people knew how to complain. Food was described as good. Young people could tell us about outings they had enjoyed and confirmed special occasions were celebrated. Young people told us that they were provided funds to do up their bedrooms to their taste and that requests to have them painted were met. One young person told us that sometimes when visitors from other children's houses came and acted out and when young people were aggressive it was unsettling. Young people were unhappy with the brightly coloured walls of the communal areas and were looking forward to redecoration.

Self assessment

This was not requested from the Care Inspectorate for this inspection year.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	3 - Adequate
Quality of management and leadership	not assessed

What the service does well

At this inspection we looked at two quality themes; care and support and staffing and have graded both as adequate.

We found regular reviews took place regarding care plans and frequent 'team around the child' meetings were purposeful in monitoring changing needs. Staff members compiled weekly updates for social workers and we were told by a social worker that communication from the staff team was much improved.

Risk assessments were in place which identified the known risks for individual young people with management strategies to reduce harm. Young people were encouraged to carry a mobile phone when in the community to allow contact to be established. Parental controls were installed in the house WIFI, which meant young people were unable to access unsuitable and adult themed web sites. Staff checked the history of young people thought to be particularly vulnerable to exploitation and police had been contacted when safe guarding concerns arose.

A placing social worker told us that staff were pro-active in keeping a young person protected from exploitation. Staff followed procedures in the event of young people failing to return, which included looking for children within the community and involving the police when these attempts were unsuccessful.

There were very good links with health services, including local GP surgery, dentist and opticians. We found unmet health needs were attended to promptly and this was complimented by effective partnership working with the LAAC (Looked After And Accommodated Nurse) and mental health services. Nutritious freshly cooked food was available and young people told us the food was good and confirmed the chef sought their views when menu planning.

We observed warm interaction between staff and young people and staff considered the nurturing aspect as crucial in their role. Young people told us they got on well with the staff and a child's social worker considered the "committed and flexible approach used by staff was a particular strength of the service".

Over the last year the service had been very unsettled and this had impacted on outcomes for some young people. Staff members and the newly appointed house lead were fully committed to establishing boundaries and house rules in order to create a more secure and predictable environment for the young people to flourish. Although this was early days there had been some notable improvement in the bedtime routines, levels of absconding and episodes of challenging behaviour. Staff members were of the view that there was a more consistent and cohesive approach to team work and routines which was benefiting the young people.

Young people were given the opportunity to engage in a range of activities and plans were being put together in consultation with young people about the forthcoming Easter holidays. It was acknowledged by the staff team that too much free time could lead to problems in the group dynamics within the house. Some young people had very positive memories of holidaying with staff and spoke with enthusiasm about these times. The use of incentives was used to encourage engagement for example, attending school and rewards and praise for attempts and achievement.

Some young people were doing well in school and college and a recent young person who had excelled in an apprenticeship. Staff members were keen to engage young people who had poor school attendance and we could see staff supporting young people to complete school work which had been provided.

Young people meetings had been re-established and this was considered to be an important forum, to both get the views of young people, but also to reinforce standards and expectations.

The new house lead was in close communication with the team regarding changing the culture and improving outcomes for young people. Staff spoke positively about morale improving and feeling empowered to bring about changes.

Supervision was being re-established following a period of infrequency due to competing needs of young people which had impacted on staff time. This was also the case for team meetings, however, a productive meeting had taken place and a development day was in the planning.

All staff members were registered with the Scottish Social Services Council and senior staff members were now commencing SVQ Level 4 to meet with registration conditions. Residential workers had progressed with HNC and SVQ Level 3 and the service was now in a good position to prioritise more specific training relating to the needs of the young people.

What the service could do better

The current young persons' complaints and suggestion box was not being used and there were no complaints registered from young people. The house lead is taking this forward to look at new ways to gather the views of young people and ensure the complaints process is accessible.

We considered the quality of the care plans needed attention to include a comprehensive assessment of need with clearly stated targets to improve outcomes using SMART principles. The use of GIRFEC (Getting It Right For Every Child) wellbeing indicators of safe, healthy, active, nurtured, achieving, responsible, respected and included was not being used as appropriate. We also noted that there was little engagement of young people in care plans and they contained no information about their personality and preferences. The person-centred planning which we found at the last inspection was no longer in use. (Refer to recommendation 1)

The service did not use a keyworker system. There was currently no formal case team discussions to discuss progress of young people. We found limited examples focused work being carried out with young people. Some staff told us they had felt as if they were 'fire fighting' much of the time until recently. Some staff thought that key workers could help re-establish focused working with young people. We discussed this at the inspection feedback and asked the house lead to consider the views provided.

The risk assessment tool was limited and did not contain categories for self-harm, suicide risk or child sexual exploitation. We did not consider the action plans for children at risk of these areas were robust enough in setting out strategies to reduce or eliminate risk. In one care file, we found the risk assessment had not been updated to include an area of concern which had presented since a young persons' admission. (Refer to recommendation 2)

In two of the files we reviewed there was not a CRISP (Crisis Response Intervention Support Plan) completed to manage challenging behaviour which was relevant for both these young people. (Refer to recommendation 3)

We found an example of medication not being administered as prescribed and asked the service to record any medication refusal and consider requesting a medication review if need be.

At feedback to the inspection we discussed the mealtime experience for young people as we observed how busy the table was with adults employed in the service, and wondered if this may discourage (albeit unintentionally) young people from sitting at the table. We were told that new arrangements would be put in place to reinforce young people are at the centre during mealtimes.

The communal areas of the house were not homely, lacking pictures, ornaments and soft lighting. We were told these items were to be replaced following redecoration, however, we suggested limiting any delay in order to compliment current efforts to re-establish a nurturing environment.

A gym had been installed in the upstairs lounge. Young people and staff told us this was not used and we found three of the five pieces of large equipment were broken. (Refer to recommendation 4)

Staff had not received updated training in managing challenging behaviour. Given the level of challenging behaviour exhibited, some of which involved physical violence between young people and assault on staff, this requires to be addressed with urgency. This will form a requirement.

Although some staff had accessed on-line learning there had been little opportunity for staff face-to-face training. We were told this was being reviewed with an audit to be carried out by a newly appointed training officer for the organisation. (Refer to recommendation 5)

We were aware the current rota was being reviewed as many staff found it hard to manage transitioning from day to-night shift and some also considered it could impact on planning time with young people. We asked that staff being asked to support the Glenriddle House be provided as much notice as possible to allow for effective forward planning with young people.

Requirements

Number of requirements: 1

1. Staff members require to have training in managing challenging behaviour as a matter of urgency.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Staffing - 13. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users- (a)ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users;
and

National Care Standards, care homes for children and young people - Standard 7: Management and staffing.

Timescale: four weeks on receiving this report.

Recommendations

Number of recommendations: 5

1. Care plans should be improved to be outcome focused, targeted, include more personalised information about young people and have young people involvement when possible.

National Care Standards, care homes for children and young people - Standard 4: Support arrangements.

2. Risk assessment categories should be expanded to include self harm, suicide and CSE, contain robust risk management strategies and be updated following significant events.

National Care Standards, care homes for children and young people - Standard 6: Feeling safe and secure.

3. Crisis response intervention support plans should be in place for all young people.

National Care Standards, care homes for children and young people - Standard 6: Feeling safe and secure.

4. The gym equipment should be removed, repaired or replaced with action taken immediately to prevent injury.

National Care Standards, care homes for children and young people - Standard 5: Your environment.

5. Training should be prioritised for staff. This should include training about:

Self-harm and suicide prevention, management of potential overdose, bullying, child sexual exploitation, creating effective outcome focused care-plans, refresher on medication management and crisis management.

National Care Standards, care homes for children and young people – Standard 7: Management and staffing.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings	
22 Mar 2017	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
12 Feb 2016	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Jan 2015	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
10 Jun 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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