

38 Hardthorn Road Care Home Service

38 Hardthorn Road
Dumfries
DG2 9JQ

Telephone: 01387 274046/260162

Type of inspection: Unannounced
Inspection completed on: 29 May 2018

Service provided by:
Dumfries & Galloway Council

Service provider number:
SP2003003501

Care service number:
CS2013316737

About the service

This service registered with the Care Inspectorate on 21 October 2013.

38 Hardthorn Road, was registered with the Care Inspectorate in October 2013, to provide a care home service for a maximum of five children and young people aged between eight and 18 years. It opened in January 2014 and, at the time of our inspection, there were five young people using the service. There had been occasions when the service had exceeded its registered numbers due to the provider's duty of care to respond to emergency situations. The duration of these had been managed carefully to minimise disruption for other people using the service.

The service's residents' handbook tells young people that managers and staff "will provide a caring and happy place to live, understanding the importance of this." It adds that they "will do their best to support (young people) in all areas of (their) life and treat (them) as an individual with different needs, views and wishes." The handbook assures young people that "the staff team are here for you and will always make time to support and listen to you."

What people told us

Our inspection volunteer spoke to four young people and, although their comments were mostly positive, they raised a number of questions:

- Only one of the young people was clear that they had a key worker; one said they'd speak to the manager or social worker if they had any problems, another said they could speak to any staff member and one thought they knew who their key worker "maybe" was, and said that they were very nice but didn't know who they'd speak to "if they had a worry".
- One young person didn't know if they had a care plan and two were aware their care plan existed but said they hadn't seen them.
- Older young people described the challenges of sharing a house with younger ones; one was described as "really disruptive and noisy when they *kick off*" and it was not possible to have a lie-in at the weekend "due to the noise." They were also described as taking up a lot of staff time, "it takes two staff to restrain them". Another young person said "the two younger people don't behave, it takes staff away from us."
- Young people had mixed views about how much choice they had concerning food, one saying there was choice and another saying that staff decide. Two young people liked the home's macaroni cheese and one enjoyed helping to make it. A young person requiring specially prepared food for religious reasons confirmed that this was provided.
- One young person complained about the lack of internet access.
- One young person told us that they'd asked to paint their room but that this hasn't happened yet. Others said they could personalise their rooms and another didn't know.
- One young person told us that they could not have friends to visit them at Hardthorn Road because this is not allowed. (The manager later told us that young people's visitors are usually very welcome but thought that this comment referred to a specific occasion when a young person invited a 'friend' much older than themselves in a way deemed inappropriate by staff).
- An older young person said that staff had been unable to provide transport at times due to the need to supervise younger children.

In other comments, young people confirmed they are able to participate in a variety of activities including boxing, baking and cooking, football, trampolining, playing with dolls and 'crocodile dentist'.

Younger children also told us about a variety of outings they'd gone on with staff and of plans to grow vegetables in the garden.

Self assessment

This was not required prior to this inspection and we asked instead to see the service's own self-evaluations and development plan (but not available).

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Managers and staff had worked well together and adopted a relaxed approach which contributed to a pleasant environment for young people. This included enjoying the sunshine with a barbecue tea on the day of our visit. Staff worked in a way which helped young people to feel valued, respected and nurtured.

Young people were encouraged to have a healthy lifestyle and this included promoting the importance of physical activity, including sport, and a varied and healthy diet. Staff took good notice of current advice on healthy eating and promoted this with young people. Although young people's comments included some disagreement concerning choice, we saw evidence of suitable meal choices. Staff gave good attention to supporting a young person with dietary needs associated with religious practice.

Managers and staff had established and maintained strong links with health service personnel in order to ensure ease of access to health services by young people.

Young people's educational needs were suitably provided for and young people's attendance and participation was actively encouraged. Strong links had also been maintained with the local independent advocacy service.

As recommended following our last inspection, staff observations would still be improved by giving greater focus to outcomes for young people, particularly in relation to the Scottish Government's 'SHANARRI' outcomes framework and the aims and objectives of each young person's placement as identified in their individual care plan. See recommendation 1.

We saw that access to the internet was limited due to the provider's policy concerning use of the service's Wi-Fi. This meant that young people were unable to access Wi-Fi on their own devices. This limited young people's capacity to maintain their interests and their contact with friends and relatives. See recommendation 2.

A new Resident's Handbook had been compiled which provides updated and improved content but now needs to be updated again to include reference to the new Health and Social Care Standards.

Staff adopted a careful approach to the use of sanctions, which helped to ensure a proportionate approach to encouraging positive behaviour. There had been some occasions when young people had pocket-money deducted to make restitution, for example, for breakages. Following discussion of this, we advised further staff discussion to ensure a consistent team understanding of the maximum amount that can be deducted from a young person's pocket-money.

Different key teams used the provider's risk matrix and risk assessment tools in different ways. The manager agreed that this would be reviewed with staff in order to achieve a consistent team approach.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. When writing case notes, staff should give increased focus to young people's achievements, progress and outcomes relevant to the aims of placement identified in the young person's personal plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that the needs of people using care services, as agreed in their personal plan (sometimes referred to as a care plan) are fully met, and that their wishes and choices are respected (HSCS 1.23). See also the Scottish Government's SHANARRI framework for individual outcomes.

2. The service provider should review their arrangements for young people to access the internet and take steps to ensure they are able to do so from their own devices unless there are documented individual reasons for limiting this in order to maintain personal safety and welfare.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that users of care services should be supported to participate fully as citizens in their local community in the way that they want (HSCS 1:10) and that they are free from isolation (HSCS 5:9) and connected, including access to the internet (HSCS 5:10).

Grade: 4 - good

Quality of environment

This quality theme was not assessed.

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

The service's registered manager provided clear, consistent and accessible leadership consistent with the principles of good residential childcare practice. This had helped to establish and maintain a stable and consistent environment for young people accommodated at Hardthorn Road, despite some significant challenges. There had been a few months with no assistant manager but a new assistant manager had recently been appointed and was shortly due to take up their position.

The manager had supported staff individually and as a team, who were working together well under his leadership for the benefit of young people. Staff we spoke to were well-motivated and confirmed they felt well-supported by their manager and by each other. Young people found the manager approachable.

The manager demonstrated clear understanding of good residential childcare practice and the new Health and Social Care Standards. Where necessary, he had advocated with other local authority personnel on behalf of young people. This had helped to ensure that other local authority staff understand the need to prevent local authority systems and practices detracting from providing a homely and person-centred environment. This helped to ensure that young people had opportunities to participate as citizens in their local community (HSCS 1:10) and enabled them to have as much control as possible to manage their own money (HSCS 2:5).

The manager had established and maintained effective relationships with young people's social workers and social work managers and other professionals in a way that ensured good understanding of the role of the service and encouraged realistic expectations and mutual professional respect.

We found evidence that staffing levels were sometimes insufficient. Staffing levels should be sufficient to ensure that young people's needs are met by the right number of people with enough time to support and care for them. This includes time to speak with them or respond promptly to their needs. We saw that the service lacked a formal system for informing direct care hours. For example, no assessment had been made of the minimum staffing levels and deployment needed for the current user group on each shift over a four-week period. (See Care Inspectorate Publication, 'Records that all registered services must keep and guidance on notification reporting'). The provider should note that the staffing levels stated in the service's Staffing Schedule are the minimum required at all times and should be increased when the needs of young people require this. Based on our findings during this inspection, two staff on shift were insufficient for the current user group on some evenings and weekends. Although staff worked well to address specific challenges, they were sometimes unable to respond quickly enough to the needs of the whole group. See also young people's comments. See requirement 1.

In order to maintain a culture of self-evaluation and continuous improvement, the service still needed to progress our recommendation following previous inspections since 2015 concerning the role of the external manager. We saw that some aspects of this were documented in records of the manager's personal supervision but these are personal records and, as such, not accessible to others. The scope of visits by the external manager needs to be expanded to include the other key responsibilities and essential tasks listed in Paragraph 4.3 of the 'National Guidance for the External Management of Residential Child Care Services in Scotland'

published by the Scottish Government in June 2013. Records of such visits should include details of the activities carried out by the external manager during their visit, including monitoring the experiences of children and young people, the names of young people and staff and other professionals spoken to, records examined, and observations of the group-living environment. See recommendation 1.

The service currently had no development plan, although the manager told us that the provider has plans to address this. In order to maintain a culture of self-evaluation and continuous improvement, the service should progress this and develop an approach to self-evaluation and quality assurance which will inform the compilation of an ongoing development plan for Hardthorn Road. See recommendation 2.

Requirements

Number of requirements: 1

1. Dumfries and Galloway Council must introduce a new approach to planning staffing levels and deployment, which identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This should take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

This Requirement is made under Regulation 15 [a] of The Social Care and Social Work Improvement Scotland (SCSWIS) (requirements for care services) regulations 2011, a regulation which requires 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.

This is to ensure management and leadership is consistent with the Health and Social Care Standards which state that the needs of users of care services are met by the right number of people and that people have time to support and care for them and speak with them (HSCS 3.15 and 3.16). See also the service's registration certificate and staffing schedule which require that "The provider shall ensure that the needs of the service users are being met at all times. This may require an increase in staffing numbers at given times above...." the minimum of two staff at all times.

Timescale for implementation: By 10 July 2018.

Recommendations

Number of recommendations: 2

1. Dumfries and Galloway Council should ensure that regular audits of the service are conducted and recorded to monitor and review the performance of the service in accordance with the 'Key Responsibilities and Essential Tasks' outlined in the 'National Guidance for the External Management of Residential Child Care Services in Scotland' published by the Scottish Government in June 2013.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that users of care services can expect a service or organisation which is well led and managed (HSCS 4:23) and where they can benefit from a culture of continuous improvement (HSCS 4:19).

2. The service provider should develop an approach to self-evaluation and quality assurance which informs the compilation of a service development plan. This is to ensure care and support is consistent with the Health and

Social Care Standards which state that users of care services can benefit from a culture of continuous improvement (HSCS 4:19) .

Grade: 3 – adequate

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

There are no outstanding requirements.

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

Dumfries and Galloway Council should ensure that regular audits of the service are conducted and recorded to monitor and review the performance of the service in accordance with the 'Key Responsibilities and Essential Tasks' outlined in the 'National Guidance for the External Management of Residential Child Care Services in Scotland' published by the Scottish Government in June 2013.

National Care Standards, Care Homes for Children and Young People – Standard 7: Management and Staffing.

This recommendation was made on 22 June 2015.

Action taken on previous recommendation

As reported following our last inspection, the locality manager for Centralised Services (LMCS) had devised a suitable format for recording regular audits. However, this was still not being used. The LMCS had maintained detailed records of supervision sessions with the registered manager but, as private documents in 1:1 supervisory context, these were not sufficient as a record of visits to the service in their capacity as an external manager. We have repeated this recommendation. See Management and leadership, recommendation 1.

Recommendation 2

When writing case notes, staff should increase the focus given to progress and outcomes relevant to the aims of placement identified in the young person's personal plan.

National Care Standards, Care Homes for Children and Young People – Standard 7.4: Management and Staffing.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

Some progress had been made with this and observations recorded by staff, although detailed and relevant, would be improved by greater focus on outcomes for young people, particularly in relation to the Scottish Government's 'SHANARRI' outcomes framework and the aims and objectives of each young person's placement as identified in their individual care plan. We have repeated this recommendation. See Care and support, recommendation 1.

Recommendation 3

The registered manager should ensure that events notified to the Care Inspectorate include any accidents to service users which require a GP visit, hospital visit or RIDDOR notification and any incidents involving a 'serious unplanned event with the potential to harm'.

National Care Standards, Care Homes for Children and Young People – Standard 7.1: Management and Staffing.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

The Care Inspectorate now receives notifications of notifiable events.

Recommendation 4

The service should develop an approach to service evaluation which provides opportunities for young people and other stakeholders to provide feedback at different stages of the placement.

National Care Standards, Care Homes for Children and Young People – Standard 7.9: Management and Staffing.

This recommendation was made on 7 September 2017.

Action taken on previous recommendation

Some good progress has been made with this and young people's participation in feedback on the service had been actively encouraged with feedback questionnaires at regular intervals. The service had attempted to get feedback from carers and social workers but experienced a poor response to formal questionnaires. Staff comments include that informal contact during visits provides an opportunity to discuss people's experience of the service and identify positive feedback or note any concerns.

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
7 Sep 2017	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
13 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
8 Dec 2015	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
22 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Oct 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
18 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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