

## Rosslyn Avenue Care Home Service

Rosslyn Children's Unit  
17-19 Rosslyn Avenue  
East Mains  
Glasgow  
G74 4BP

Telephone: 01355 228624

**Type of inspection:**

Unannounced

**Completed on:**

23 July 2018

**Service provided by:**

South Lanarkshire Council

**Service provider number:**

SP2003003481

**Service no:**

CS2003001375

## About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service has been registered since 2002.

Rosslyn Avenue children's care home is owned and managed by South Lanarkshire Council. It is registered to provide a care service for a maximum of seven children. Eight children can be accommodated when two siblings share the largest bedroom. The care home is a large house in a residential area in East Kilbride. The two storey building was purpose-built to accommodate a group of young people. It has been well designed to blend in with the other housing in the area.

The accommodation consists of seven bedrooms, all of single occupancy. Young people had good access to bathrooms, showers and toilets. There are very comfortable living spaces on the ground floor, with bedrooms upstairs. There are very good facilities for young people to meet with visitors.

The service aims include, "to protect young people from threats to their health, welfare and development inside and outside the house."

## What people told us

During this inspection we met six the young people who were living at Rosslyn Avenue. The young people told us that this was a good place to live. They said they liked the staff and felt they were cared for. They told us this was a safe place to stay. They agreed that the house rules were fair and they understood the reasons for them. They identified staff who they were close to and who they could speak to if they were worried.

## Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We discussed their improvement plans and quality assurance systems which identified their priorities for development and how they were monitoring of the quality of the provision within the service.

## From this inspection we graded this service as:

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

## Quality of care and support

## Findings from the inspection

At the last inspection we made a requirement. We said that in order to protect young people the provider must demonstrate and ensure that all young people have a care plan. At this inspection we saw that there had been work carried out to streamline the care planning process. Staff also had some training input regarding care planning. We saw that some staff were much more confident with the process enabling them to present care plans in a more cohesive way. In these care plans it was easy to identify the strategies staff needed to use to help young people make progress and a regular review of paperwork demonstrated success or changes to strategy. Whilst all of the care plans were not consistent of that high standard, overall we saw improvement. The service needs to continue working towards standardising the quality of care planning and making the care plans more accessible to young people.

Plans to provide full access to the providers electronic system for information sharing systems should significantly improve opportunities for staff to work more closely with placing social workers when developing care plans. **(See recommendation 1)**

We saw some very good outcomes for young people staying at Rosslyn Avenue and some young people had significantly increased confidence and ability.

At the last inspection we made a requirement. We said that the provider must carry out a review of the bullying incidents, develop an anti-bullying strategy and put an action plan into place in order to keep young people safe. The provider had carried this out and clear messages were given to young people about expectations of behaviour towards each other. During the inspection we saw staff managing minor disputes between young people in a very sensitive and supportive way.

At the last inspection we made a recommendation. We said that the service should ensure that placing social workers are aware of their responsibility to visit young people and provide appropriate paperwork to support the placement. Managers and staff in the home should be proactive in following this up. Care plans demonstrated improvement and we saw evidence of closer working with placing social workers, particularly in expectations of their support for young people.

An effective system for recording incidents was in place. We saw that incidents resulted in changes to risk assessments in order to promote the safety of the young people.

We saw very good relationships between the staff and the young people. Staff had encouraging conversations with the young people where they sensitively provided advice and direction whilst actively listening to the young person's thoughts, opinions and ideas. The young people enjoyed playful banter with staff and we heard lots of laughter throughout the inspection.

Staff were positive in their promotion of health and wellbeing. Young people were actively involved in a variety of physical activities both within the home and in the local community, thus helping to maintain good health. They were supported in their chosen hobbies and offered new experiences whenever possible. They negotiated changes to the menus to suit their tastes and were encouraged to enjoy a healthy diet.

On the whole medication was managed effectively. Whilst we did not find negative outcomes in administering medication we identified areas where processes could be improved. During feedback the head of care committed to carrying this forward. We have identified this as an area for improvement. **(See recommendation 2)**

## Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. The provider should continue to progress the improvements to care planning and ensure that all care plans are of high quality and accessible to young people. They should also progress staff access to electronic information systems.

**This is to ensure care and support is consistent with the Health and Social Care Standard 1.15 which states "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" and 1.23 which states "My needs, as agreed in my care plan, are fully met, and my wishes and choices respected."**

2. The provider should ensure that administration of medication meets current best practice guidelines.

**This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which states "Any treatment or intervention I receive is safe and effective."**

**Grade:** 4 - good

## Quality of environment

This quality theme was not assessed.

## Quality of staffing

### Findings from the inspection

At the last inspection we made a requirement. We said that the provider must ensure that enough staff are employed in the service with the skills and knowledge to meet the needs of all of the young people. Since the last inspection the level of staffing had improved. Whilst there was one post remaining to be filled, the worker was due to start within the next few weeks.

The provider had identified in their action plan that additional peripatetic staff would be employed to cover staff shortfalls over all of the children's residential houses in South Lanarkshire. These posts were not yet filled and we urged the provider to ensure that these posts are filled as soon as possible to further promote consistency and safe care for young people. **(See recommendation 1)**

At the last inspection we made a recommendation. We said that the provider should ensure that staff have sufficient training and resources to effectively implement care planning systems. The provider had addressed this by providing additional support from other houses, carrying out peer review of care planning and also a member of staff at Rosslynn Avenue had trained as a trainer in promoting positive behaviour. Staff had carried out core training such as child protection and promoting positive behaviour. In addition training opportunities were offered with specific relevance to individual young people's needs. An induction programme helped new staff to understand the expectations of their role. All of this had resulted in improvement to care planning and an

increase in staff morale. As a result young people received more consistent care from staff who had a clearer understanding of their needs.

Senior managers had attended a staff development day where plans were put in place to make improvements. This had resulted in increased staff motivation and a desire to give the best care to young people.

We saw staff working very positively with the young people and found that the staff we met during the inspection were knowledgeable about their needs and the strategies to use to help them make progress.

We looked at rotas which showed that enough staff were available to meet the needs of the young people.

Whilst we were unable to look at staff files during the inspection, we discussed safe recruitment with the manager and were satisfied that staff recruitment was appropriate.

All staff were registered with the Scottish Social Services Council (SSSC). Most staff held appropriate qualifications and plans were in place to help staff achieve qualification in order to meet conditions on their registration with SSSC.

Staff had access to a range of appropriate policies and procedures to inform their practice such as whistle blowing and codes of practice.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 1

1. The provider should carry forward plans to employ peripatetic staff to support children's houses during staff shortages. They should create a system which identifies how they assess the number of staff needed to meet the needs of the young people being cared for.

**This is to ensure care and support is consistent with the Health and Social Care Standard 3.15 which states "My needs are met by the right number of people"**

**Grade:** 4 – good

## Quality of management and leadership

### Findings from the inspection

At the last inspection we made a requirement. We said that the provider must ensure that quality assurance systems are robust and used effectively in order to identify areas for improvement. At this inspection we saw improvement in relation to quality assurance. Improvements to staffing levels had meant that managers had more time to focus on quality assurance and carry out management tasks. A quality assurance system was beginning to result in action plans for improvement. We suggested that the action plans are regularly reviewed to identify progress and next steps.

A supervision timetable identified protected time for staff and managers to meet. Records indicated that good quality discussions were taking place in relation to staff practice and expectations. Staff had identified professional areas for development and training needs. Improvements to the regularity of staff meetings allowed for better discussions and planning.

We also saw improvement in notifying the Care Inspectorate of relevant incidents. However we continue to discuss this with providers in relation to the threshold level of incidents which should be notified.

At the last inspection we made a recommendation. We said that the provider should consider strategies to minimise disruption to the lives of young people as a result of crisis placements. Discussions with managers showed that proper consideration had been given to placement planning and the needs of the group of young people currently in placement. At this inspection we saw that the improvements to care planning and the attention to placement planning had resulted in better opportunities for individual young people to build relationships with their peers and staff and make progress.

We saw that the manager had very good relationships with the young people. He led by example and was a very good role model for staff and young people.

The staff we spoke with during the inspection told us they felt supported by the management team.

At future inspections we will consider how the service has sustained the improvements seen at this inspection and identify the impact of these improvements for young people.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 4 - good

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

## Previous requirements

### Requirement 1

The provider must ensure that enough staff are employed in the service with the skills and knowledge to meet the needs of all of the young people.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulation 2011, SSI 2011/210 Regulation 4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users.

Timescales: by 18 February 2018

**This requirement was made on 18 December 2017.**

## Action taken on previous requirement

We have commented on this requirement within the body of this report.

**Met - within timescales**

## Requirement 2

In order to protect young people the provider must demonstrate and ensure that all young people have a care plan. This must include:

- Staff completing the care plan must have appropriate knowledge and expertise to undertake the assessment of need or risk
- Detailed chronology and assessment of need has been sought and provided by the placing social worker to enable effective care planning
- Clear risk assessments must be in place which identify the risk and action to be taken to address the risk. Sufficient detail regarding the need or risk must be recorded
- The care plan must be communicated to staff involved in the day to day care and support of the young person
- The plan must be reviewed at appropriate intervals, at least every six months, and appropriate staff, professionals and agencies must be involved in the review process
- The review must consider how effective the care plan has been and any other action that is needed to address the needs of the young person.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulation 2011, SSI 2011/210 regulation 4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users

Timescales: Risk assessments must be put in place on receipt of this report. Care plans by 2 March 2018

**This requirement was made on 18 December 2017.**

## Action taken on previous requirement

We have commented on this requirement within the body of this report.

**Met - within timescales**

## Requirement 3

The Provider must carry out a review of the bullying incidents, develop an anti-bullying strategy and put an action plan into place in order to keep young people safe

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulation 2011, SSI 2011/210 Regulation 4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users

Timescales: by 18 February 2018

**This requirement was made on 18 December 2017.**

### Action taken on previous requirement

We have commented on this requirement within the body of this report.

**Met - within timescales**

## Requirement 4

The provider must ensure that quality assurance systems are robust and used effectively in order to identify areas for improvement. This must include:

- staff supervision which is recorded, identifies staff strengths, areas for development and training needs and review of case work
- regular team meetings
- review of incidents and appropriate notification to the Care Inspectorate

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (requirements for Care Services) Regulation 2011, SSI 2011/210 Regulation 4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users

Timescales: Incidents notifications on receipt of this report. Audit systems by 18 February 2018

**This requirement was made on 18 December 2017.**

### Action taken on previous requirement

We have commented on this requirement within the body of this report.

**Met - within timescales**



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

### Previous recommendations

#### Recommendation 1

The provider should ensure that staff have sufficient training and resources to effectively implement care planning systems

National care standards – Care homes for children and young people – Standard 4 – Support arrangements and Standard 7: Management and staffing

**This recommendation was made on 18 December 2017.**

#### Action taken on previous recommendation

We have commented on this recommendation within the body of this report.

#### Recommendation 2

The service should ensure that placing social workers are aware of their responsibility to visit young people and provide appropriate paperwork to support the placement. Managers and staff in the home should be proactive in following this up.

National care standards – Care homes for children and young people – Standard 4 – Support arrangements.

**This recommendation was made on 18 December 2017.**

#### Action taken on previous recommendation

We have commented on this recommendation within the body of this report.

#### Recommendation 3

The provider should consider strategies to minimise disruption to the lives of young people as a result of crisis placements.

National care standards – Care homes for children and young people – Standard 4 – Support arrangements.

**This recommendation was made on 18 December 2017.**

#### Action taken on previous recommendation

We have commented on this recommendation within the body of this report.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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
18 Dec 2017	Unannounced	<div>Care and support</div> <div>2 - Weak</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>2 - Weak</div> <div>Management and leadership</div> <div>2 - Weak</div>
16 Mar 2017	Unannounced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>Not assessed</div>
4 Feb 2016	Unannounced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>5 - Very good</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
21 Jan 2015	Unannounced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>4 - Good</div>
23 Dec 2013	Unannounced	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>5 - Very good</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
26 Nov 2012	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>4 - Good</div> <div>Staffing</div> <div>4 - Good</div> <div>Management and leadership</div> <div>5 - Very good</div>
13 Dec 2010	Unannounced	<div>Care and support</div> <div>4 - Good</div> <div>Environment</div> <div>Not assessed</div>

Date	Type	Gradings	
		Staffing Management and leadership	Not assessed Not assessed
29 Jul 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
26 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
27 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
15 Sep 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 3 - Adequate

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