

North Lodge House School Care Accommodation Service

Adamton Estate
Monkton
Prestwick
KA9 2SQ

Telephone: 01292 678052

Type of inspection:
Unannounced

Completed on:
18 February 2019

Service provided by:
Spark of Genius (Training) Ltd

Service provider number:
SP2006008009

Service no:
CS2007146145

About the service

North Lodge House is registered for School Care Accommodation.

The service is registered to care for a maximum of five young people aged between 8 years and 17 years at North Lodge House.

The service is provided by Spark of Genius (Training) Ltd and is located close to the town of Ayr in South Ayrshire.

The service provides the residential living accommodation for the young people while their educational needs are met through attendance at learning centres also provided by Spark of Genius, or at other educational provision.

At the time of the inspection, five young people were using the service..

What people told us

During the inspection we spoke with five of the young people in groups of two and three.

Young people provided mixed views of the service. Some young people stated they had good relationships with some staff whilst stating they did not get along with one another as a group of young people.

We were told by some young people that they felt bored in the service and had little to do. Young people stated that they liked the food and felt safe. Some stated they liked their rooms and furniture whilst some felt their rooms were too small.

Social workers we spoke with also gave mixed views of the service. They offered views relating to good communications from service staff and positive comments regarding staff facilitating contact between young people and their parents and families.

Some social workers stated that they had raised issues relating to the young people's care plans and that they noted an apparent lack of progress in relationship building between young people and staff. Social workers commented that they felt that the service should be more proactive in relation to some elements of the care plan.

During the inspection we attempted to speak with parents of the young people. One of those we were successful in speaking to stated that they had some points they wanted to raise with us. We have commented on this matter within the report section Quality of Care and Support.

Self assessment

No self assessment was requested for this inspection year. However, we did discuss the staff and managers views of the service and managers plans for developing the service during the inspection visits. We also viewed the service development plan.

From this inspection we graded this service as:

Quality of care and support

3 - Adequate

Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We found the quality of care and support within North Lodge to be adequate. There were some strengths, but these outweigh weaknesses. Identified strengths were having a positive impact but the likelihood of achieving positive experiences and outcomes for young people was reduced significantly because key areas of performance need to improve.

A strength of the service was reported by social workers and parents to be the commitment in facilitating contact between young people and those people important to them, including parents, siblings and carers, where appropriate. Social workers also commented on the regular communication from the staff updating them on the young people's care and well being. We learned that since the previous inspection there had been very good outcomes in terms of successful transitions home for some young people.

We inspected a sample of young people's admission paperwork, care plans, risk assessments and key time records. We found some good elements within care plans, outlining areas of support for young people in relation to their identified need, however this was not consistent. Some young people's plans had not been updated and although meetings held, there was a lack of recorded minutes.

We found occasions where the decisions from review meetings had not been implemented. We recognise that staff and the manager had advocated for the planned supports, and that there were difficulties accessing CAMHS services, for example, however positive outcomes for some young people were not being realised. There was evidence of degrees of drift in health and education supports for some young people through delays in contingency supports and arrangements being accessed. Some education work was being brought into the service for young people not attending their education placement, for example, however this contingency was not available for all young people in need of this support. Similarly one young person's health needs were not yet being met at the time of the inspection. The service had requested consultation for advice from the clinical psychologist linked to the service however this also had not been accessed at the time of the inspection. Given the need identified, we would expect to find more timeous support; we will monitor these situations at the next inspection.

The risk assessments for some young people were lacking in accuracy and detail. These assessments contained contradictory information between documents in relation to levels of risk, recorded levels of risk that did not accurately reflect significant incidents and a lack of strategies to work toward the reduction or management of risk within some assessments. We have made a requirement in relation to these matters. (See requirement 1 of this quality theme).

In recent months there had been significant concerns in relation to the dynamics between young people within the house and these had led to significant incidents involving Police Scotland and social workservices.

Subsequently, circumstances within the house had been unsettled with staff experiencing difficulty managing challenging and risk taking behaviour of young people. We have discussed this matter further within Quality of Management and Leadership.

Although social workers commented on good communications, we spoke with one parent who expressed concerns regarding a lack of information being shared with them relating to the well being of their child. On bringing this matter to the attention of the service managers we were told that the parent had been guided to seek the feedback from the family social worker.

We would consider that best practice would suggest that positive relationships be built between parents and carers and therefore this situation should be reviewed by the service in consultation with social work. The service provider should aim to build positive relationships with parents and carers to ensure free flow of communication and ensure that young people's parents and carers are fully informed of the well being and needs of their children.

Requirements

Number of requirements: 1

1. The provider must ensure that young people's risk assessments are to be reviewed to assess for detail and accuracy and to ensure that they are updated following incidents involving risk to the young people. The risk assessments should clearly identify the behaviour / area of risk reflecting known incidents and the level of risk.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 4 (1) (a) Welfare of users.

Timescale: 25.06.19

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We consider the environment provided in North Lodge to be comfortable, homely and welcoming and to be providing a good quality of environment for young people.

The service consists of two communal living spaces; one used as a tv lounge and the other considered a games room. The latter of these two spaces also provides a degree of privacy should that be required for young people meeting with others from outside the service.

A well equipped kitchen area provided seating for all young people and staff to gather at meal times and to promote social skills. We observed young people using this space for playing card games whilst another had used the kitchen facilities to bake.

As in the previous inspection we found that young people's rooms and communal living areas were freshly decorated in consultation with them and to their preference. The living spaces continued to provided very

comfortable rooms to enjoy recreation activities such as playing games consoles / watching television or relaxing.

The young people offered mainly positive comments about the environment; one young person stated that they 'loved their bed'. Other young people appeared happy with their rooms and had personalised them with items reflecting their interests.

During the previous inspection we had identified that the young people's bathrooms and toilets were beginning to appear aged and show signs of wear and tear. We were assured during this inspection that the service improvement plan had budgeted for this work to be done and it was imminent. We will look further at this matter during the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We found that the service provided an adequate quality of staffing as there were some strengths but these just outweigh weaknesses. Strengths had a positive impact but the likelihood of achieving positive experiences and outcomes for young people is reduced significantly because key areas of performance need to improve.

There was an overwhelming view from staff we spoke with that the service had gone through a difficult time during the previous year and that this had impacted on staff morale. The majority stated that they were a good supportive team and that they felt, with the managers support, that the team were recovering from that time. However, there was a view that the staff group had moved from one difficult period to another with little respite in between and consequently staff reported feeling vulnerable in the service for some time. We have commented on this further under the section entitled Quality of Management and Leadership.

The staff group worked hard to maintain positive relationships, and to attempt to form relationships with young people new to the service; and we heard from young people about staff they could confide in. However, there had been episodes of very challenging behaviours up to and during the inspection and it was evident that positive relationships had not yet been developed with some young people.

On inspecting incident reports we noted that on one occasion inexperienced staff were left in an unfamiliar situation which may have contributed to the escalation of this incident. We are also aware that due to circumstances earlier in the year the service staff numbers were depleted, requiring available staff to work additional hours.

Due to the mix of experienced and inexperienced staff, depleted staff numbers, longer shifts, low staff morale and changes to the young people being provided care in the service there was an impact on the consistency of care for the young people and relationship building. We have made a requirement in relation to these matters. (See requirement 1 of this quality theme).

Staff we spoke with had a variety of relevant work experience and skills. Some had qualifications in counselling whilst others had experience working with other vulnerable groups. Through speaking with staff we learned of particular skills they brought to the team but had not yet had the opportunity to practice. The staff were registered appropriately with the Scottish Social Service Council (SSSC) and had achieved, or were working toward, the appropriate qualifications. We noticed areas of particular development for staff in relation to training and whilst there was scheduled training for some of these we identified particular areas where further more detailed training may prove beneficial to the needs of the young people.

We have made a requirement in relation to this matter. (See requirement 2 of this quality theme).

Requirements

Number of requirements: 2

1. The provider must ensure that the service is able to meet young people's needs by regularly reviewing (and documenting) assessments of staffing levels and deployment. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all young people, also taking into account the physical layout of the building, staff training and staff supervision needs.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 15 (a), Staffing, and to ensure that care and support is consistent with the Health and Social Care Standard which states that; My needs are met by the right number of people.(H&SCS 3.15)

Timescale: 25.06.19

2. The service provider must undertake an assessment of training needs for staff to ensure training completed meets the relevant needs of the young people.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 15 (b)(i), Staffing, and to ensure that care and support is consistent with the Health and Social Care Standard which states that; I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (H&SCS 3.14)

Timescale 25.08.19

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We found the service to be offering an adequate quality of management and leadership; with evidence of strengths, but these just outweigh weaknesses. Strengths were having a positive impact but the likelihood of achieving positive experiences and outcomes for young people is reduced significantly because key areas of performance need to improve.

As stated previously the service had experienced a change in manager during the year and significant staff turnover. Again, as stated previously staff felt that this had been a particularly challenging time for them causing feelings of vulnerability, insecurity and low morale. Staff commented that they felt that their decisions were being questioned and that there was a culture of blame developing within the service. This had occurred following staff supporting young people with very challenging behaviours and consequent outcomes. The service provider should look to ensure joint working and positive relationships are developed and/or restored between staff and management.

Following those young people moving on from the service and others arriving, staff expressed the view that the dynamic within the house presented them with young people with equally challenging situations. We consider that the matching process for new admissions to the house could have been more effectively employed in these circumstances. We have made a requirement in relation to this matter. (see requirement 1 of this quality theme).

More recently, staff commented that the current manager was supportive and that the regular supervision provided was having positive impact; with the staff feeling a sense of recovery.

The service have a duty to provide the Care Inspectorate with specific information under specific circumstances, for example child protection concerns. Whilst notifications had been received by the Care Inspectorate there were occasions where some had not been submitted as per the procedure. We have made a requirement in relation to this matter. (see requirement 2 of this quality theme).

The service provider has quality assurance systems in place to evaluate and review the quality of the service provision through internal scrutiny of practice, policy and procedure. However the matters relating to notifications described above were not identified within the service internal audit systems.

Neither were the omission and inaccuracies relating to risk assessments referred to in the section Quality of Care and Support. We have made a recommendation in relation to this matter. (See recommendation 1 of this quality theme).

Requirements

Number of requirements: 2

1. The service provider must review its matching process to ensure consideration of the information highlighted in the Care Inspectorate guidance: Matching Looked After Children and Young People: Admissions Guidance for Residential Services.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 and to ensure that care and support is consistent with the Health and Social Care Standard which states that;

If I experience care and support in a group, the overall size and composition of that group is right for me. (H&SCS 1.8) and, I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. (H&SCS 3.22)

2. The service provider must ensure that notifications to the Care inspectorate are submitted in accordance with the guidance document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 and to ensure that care and support is consistent with the Health and Social Care Standard which states that;

I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected. (H&SCS 4.18)

Recommendations

Number of recommendations: 1

1. The service quality assurance processes should be reviewed to ensure they capture any omissions from plans, assessments and notifications.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states that;

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (H&SCS 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

There are no outstanding recommendations.

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	
15 Jan 2018	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Nov 2016	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
9 Dec 2015	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good

Date	Type	Gradings	
4 Dec 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
25 Aug 2014	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
4 Feb 2014	Announced (short notice)	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
31 May 2013	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	Not assessed
10 Jan 2013	Unannounced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
18 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
28 Feb 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
17 Aug 2011	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings
6 Dec 2010	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed Not assessed 4 - Good
3 Sep 2010	Announced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed Not assessed 3 - Adequate
24 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good Not assessed 5 - Very good Not assessed
2 Oct 2009	Re-grade	Care and support Environment Staffing Management and leadership Not assessed Not assessed 5 - Very good Not assessed
17 Aug 2009	Re-grade	Care and support Environment Staffing Management and leadership Not assessed Not assessed 2 - Weak Not assessed
5 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership 4 - Good 5 - Very good 5 - Very good 4 - Good
25 Aug 2008	Announced	Care and support Environment Staffing Management and leadership 4 - Good 5 - Very good 4 - Good 4 - Good

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